

Health Information Management

Concepts, Principles, and Practice

Second Edition

Kathleen M. LaTour, MA, RHIA, FAHIMA
Shirley Eichenwald Maki, MBA, RHIA, FAHIMA

Editors



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American Health Information Management Association
233 North Michigan Avenue, Suite 2150
Chicago, Illinois 60601-5800

ahima.org

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About the Editors and Authors

Kathleen M. LaTour, MA, RHIA, FAHIMA is an assistant professor and chair of the department of healthcare informatics and information management (HIIM) at the College of St. Scholastica in Duluth, Minnesota. She is an active member of the Minnesota Health Information Management Association, where she was selected as the Distinguished Member in 1992. She has served as chair and member of many AHIMA councils and as a member of AHIMA's Board of Directors from 1993 to 1997. She participated in the development of the AHIMA Model Curricula for both bachelor's- and master's-level programs. She has authored several articles and recently contributed a chapter to *Health Information Management Technology: An Applied Approach*, second edition, a textbook published by AHIMA in 2006. She was awarded fellowship in AHIMA in recognition of sustained contributions to the field of HIM and, in 2004, was corecipient of AHIMA's Legacy Award.

Shirley Eichenwald Maki, MBA, RHIA, FAHIMA, is an assistant professor in the department of healthcare informatics and information management at the College of St. Scholastica in Duluth, Minnesota. She also serves as project director for The ATHENS Project (css.edu/programs/athens), a health sciences EHR curriculum model project funded by a grant from the U.S. Department of Education, Title III program. She is the 2001 recipient of the College of St. Scholastica's Max H. Lavine Award for Teaching Excellence. A former president of AHIMA, she was awarded the association's Distinguished Member Award in 1998. In addition, she coauthored with Merida L. Johns, PhD, RHIA, AHIMA's White Paper on the Health and Well-being of HIM Education. She has held the position of director of education and accreditation at AHIMA and has served as an HIM consultant with Pyramid Health Solutions and Quadramed's HIM Division. Finally, she was awarded fellowship in AHIMA in recognition of sustained contributions to the field of HIM and, in 2004, was corecipient of AHIMA's Legacy Award.

Margret K. Amatayakul, MBA, RHIA, CHPS, FHIMSS, is president of MargretVA Consulting, LLC, in Schaumburg, Illinois, a consulting firm specializing in computer-based patient records and associated HIM standards and regulations, such as HIPAA. She has more than thirty years of experience in national and international HIM. A leading authority on electronic health record (EHR) strategies for healthcare organizations, she has extensive experience in EHR selection and project management, and formed and served as executive director of the Computer-based Patient Record Institute (CPRI). Other positions held include associate executive director of AHIMA, associate professor at the University of Illinois, and director of medical record services at the Illinois Eye and Ear Infirmary. She is a much-sought-after speaker, has published extensively, and has earned several professional service awards. Amatayakul also serves as an adjunct faculty member of the College of St. Scholastica and the University of Illinois at Chicago.

Rita K. Bowen, MA, RHIA, CHPS, has nearly thirty years of experience in healthcare information management. She is currently the privacy officer for the Erlanger Health System in Chattanooga, Tennessee, and has previously held positions as director of health information services, director of medical records, marketing director, and medical records consultant at various hospitals and medical services companies throughout the United States. Bowen has an MA in health information management technology from the College of Saint Scholastica and earned her bachelor's degree in medical science from Emory University in Atlanta. She has a continuous history of activities with AHIMA and the Tennessee HIMA.

Elizabeth Bowman, MPA, RHIA, is a professor in the HIM program at the University of Tennessee Health Science Center in Memphis. She has been an HIM educator for more than twenty-five years. She received a bachelor's degree from

Millsaps College and a master's degree in public administration with a concentration in healthcare administration from the University of Memphis. She has served as chair of the AHIMA Assembly on Education and received the AHIMA Educator Award in 1999. Additionally, she was awarded the Tennessee Health Information Management Association's Distinguished Member Award in 1998.

Bonnie S. Cassidy, MPA, RHIA, FAHIMA, FHIMSS, CPHQ, received a BS degree in medical record administration from Daemen College in Amherst, New York, and a master's degree from Cleveland State University. A member of the AHIMA Board of Directors, she recently chaired the AHIMA Fellowship Review Committee and was a member of the EHR Transformation Workgroup, the Panel of Accreditation Surveyors for The Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM), and the Clinical Terminology and Classification Practice Council. In addition, she has served as chair of the AHIMA Nominating and Professional Development committees; HIM Steering; QMS Roles and Functions committees; and the Data Quality, E-Health and Corporate Communications and Marketing Task Forces of AHIMA. Her achievements include the AHIMA 2000 Legacy Award, AHIMA's 1995 Professional Achievement Award, and the Distinguished Member Award from the Ohio Health Information Management Association (OHIMA), where she is a past president. In 2005, she was appointed to the Certification Commission for Health Information Technology Work Group on the Certification Process. She has represented the HIM profession on many levels, including as a frequent contributor to the *Journal of AHIMA* and as a presenter at AHIMA educational sessions and annual conventions. Her career has included working as a practitioner for two major teaching hospitals, a consultant for three professional service companies, adjunct faculty for two HIT programs, and vice-president of business development for an HIM-focused consulting company. Currently, she is president of Cassidy & Associates Consulting.

Nadinia Davis, MBA, CIA, CPA, RHIA, FAHIMA, is an assistant professor of HIM at the College of Natural, Applied, and Health Sciences at Kean University in Union, New Jersey. She has worked as a coding consultant and auditor in acute settings and as director of medical records at a rehabilitation institute. Prior to her HIM career, Davis worked in the financial services industry, most recently as an internal auditor. She is former president and a Distinguished Member of NJHIMA, as well as a former member of the AHIMA Board of Directors. She was a coauthor of *Introduction to Health Information Technology*, a contributor to *Effective Management of Coding Services*, and editor and contributor to *Workbook to Accompany Essentials of Health Care Finance*.

Mehnaz Farishta, MS, is manager for marketing and communications at The Shams Group, Inc., an award-winning knowledge management IT software and consulting company in the health information systems marketplace. She has authored and coauthored several articles on the role of information technology in healthcare, especially in the areas of data warehousing, patient safety, and process automation. These articles have been published in noted healthcare publications, including *Journal of AHIMA* and *Topics in Health Information Management*. Prior to joining TSG, Farishta worked as an insurance analyst and consultant.

Susan H. Fenton, MBA, RHIA, works part-time as a manager in practice leadership for the American Health Information Management Association. She is project leader for the National Library of Medicine SNOMED:ICD-9-CM map validation project. Presently, she is pursuing a Ph.D. in health services research at the Texas A&M School of Rural Public Health. Finally, she has authored numerous articles and several book chapters.

Sandra R. Fuller, MA, RHIA, is executive vice-president and chief operating officer at AHIMA. Her responsibilities include oversight of the *Journal of AHIMA*; development of HIM practice tools; the annual convention; continuing education and training; certification; publications; accreditation and education; membership; and marketing and sales. A former director of patient data services at the University of Washington Medical Center in Seattle, Fuller completed her term as a member of AHIMA's Board of Directors at the end of 1996. She also has served on AHIMA's Council on Education and its Alliance and Program committees. A former president of the Washington State Health Information Management Association, she received both a bachelor's degree in health information management and a master's degree in management from the College of St. Scholastica in Duluth, Minnesota.

Matthew Greene, RHIA, CCS, is functional analyst/HIM specialist and data content team leader for the Department of Veterans Affairs Health Data Repository project. Prior to this position, he was a coder and HIM manager at the Buffalo, New York, and Salt Lake City VA healthcare systems. He received a BS in medical record administration from Daemen College in Amherst, New York. He was awarded the 2004 Distinguished Member Award from the Utah Health Information Management Association (UHIMA). Currently, Greene is serving his second year as director of acute care for UHIMA. In addition, he has volunteered for several AHIMA initiatives, including the eHIM workgroup and the ICD-10-CM Field Test, and is an active member of the Health Level Seven (HL7) Medical Record/Information Management, Structured Documents, and EHR Technical committees. Finally, he has been a workgroup volunteer for the eGov Consolidated Health Informatics (CHI) initiative.

J. Michael Hardin, PhD, is professor of statistics in the Department of Information Systems, Statistics, and Management Science at the University of Alabama in Tuscaloosa. In addition, he is adjunct professor of health informatics in the Department of Health Services Administration at the University of Alabama at Birmingham (UAB). Prior to these positions, Hardin served for thirteen years as professor of health informatics, biostatistics, computer science, and preventive medicine at UAB and was selected as scholar in residence at Loyola University of Chicago. Moreover, he has been a visiting scholar at Trinity College, University of Dublin. A frequent speaker at AHIMA national meetings in the areas of database design, data modeling, and data mining, he has given more than thirty presentations on various topics related to data mining and data warehousing and has taught decision support in health informatics for the past seven years. He has authored or coauthored more than ninety publications and has served as a consultant to several major companies in the area of Medicare program integrity and utilization review.

Laurinda B. Harman, PhD, RHIA, is an associate professor and chair of the Department of Health Information Management at the College of Allied Health Professions at Temple University in Philadelphia. She has been an HIM professional and educator for more than thirty years and has directed HIM baccalaureate programs at George Washington University in Washington, D.C., and The Ohio State University in Columbus. She also served as director of education and human resource development at George Washington University and as a faculty member in the health information technology program at Northern Virginia Community College. Recently, she edited *Ethical Challenges in the Management of Health Information* and received the AHIMA 2001 Triumph Legacy Award for this important health information resource.

Anita Hazelwood, MLS, RHIA, FAHIMA, is a professor in the HIM department at the University of Louisiana at Lafayette and has been an HIM professional for nearly thirty years. She is actively involved with AHIMA's Assembly on Education (AOE), has served on several other AHIMA committees, and is currently on the Board of Directors. She also is a member of the Society for Clinical Coding, where she has held several leadership positions. Hazelwood has held numerous positions with the Louisiana Health Information Management Association, including past president and delegate, and was selected as its 1997 Distinguished Member. She consults in many types of healthcare facilities and educational institutions, and conducts coding workshops for hospitals and physician offices. Moreover, she has written, coauthored, and edited numerous publications, including AHIMA's *Basic ICD-9-CM for Physician Office Coding* and *ICD-10-CM Preview*, for which she received AHIMA's Legacy Award in 2003. She frequently serves as a reviewer for publishers of HIM-related textbooks and electronic materials.

Linda L. Kloss, MA, RHIA, CAE, is AHIMA's executive vice-president and chief executive officer, a position she has held since 1995. Before joining the AHIMA staff, she served from 1976 to 1995 as senior manager for Massachusetts-based MediQual Systems, Inc., and Chicago-based InterQual, Inc., where she participated in the design of computer-based tools for healthcare outcomes evaluation and consulted and lectured widely on quality improvement concepts and methods. Moreover, she has held academic and HIM practice positions in Minneapolis and San Francisco. She served on the AHIMA Board of Directors from 1980 to 1986 and was president in 1985. In addition to AHIMA, Kloss has served on the boards of directors of several not-for-profit organizations in healthcare and higher education. She holds a bachelor's degree in medical record science from the College of St. Scholastica in Duluth, Minnesota, and an MA in organizational development with a concentration in change leadership from DePaul University in Chicago.

Deborah Kohn, MPH, RHIA, CHE, CPHIMS, FHIMSS, is the principal consultant at Dak Systems Consulting in San Mateo, California, a national healthcare information technology advisory consultancy specializing in the analysis, planning, and design of electronic patient record component technologies and systems. She has more than twenty years of experience in healthcare management and information systems. Kohn holds an undergraduate degree from The Ohio State University at Columbus and a graduate degree from UCLA in health services and hospital administration. She is certified in healthcare information and management systems and is a fellow of the Healthcare Information Management Systems Society. Moreover, she is board certified in healthcare management and a diplomate of the American College of Healthcare Executives. An active member of AHIMA and the Association for Information and Image Management International (AIIM), she was awarded AHIMA's prestigious Computer-based Patient Record Advancement Award in 1995 for her efforts in promoting and implementing components of computer-based patient record systems. She also is a recipient of AIIM's Master and Laureate of Information Technology designations, which recognize achievement in the area of document and Web content management.

Elizabeth Layman, PhD, RHIA, CCS, FAHIMA, is a professor and chair in the Department of Health Services and Information Management at East Carolina University, located Greenville, North Carolina. Previously, she worked at Hennepin County Medical Center and the University of Minnesota Hospitals, both in Minneapolis, from 1974 to 1990. She earned her postbaccalaureate certificate in health information administration from St. Scholastica. She has been involved in healthcare information management for more than thirty years. After earning a master's degree in organizational leadership from the College of St. Catherine, she joined the faculty of the Medical College of Georgia

in Augusta, Georgia. She also consulted for the Physicians' Practice Group. In 1995, she earned a doctorate in higher education from Georgia State University. In 2001, she was awarded the designation of Fellow of the American Health Information Management Association, one of the first two individuals in the country.

Madonna LeBlanc, MA, RHIA, is an assistant professor in the health informatics and information management program at the College of St. Scholastica in Duluth, Minnesota. Prior to her teaching role, she managed health information services at St. Mary's/Duluth Clinic Health System in Superior, Wisconsin. Her responsibilities included a broad spectrum of acute care HIM functions, from physician education to JCAHO survey coordination. Her field experience also includes cancer registry and physician peer administration. She is a graduate of the College of St. Scholastica's MA program in health information management.

Frances Wickham Lee, DBA, RHIA, is an associate professor in the Department of Health Administration and Policy at the Medical University of South Carolina. She received an MBA from Western Carolina University and a doctorate in business administration from the University of Sarasota. An active member of AHIMA, she was awarded the Distinguished Member Award from the Mental Health Section of AHIMA in 1995.

Mary Cole McCain, MPA, RHIA, is a professor of health information management and chair of the health information management department at the University of Tennessee Health Science Center in Memphis. She has held this position since 1973. She also serves as assistant dean in the College of Allied Health Sciences. McCain chaired AHIMA's Assembly on Education and cochaired the Model Curriculum Project for AHIMA. She is a recipient of the Tennessee Health Information Management Association's Distinguished Member Award.

Pamela Oachs, MA, RHIA, is an assistant professor and coordinator of the HIM graduate programs in the College of St. Scholastica's healthcare informatics and information management department. She has more than fifteen years of healthcare experience. Her career has included a variety of positions, both managerial and professional, in the areas of utilization management, quality improvement, medical staff credentialing, JCAHO coordination, information technology, project management, and patient access. She has served on the board of the Minnesota Health Information Management Association and is currently serving as president of the Northeastern Minnesota Health Information Management Association.

Carol E. Osborn, PhD, RHIA, is assistant director of coding and compliance at The Ohio State University Medical

Center in Columbus. She has been an HIM professional for more than thirty years and is a former faculty member at both the University of Illinois at Chicago and The Ohio State University. Osborn has served AHIMA at both the state and national levels, participating as president of AHIMA's Illinois education task force and as a member of both the AHIMA Council on Education and Item Writing Committee. She authored *Statistical Applications for Health Information Management*, as well as many articles in the *Journal of AHIMA* and *Topics in Health Information Management*. She is former president of the AHIMA Assembly on Education.

Karen R. Patena, MBA, RHIA, is a clinical assistant professor and undergraduate program coordinator in the HIM program, School of Biomedical and Health Information Sciences, at the University of Illinois at Chicago (UIC). She earned an MBA from DePaul University and is currently pursuing a doctorate degree at UIC. She is an alumnus of the University of Illinois health information management program. Previously, Patena was director of the independent study division of AHIMA and a faculty member at Indiana University and Prairie State College. She also has extensive experience in hospital medical record department management, including computer systems planning and implementation. Her areas of expertise include management, quality improvement and TQM, and the use of computers in healthcare and systems analysis. She has presented numerous tutorials at local, state, and national levels on the use of the Internet in HIM. She currently serves on the panel of surveyors for the AHIMA Council on Accreditation.

Lynda A. Russell, EdD, JD, RHIA, CHP, is privacy manager at Cedars-Sinai Medical Center in Los Angeles. She holds a baccalaureate degree in medical record science from the Medical College of Georgia, a master's and doctorate in educational administration and supervision from the University of Central Florida, and a JD from the University of Florida. A member of the California Bar, she is licensed to practice before the Superior Court of California and the Federal Court of the Central District of California. She maintains Florida license as a risk manager and is certified in healthcare privacy. Russell has been an HIM professional for more than thirty years and has been active professionally on the national, state, and local levels. She served as president of the Florida Health Information Management Association and as a member of the Board of Directors of the California Health Information Association (CHIA). Furthermore, she has held numerous local, state, and national committee appointments including chair of AHIMA's Educational Strategy Committee and chair of CHIA's Editorial Board, and was the CHIA president for 2004-2005. She serves as a frequent speaker and has published widely on a variety of health information and related topics and on HIPAA.

Patricia B. Seidl, RHIA, CCDM, has more than nine years of project management experience and is currently working in clinical research data management for Astellas Pharma, Inc. She has eighteen years of experience in information technology as a systems analyst and project manager. Seidl is currently serving as an adjunct professor for the project management certificate program at the College of St. Scholastica and was a contributing author to *Special Edition: Using Microsoft Project 2000*. She received a bachelor's degree from the College of St. Scholastica and an associate of applied science degree in computer science from the University of Southern Colorado.

Kam Shams, MA, is chairman of The Shams Group, Inc., an award-winning knowledge management IT software and consulting company in the health information systems marketplace. He has been a visionary and innovator in the IT industry for more than thirty years. He started his career in information technology in the early 1970s and has been in healthcare since 1981. Prior to establishing The Shams Group, Inc., he served as vice-president and chief information officer of noted healthcare integrated delivery networks. In the past, he has served on numerous IT user boards and coached CEOs on IT-related issues. He also is a visiting professor at the College of St. Scholastica in Duluth, Minnesota, for the Department of Healthcare Informatics and Information Management, as well as at the University of Tennessee Health Sciences Center in Memphis. Shams has written extensively on how to leverage information technology to enhance healthcare processes for increased quality and best outcomes. He is a regular contributor to several healthcare periodicals and speaks frequently at conferences around the country.

David X. Swenson, PhD, is an associate professor in the management department at the College of St. Scholastica, where he teaches strategic management, organizational development, leadership, and principles of management. He is also clinical associate professor of behavioral sciences at the University of Minnesota Medical School and a forensic psychologist in private practice. He has worked in the field of psychology for more than thirty-five years. In addition, he has served as director of student development at the College of St. Scholastica, director of clinical services at the Human Resource Center of Douglas County, Wisconsin, and codirector of a training and consulting partnership. He has authored more than eighty publications, including *Stress Management for Law Enforcement*. A doctoral graduate of the University of Missouri at Columbia in counseling and personnel services, Swenson also has master's degrees in management and in educational media and technology, and is a diplomate in forensic psychology.

Carol Venable, MPH, RHIA, FAHIMA, is a professor and department head of HIM at the University of Louisiana at Lafayette and has been an HIM professional for nearly thirty years. She is actively involved with AHIMA's Assembly on Education (AOE), Panel of Accreditation Surveyors, and several other committees, as well as the Louisiana Health Information Management Association, where she has held many leadership positions and was selected as Distinguished Member in 1991. In addition, she is a member of the Society for Clinical Coding (SCC). Previously, she was director of medical records at Lafayette General Medical Center and has consulted in a variety of healthcare facilities and educational institutions, and conducts coding workshops for hospitals and physician offices. Venable has written, coauthored, and edited numerous publications, including AHIMA's *ICD-9-CM Diagnostic Coding and Reimbursement for Physician Services* and *ICD-10-CM Preview*, for which she was awarded AHIMA's Legacy Award in 2003. She frequently serves as a reviewer for publishers of HIM-related textbooks, certification exams, and electronic materials.

Karen A. Wager, DBA, RHIA, is an associate professor in the Department of Health Administration and Policy at the Medical University of South Carolina in Charleston, where she received a master's degree in health information administration and finance. In 1998, she received a doctorate of business administration from the University of Sarasota. She is a member of AHIMA and has served on various association committees. She was president of the South Carolina Health Information Management Association (SCHIMA) from 1991 to 1992.

Andrea Weatherby White, PhD, RHIA, is an associate professor and program director of the master's-level program in health administration in the Department of Health Information Administration and Policy at the Medical University of South Carolina in Columbia. She was named Teacher of the Year by the university in 1995 and won the Excellence in Service Award in 2000. Moreover, she has served for a number of years as an AHIMA accreditation site visitor for both the health information management and health information administration educational programs.

Vicki L. Zeman, MA, RHIA, is academic coordinator of professional practice experience for the Department of Health Information Management at the College of St. Scholastica in Duluth, Minnesota. An HIM professional for thirty years, she practiced in a variety of settings for thirteen years before becoming an educator. Her last six years in practice were focused on the area of hospitalwide quality improvement. While serving as an instructor in the HIM program for seventeen years, she has provided administrative support as coordinator of the RHIT progression program.

Preface

Health information management (HIM) professionals play a critical role in the delivery of healthcare in the United States. They manage patient information systems in a variety of care settings, including hospitals, ambulatory care facilities, nursing homes, home care facilities, hospices, behavioral health facilities, correctional facilities, and so on. As managers of patient information systems, HIM professionals collaborate with other members of the healthcare team to ensure that an individual's health information is accurate, accessible, confidential, and secure. In recent years, health information managers have been playing increasingly diverse roles in other health-related industries, such as insurance companies, managed care, vendor settings, service organizations, and health-related consulting organizations. The dynamic nature of the HIM profession reflects the continuous change that characterizes the healthcare delivery system as a whole. The expansion of career opportunities has demanded new skill sets and competencies for HIM professionals.

Although expansion of the HIM profession is a positive and rewarding trend, it poses unique challenges in preparing students in educational programs, especially at the baccalaureate level, to assume a variety of positions within the healthcare industry. The need to respond to change has driven the efforts of the American Health Information Management Association (AHIMA) to develop model curricula for associate-, baccalaureate-, and master's-level education. The model curricula create clear boundaries between the various levels of HIM education in terms of content, program outcomes, and professional competencies. The accreditation process for HIM programs and the certification examinations for RHIA and RHIT support these deliberate differences between HIM credentials and educational programs. Over the past several years, HIM programs have revised and developed their curricula to better reflect the AHIMA models.

This text is directed specifically toward health information management at the baccalaureate degree level. Like the companion text for associate degree programs, *Health Infor-*

mation Management: An Applied Approach, it is the result of AHIMA's ongoing efforts to provide rich resources for the education and training of students in HIA programs. It also offers a reference for current practitioners in the field. This textbook is designed to reflect HIM practice at the baccalaureate level with emphasis on the core set of skills and knowledge set forth in the model curriculum. Its topics reflect the recommended content as defined in the Model Curriculum for Baccalaureate Degree Programs in Health Information Management. The content and organization of the text allow for the effective integration of dynamic concepts into an existing HIM curriculum.

All the content areas of the AHIMA Model Curriculum for Baccalaureate Programs are covered in this text with the exception of those related to the biomedical sciences (anatomy, physiology, pathophysiology/disease processes, medical terminology, pharmacology, and so on), basic human resources management principles, and the skill-development aspects of classification systems. The editors recognize that in some content areas, specialized content-specific textbooks may be required as additional resources, especially for developing competence in coding, the use of basic computer systems, and human resources management.

Central to the organization of this text is the information management model used by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), shown in figure 5.2. This model presents health information management as an incremental process that begins with the collection of patient-specific data, is followed by the aggregation of data to generate information, the development of comparative data, and, finally, the utilization of such data and derived information to increase knowledge and support decision making.

Use of the model curriculum and the information management model as the foundations of this textbook ensures that the content is covered in a logical and systematic way.

A systems approach to the content is utilized in this text because the audience will be expected to develop skills in

problem solving, decision making, systems thinking, and professional leadership. The structure used throughout this text is designed to help students apply concepts and principles in practice in an organized and systematic way. The features used to accomplish this goal include the following:

- Examples and case studies used throughout the text reflect the contemporary spectrum of HIM practice environments.
- Each chapter begins with a section titled Theory into Practice, which includes a case study. The case study gives the learner an appreciation of how the major concepts and principles in the chapter are applied in a real practice-based situation.
- Each chapter contains sections called Check Your Understanding, which allow learners to verify their command of the information presented in the chapter. The sections also provide formative feedback as students proceed through the material.
- Each chapter contains a Real-World Case developed from today's top stories in healthcare delivery.

The text is presented in six parts. Part I introduces the concepts of informatics and information management as they apply to the healthcare industry. It also introduces the profession of health information management.

Chapter 1 introduces the concept of health information management, discusses the overall characteristics and challenges of today's modern healthcare environment, and provides a short history of AHIMA.

Chapter 2 provides an overview of the organizations that deliver, finance, and regulate healthcare services in the United States. It focuses on the impact of accreditation, licensure, regulation, reimbursement systems, and legal and ethical issues in creating the environment for managing and delivering healthcare services. This chapter provides a context for the concepts and applications presented in the remainder of the text.

Chapter 3 introduces the field of informatics as it is applied in healthcare. The chapter surveys the emerging technologies in the clinical environment (for example, imaging, natural language processing, artificial intelligence, and Web technologies). It explores the major issues associated with computerizing clinical data and presents an overview of the types of computer applications used to support clinical decision making. It also identifies the barriers and limitations associated with computerized clinical decision support.

Chapter 4 introduces the body of knowledge, competencies, and ethical principles that constitute the core of the HIM profession's contributions to the healthcare industry. The education, certifications, and associations that are identified with the HIM profession are discussed, as are the functions and roles of HIM professionals.

Chapter 5 introduces the concept of information as an organizational asset that must be managed effectively to

provide and sustain its value. The chapter discusses the components of the JCAHO information management model. It presents the principles, tools, and techniques used to develop data, to create a database infrastructure, and to establish reporting capabilities that meet the needs of the various types and levels of information systems users within an organization. The essential characteristics of quality data as well as the principles, regulations, and techniques associated with ensuring data security are presented as the primary concerns of information managers.

The final chapter in this part, chapter 6, introduces the process of information systems development. It begins with a discussion of information systems planning as a component of an organization's strategic planning effort. This chapter focuses on the information systems life cycle: its phases, the activities within each phase, and the unique and complementary roles of information technology staff, information management professionals, and information users in the information systems development effort.

Part II focuses on the development of health information systems from the perspective of individual patients. It addresses the development of personally identifiable health information and the basic concepts of managing health records in both a manual and a computerized environment in today's healthcare facilities.

Chapter 7 addresses healthcare information standards, including the concept of converting data into information in the healthcare environment. It also explores the development of uniform standards that guide data collection in healthcare. It discusses healthcare data sets, including the history, purpose, and use of each. It also introduces emerging healthcare informatics standards that support the transition from paper-based to computer-based health records.

Chapter 8 focuses on the content and structure of patient-specific data and personally identifiable data and information, as collected in individual health records. It addresses data sources, capture of data in a health record, and documentation requirements. This chapter also addresses management issues related to paper-based record systems, including clinical documentation issues, medical word processing as a tool for documentation, forms design, storage and retrieval systems, and chart tracking.

Chapter 9 focuses on the development of health records in a computerized format, including issues related to the transition from paper-based records to electronic or computer-based records. Data capture, imaging, security, and user needs are among the topics addressed. Issues related to the creation and maintenance of computer-based patient records also are discussed.

Chapters 10 and 11 focus on the legal and ethical concepts and issues related to healthcare information systems and HIM practice. Current legal and regulatory issues are explored, including issues related to privacy, confidentiality, security, and access to healthcare data. Work processes

related to release of information policies and procedures are addressed. Ethical issues such as those related to computerization of clinical information, the coding–reimbursement connection, and vendor–organization relationships are among those discussed in chapter 11.

Part III focuses on the conversion of patient-specific data and information into aggregate data used for analysis, statistics, and research, as well as clinical and administrative decision making.

Chapter 12 focuses on impersonal uses of healthcare data, that is, data that have been abstracted from individual health records and captured in healthcare databases. Included in this chapter are secondary records such as indexes, registers, and registries, as well as exploration of data sources, data capture, and the healthcare information infrastructure. Information management concepts are applied to healthcare database development.

Chapter 13 provides an introduction to classification systems for healthcare data including ICD-9-CM, CPT, and SNOMED. Emerging clinical vocabularies are introduced, and the concept of data representation in computer-based systems is explored, as is medical linguistics as a basis for clinical classifications and vocabularies.

Chapter 14 provides an overview of the uses of coded data and health information in reimbursement systems. Included in this chapter are issues related to coding management, case-mix management, billing procedures, and severity-of-illness classifications. Methods for managing the quality of coded data are addressed.

Part IV introduces the development and use of comparative data in healthcare and focuses on the development of statistical and research methodologies. It addresses professional competencies put forth in the AHIMA Model Curriculum for HIA programs.

Chapter 15 emphasizes the collection, use, presentation, and verification of statistical healthcare data. Fundamentals of descriptive and inferential statistics are covered, as are standard formulae for facility-based statistics. This chapter focuses on the practical application of descriptive and inferential statistics in a healthcare environment and the application of information management concepts in developing comparative data.

Chapter 16 addresses basic research methods as they are applied to healthcare information. The chapter focuses on the steps in developing a research project, including defining a research problem, performing a literature review, determining research design and methodology, selecting measurement instruments, analyzing data, and presenting study results. Library research techniques and data search and access also are addressed.

Chapter 17 addresses the collection and use of aggregate data in the analysis and evaluation of healthcare services. Topics such as clinical quality assessment, clinical outcomes

management, critical pathways and case management, utilization review, and risk management systems are explored. The chapter focuses on healthcare data as a resource in clinical decision making.

Part V explores knowledge-based healthcare data and information and applies the concepts of knowledge management to the use of healthcare information for biomedical and research support as well as for expert systems and decision support. The process of converting knowledge assets into wisdom to create a learning organization is explored.

Chapter 18 presents concepts associated with acquiring clinical knowledge-based data. This chapter addresses national research policy development, medical/health research and investigation, and research protocol data management. The role of HIM professionals in a research environment is explored.

Chapter 19 addresses the application of artificial intelligence concepts to support administrative, executive, and clinical decision making. Specifically, the chapter focuses on the various types and classes of decision support systems being used in healthcare and how they are being used. The concepts of data warehousing and data mining, as they apply to decision support systems, are discussed. Emerging career opportunities for HIM professionals in decision support areas are explored.

Chapter 20 describes the process of transforming information into knowledge within an organization through a knowledge management program. It addresses the human factors that are key to using knowledge assets for the real benefit of an organization and explores the impact of corporate culture and values on the ability to translate knowledge assets into wise actions. Key knowledge management applications in healthcare (online analytical processing, customer relationship management, and so on) are explored. The emerging role of a chief knowledge officer to ensure the availability of, as well as the wise and ethical use of, knowledge resources is explored.

Part VI addresses the tools, techniques, and strategies utilized in managing health information services. The chapter provides an overview of human resources management and focuses on applications of both operational and human resources management principles in the healthcare setting.

Chapter 21 introduces the management discipline, the evolution of management thought, and the functions of management. It presents the principles and basic tools associated with each management function. The relationship between management functions and skills with the various levels of management in an organization is discussed. Communications and problem-solving models and techniques are explored.

Chapter 22 addresses leadership theory and functions, traits related to leadership effectiveness, and key differences between the concepts of managing and leading. The role

of a leader in positively facilitating the transition of people through organizational change is explored.

Chapter 23 focuses on the systems nature of work processes in organizations. It introduces the concepts, tools, and techniques associated with designing (and redesigning) effective and efficient work processes, as well as those associated with implementing new or revised work processes. Performance measurement and performance improvement in terms of productivity, quality measurement, benchmarking, and work process redesign are presented as major topics.

Chapter 24 discusses the implementation of appropriate policies, procedures, and practices in each of the seven human resources (HR) activity areas: HR planning and analysis; equal employment opportunity; staffing; HR development; compensation and benefits; health, safety, and security; and employee and labor/management relations. Effective recruitment, selection, and hiring practices also are discussed, as well as job orientation and performance review.

Chapter 25 focuses on training and retaining employees in a highly competitive labor environment and with a rapidly diversifying work force pool. Topics include orientation programs, staff development programs, continuing education needs identification, and employee retention strategies. A departmental training and development model is presented. Trends in staffing are explored, including flexible scheduling, job sharing, home-based work, and outsourcing.

Chapter 26 focuses on the concepts and tools associated with planning and controlling the financial resources required to operate a department or work unit within a healthcare organization. Basic financial and managerial accounting principles, concepts, and reporting are explained. Operations, labor, and capital budgeting processes and techniques are presented. Organizational and departmental financial performance measures are reviewed, with a special emphasis on accounts receivable management. The role(s) that HIM professionals play in the financial management of the organization is explored.

Chapter 27 addresses project management. The focus is on the various aspects of a project that must be integrated to effectively move it from an idea to a functioning reality. The organization and processes that must be put in place to effectively manage a project are defined. The requisite skill set of project managers as well as the tools and techniques used by effective project managers are explored. The impact that the project context, stakeholder needs and expectations, and competing demands have on the project manager's work is highlighted.

Chapter 28, the final chapter of the text, focuses on the role of the health information professional and manager as a visionary leader and strategist for a department and/or an organization. The principles of strategic management are presented. Models for strategic planning and techniques for implementing a strategic management philosophy into a department or organization are explored.

Six appendixes follow Part VI. Appendix A features sample health record documentation forms. Appendix B presents the sample position descriptions developed by AHIMA for HIM positions such as risk manager, quality improvement director, director of HIM academic program, coder, clinical data specialist, and several others. Appendix C presents the JCAHO and Medicare Conditions of Participation standards for the form and content of the health record. Appendix D provides a sample notice of health information practices. Appendix E lists all current AHIMA practice briefs, standards, and position statements. And finally, Appendix F provides an extensive list of online Web resources for HIM professionals.

A complete glossary of HIM terms is included at the end of the book. Throughout the text chapters, boldface type is used to indicate the first substantial reference to key terms included in the glossary. A detailed content index is included at the end of the text. Frequently used abbreviations and acronyms, and initialisms are spelled out on the inside covers of the book for easy reference.

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Karen Kostick, RHIT, CCS, CCS-P
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Carol Ann Quinsey, RHIA, CHPS
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Foreword

To Tomorrow's Health Information Leaders:

In the four years since the first edition of *Health Information Management Concepts, Principles, and Practice* was published, health information has become a top-line issue for the healthcare industry. In January 2004, President George W. Bush called for widespread adoption of interoperable electronic health records (EHRs) within ten years and appointed a national coordinator for health information technology. Federal leadership, combined with substantial private-sector leadership, has made this the decade of health information transformation. The world's most information intensive industry is finally coming into the information age—and not a moment too soon. Before this decade is over, EHRs will be a reality for nearly all healthcare organizations, decision support will guide caregivers, and citizens will be knowledgeable partners in their health and wellness. Unencumbered by the physical limitations of a paper file, digital data and images will be accessible to support patient care wherever and whenever it is needed. Individuals and families will be as diligent about their health information as they are about their financial and other critical information. Public health and public policy will be based on accurate and timely information. The results of clinical research will be available to aid sound clinical decision making. And, most important, patient care will be safer and more economical and the outcomes of that care will be improved. These are very big goals, but the potential for these and other benefits are now well documented.

Health information management professionals will be on the front lines in delivering the benefits of electronic records and health information computing to patients, to purchasers, and to the health and well-being of our society. In the seventy-eight years since the field was created, the role of the health information management professional has never been more expansive or more relevant. Research shows that HIM professionals practice in forty work settings and more than a hundred job titles.

Health Information Management: Concepts, Principles, and Practice is a compendium of the knowledge, skills, and competencies needed to succeed as an HIM professional. Editors Shirley Eichenwald Maki, MBA, RHIA, FAHIMA, and Kathleen M. LaTour, MA, RHIA, FAHIMA, designed this text to provide comprehensive coverage of the “science” of health information management and then added the “art” through a rich variety of case studies and exercises. They assembled content experts representing the breadth of information management in healthcare as reflected in AHIMA's Model Curriculum for Baccalaureate Health Information Administration Programs.

The context within which information is managed—the healthcare system; concepts of informatics, information, and information systems management; and the profession of health information management—is expertly covered by contributors Bonnie S. Cassidy, MPA, RHIA, FAHIMA, FHIMSS; Deborah Kohn, MPH, RHIA, CHE, CPHIMS, FHIMSS, and Pamela Oachs, MA, RHIA; Sandra R. Fuller, MA, RHIA; Frances Wickham Lee, DBA, RHIA; and Karen A. Wager, DBA, RHIA. The content of health information and patient records—the laws, standards, and ethical values that affect how it is managed—is presented by Kathleen M. LaTour, MA, RHIA, FAHIMA; Mary Cole McCain, MPA, RHIA; Margret Amatayakul, MBA, RHIA, CHPS, FHIMSS; Lynda A. Russell, EdD, JD, RHIA, CHP, and Rita K. Bowen, MA, RHIA, CHPS; Laurinda B. Harman, PhD, RHIA; and Elizabeth Bowman, MPA, RHIA; Susan H. Fenton, MBA, RHIA, and Matthew Greene, RHIA, CCS; and Anita Hazelwood, MLS, RHIA, FAHIMA, and Carol Venable, MPH, RHIA, FAHIMA address the development and use of coded and aggregate information for healthcare management and reimbursement. Authors Carol E. Osborn, PhD, RHIA; Elizabeth Layman, PhD, RHIA, CCS, FAHIMA; Vicki L. Zeman, MA, RHIA; J. Michael Hardin, PhD; and Kam Shams, MA, and Mehnaz Farishta, MS, cover the development and use of statistical data to enable meaningful comparisons, support clinical and

policy research, and improve the quality of healthcare. Finally, concepts and processes for managing health information services are explored by David X. Swenson, PhD; Madonna LeBlanc, MA, RHIA, and Andrea Weatherby White, PhD; Shirley Eichenwald Maki, MBA, RHIA, FAHIMA; Karen R. Patena, MBA, RHIA; Nadinia Davis, MBA, CPA, RHIA, FAHIMA; Patricia B. Seidl, RHIA, CCDM; Linda L. Kloss, MA, RHIA, CAE.

HIM professionals are highly specialized knowledge workers. The information revolution has expanded the breadth of the knowledge and skills required to be an effective HIM professional. It also has exploded the opportunities for further specialization into any number of information management subspecialty areas such as health statistics, leadership and management, compliance, informatics, and technology. This

text is dedicated to you, the health information management student. You are tomorrow's professional leaders, and your efforts will ensure that information technology and informatics science are used fully and effectively to improve health and the quality of healthcare. This text also is dedicated to those who built and nurtured this profession and its legacy of service. As we complete the transition from a paper- to a computer-based healthcare information system, we will be fulfilling the dream of our profession's leaders: high-quality healthcare through high-quality information.

Linda L. Kloss, MA, RHIA
Chief Executive Officer
American Health Information
Management Association

Chapter 28

Strategic Management: Shaping and Leading Change

Linda L. Kloss, MA, RHIA

Learning Objectives

- To define and describe strategic management as an essential set of skills for leading health information management (HIM) services
- To explore the skills that strategic health information managers possess
- To distinguish strategic management from strategic planning
- To understand how strategic management complements other management tools and approaches
- To describe the benefits of strategic management and relate these to leadership and management principles and to the change management process
- To describe techniques for considering future HIM challenges and identifying strategic options
- To identify examples of strategic management as applied to HIM practice
- To understand how HIM strategies fit into broader information strategies and the overall strategy of the organization
- To describe the qualities and attributes of a strategic leader in health information management

Key Terms

Brainstorming
Coalition building
Environmental scanning
Forecasting
Kolb's "Learning Loop"
Nominal group technique
Paradigm
Scenarios
Storytelling
Strategic management
Strategic planning
Strategy
Strategy map
Tactic
Vision

Introduction

Setting **strategy** is often viewed as the work of senior managers and boards of trustees. Strategy is thought of as being handed down from on high, embodied in slogans and generally not very relevant to the day-to-day work of most employees in the organization. Sometimes strategy is detailed in a three- to five-year strategic plan that lays out goals and key actions to meet the organization's goals. But strategy is no longer the sole purview of senior managers, planning departments, or consultants. The ability to develop effective strategies is a key attribute of successful managers at all levels in today's organizations. Employers cite **strategic management** and change leadership as competencies they look for in health information management (HIM) professionals (AHIMA 2004, p.6).

Simply stated, a strategy is a course of action designed to produce a desired outcome. Strategy requires making choices about what to do and what not to do. Strategic management is not the same as operations improvement. Operations improvement focuses on improving how existing programs and services are carried out. By definition, it is internally focused. Strategy development is a search for new programs and services that will improve the organization's fit with the external world.

Management theories about the importance of strategy and how to set strategy are changing. This reconsideration is a reflection of the speed of change in every facet of contemporary life including healthcare.

This chapter explores the importance of strategy to effective management and describes approaches to making and communicating strategic choices. It discusses the importance of strategic management for organizational learning and illustrates how HIM professionals use strategy to shape and effect change.

Theory into Practice

A large multispecialty group practice clinic has just hired a registered health information administrator (RHIA) to manage its transition to an electronic health record (EHR). The clinic's director of information technology (IT) suggested the need for an RHIA because in his last job, the HIM and IT teams worked very closely to implement an EHR and he believed that the HIM competencies were a key ingredient in that successful implementation. The IT director knows that the transition will be more successful with an RHIA to oversee the project, manage all issues relating to the transition from paper to electronic records, handle the design of new policies and procedures for e-records, and manage user education. The clinic's senior management envisions a system that will allow physicians to access information from satellite clinics and other remote sites and to provide information to patients through a personal health record (PHR) view into the EHR.

Early in her tenure, the new project director discovered that senior management and IT's understanding of the need

for health information system improvements was not shared by most other clinical staff, physicians and nonphysicians alike. In part, this was because external factors such as new pay-for-performance plans had not yet come to the community and the clinic was somewhat insulated from industrywide efforts to transition from paper to electronic records within ten years. Moreover, there was no shared vision of what benefits could accrue to the clinic, its associates, staff, and patients if IT were used to support patient care processes.

The project director decided to approach change on two fronts at the same time. One front would center on delivering short-term benefits to physicians that would improve their efficiency through easier access to information. These benefits also would enable physicians to use technology for some routine tasks relating to maintaining records. For example, handheld devices were implemented to allow access to scheduling information and to lab and medication information on patients. Next, electronic prescribing software was added along with electronic signature capability. Dictation systems also were upgraded. Improvements in these functions would increase everyone's confidence in the director's abilities and would garner her support for the tougher projects of implementing full electronic records and PHRs.

While the project phase of improving productivity through selected tools was being implemented, the project director convened a series of cross-departmental sessions to design a **vision** for the clinic's EHR and PHR systems. Given the need to expand physician and staff understanding of the benefits of the EHR/PHR, these visioning sessions were used to educate staff about the systems' possibilities. The sessions also allowed the RHIA to learn more about practice management styles and the work processes that need to be redesigned before EHR/PHR implementation. This information was essential in developing specifications for acquiring the EHR solution that would best fit the clinical staff's needs.

Additionally, the visioning meetings allowed the project director to establish rapport with staff throughout the organization. She knows how essential this is to successful implementation of the EHR/PHR down the road. She begins to identify allies in this change and likely opponents. She also learns how decisions are made and whether EHR/PHR implementation can be a top-down decision or whether she should advise senior management that the decision must come about through consensus-building approaches. Consensus may take longer, but it may be the style that fits best with the clinic's culture. As a new employee, the project director needs to assess all these factors for herself as they will be essential in managing the political and cultural aspects of converting the clinic to an EHR/PHR system.

Skills of Strategic Managers

The definition of strategy is straightforward, but the skills for setting and executing strategy are far from simple. HIM

professionals must take advantage of opportunities to learn and develop skills for strategic management, including:

- Monitoring trends in healthcare and information management
- Reflecting on how trends can affect the future
- Considering how changes in one area can affect others in the organization
- Considering how a course for change is set
- Helping others visualize the need for change and recruiting them as partners in moving a change agenda
- Implementing plans effectively
- Questioning the status quo on an ongoing basis
- Being self-reflective and a lifelong learner

Strategy is no longer a management domain reserved for senior managers. Today, all managers must develop skills and competencies that enable them to think and act strategically. These skills include sharpening one's ability to *observe the world around you*. Strategic managers watch for changes in the larger environment beyond the healthcare industry, including political, economic, social, and technological changes. Such changes may involve staff attitudes, public policy, ethics, or inventions and innovations. Managers must consider how these changes are affecting—or might affect—healthcare and the organizations in which they work. For example, shifts in public attitudes regarding the value placed on personal privacy have implications for health information policies and practices regarding patients who request access to their records.

Strategic managers develop skills in reflecting on *the implications and opportunities* afforded by trends. Whether reading a journal or discussing new ideas with others, strategic managers are always testing new ideas, identifying those that have merit and discarding those that do not. They are making linkages between the trends and the value-adding actions they can take. For example, federal programs to adjust physician reimbursement on the basis of certain quality parameters suggest a need to elevate organizational standards for data integrity so that pay-for-performance determinations are accurate and fair.

Effective strategic managers are creative in how they make associations among trends, ideas, and new opportunities. These associations are not always direct as in the examples about privacy and public policy or data quality and pay for performance. Making strategy choices may be the result of drawing lessons from analogous situations. When faced with an unfamiliar problem or opportunity, experienced managers often learn from similar situations they have seen or heard about and apply what they have learned to current situations (Gavetti and Rivkin 2005, pp. 54–63). For example, faced with an intractable shortage of trained coders, the HIM director institutes a coder-training program sponsored by her healthcare organization and modeled on a similar program used to address the shortage of nurses in the community.

Strategic managers also *continually look for opportunities to improve on the status quo*. They do not accept the old adage,

“If it’s not broken, don’t fix it.” They always look for ways to make things better and are willing to take some risks and evaluate new approaches through trial and error. They know that standing still is really moving backward. They understand that no action may be less tolerable than trying something even if it does not fully succeed. For example, the quality of coded data for inpatient services is at 94 percent and the data quality manager thinks that adjusting staff assignments may make better use of staff skills and improve performance.

New managers may lack the confidence to initiate change and may have few analogous experiences to draw on. Still, they should guard against accepting or perpetuating artificial barriers to creativity characterized by common squelchers, such as “We’ve never done that before,” “We have always done it that way,” or “That’s not my job.” Confidence comes from experience, and experience requires action and thoughtful reflection on what did and did not work.

Finally, strategic managers learn to help others contribute to new thinking and new ideas. They know that the best solutions represent the best thinking of all the stakeholders. Thus, strategic managers learn techniques to bring out the best thinking of all staff, superiors, colleagues, and other constituents for their change agenda. As Drucker says, “the only definition of a leader is someone who has followers” (Drucker 1996, p. xii). For example, in pursuit of a goal to decrease the amount of printing being done by physicians from electronic records, the health information manager knew that support from nursing and other staff in the patient care units was essential for success. He oversaw implementation of a multifaceted plan to reduce the rate of printing on the units and shared credit with nursing when the print rate began to decline.

The skills of the strategic manager are learned. Learning begins by recognizing the importance of strategy to today’s successful managers. For HIM professionals, the learning begins with their professional course work and directed learning experiences. Skills are learned and subsequently honed through work experience, particularly opportunities to be part of—and to lead—change management projects.

From Strategic Planning to Strategic Management

Strategic planning was described in the management literature in the 1960s and the decades that followed. It was a prominent and highly touted organizational function. Early applications were characterized by rigorous and formal analysis of data to deduce a desired future and the steps to achieve it. In large corporations, departments of planners prepared forecasts with the aid of computer analysis. The complex reports were delivered to senior managers who were largely uninvolved in the process.

These approaches have fallen out of favor for several key reasons. First, **forecasting** the future, particularly in such

volatile times, is a near impossibility. Also, by the time a complex three- to five-year plan is finalized and delivered to senior managers, it is undoubtedly out-of-date. Finally, if senior managers are not involved in strategy development, the plan is unlikely to be seen as relevant and unlikely to be implemented.

No one phrase is the accepted successor for this type of strategic planning. In fact, today you are likely to still hear the activity referred to as strategic planning in many organizations. However, it is important to get beneath the words to understand the process being followed. It may be called strategic planning, but it may embody many of the newer concepts that often are called strategic management. For example:

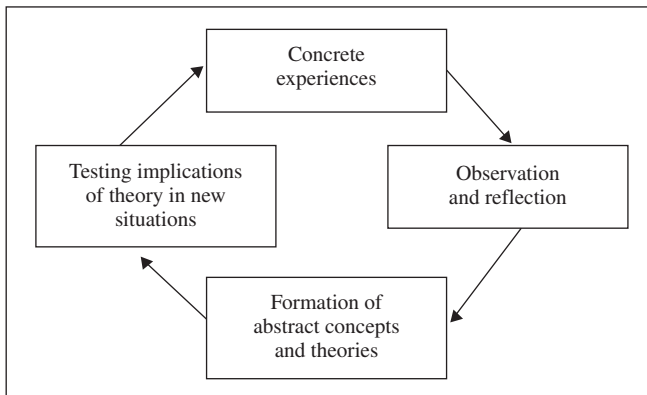
- It is framed by organizational values, vision, and mission.
- It takes into account possible futures, rather than trying to forecast the future.
- It is truly the work of management, even when guided by consultants, and has broad input and participation.
- It is action oriented, with a commitment to bringing about change.
- It results in organizational learning.

Strategic management is a way of introducing innovation into decision making and engaging others in the change process. With the very rapid changes in HIM practice, this discussion of strategic management is not academic. Strategic management should be viewed as a component of each of the five functions of management discussed in chapter 21. Every aspect of management involves a strategic management component, as described below.

With organizational learning as a centerpiece, this approach unifies change management, strategy development, and leadership. In all three, we learn by observing and reflecting on the results of our experiences. This concept is best depicted in **Kolb's "Learning Loop,"** shown in figure 28.1 (Kolb 1988, pp. 68–88).

To undertake deliberate change, we reflect on our experiences and become aware of new patterns and trends that we did not perceive before. We form new ways of looking at the

Figure 28.1. Kolb's "Learning Loop"



Source: Kolb 1988.

opportunities and the implications of our experiences. We evaluate new theories about what can and should be, and then apply these theories and test their implications. We observe and reflect on the results of our experiences, thus beginning the loop again.

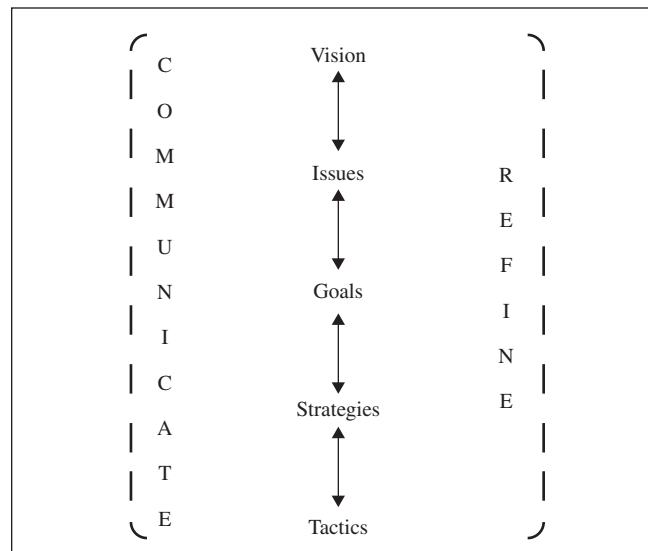
Elements of Strategic Management

As shown in figure 28.2, strategic management is a logical process that comprises a number of steps that may be explicit or implicit. It begins with a vision of how you would like things to be. For example, the vision for a managed care health plan might be to have fully engaged patients who are full partners with the health plan in maintaining their health. Obviously, many strategic issues need to be addressed for this vision to be realized and these must be identified and understood. Some of the issues might involve lack of incentives for patients to engage in wellness activities, cultural diversity, lack of electronic PHRs, and computer and health literacy issues.

Major goals to move toward the vision are described. These become more precise than the overall vision. For example, providing all citizens with access to lifetime electronic PHRs might be a goal to achieve the vision of empowered consumers. The vision and goals describe where you want to go, and the issues describe what must be addressed to get there. The strategies are how you intend to pursue the vision and achieve the goals. The **tactics** are the specific plans to implement strategies.

Although depicted as a linear process, overall strategic management is never so neat and organized and the best strategies may emerge from trial and error. But effective strategy will not emerge without a clear idea of where you want to lead your organization and a realistic understanding of the issues to overcome. Moreover, strategic management

Figure 28.2. Elements of strategic management



will not happen in isolation. Stakeholders, whether staff, customers, patients, or senior managers, must be engaged in each phase of the process.

Each step involves learning, which in turn enables plans to be improved upon making subsequent efforts more effective. Thus, experience sharpens and clarifies our understanding of the issues, allowing us to be more precise in goal setting. Strategies and tactics are continually modified with experience. Strategic management, like Kolb's "Learning Loop" is a process that leads to organizational learning and improvement over time.

In contrast to traditional strategic planning, where all steps are neatly outlined before implementation is begun, strategic management requires a willingness to learn and change as you go along.

Check Your Understanding 28.1

Instructions: On a separate piece of paper, answer the following questions relating the example described in the Theory into Practice section with the introductory content and the discussion on the elements of strategic management.

1. Would you conclude that "a system that allows the physicians to access information from satellite clinics and other remote sites..." is a goal, a strategy, or a tactic?
 2. Write a two-sentence vision statement describing what the clinic's senior management wants the project director to achieve regarding the electronic health record.
 3. List the two skills of a strategic manager that were best exhibited in the way the new RHIA project manager worked out a plan to move forward.
-

Begin with a Vision

According to Kouzes and Posner, "A vision describes a bold and ideal image of the future" (1995, p. 94). It is the catalyst for change. As Kouzes and Posner state, "if leaders are going to take us to places we've never been before, constituents of all types demand that they have a sense of direction" (1995, p. 95).

A vision states the direction for change and helps motivate people to take action. In 2003, the American Health Information Management Association (AHIMA) convened an interdisciplinary panel of experts to craft a vision for electronic health information management (e-HIM):

Electronic health information management is the body of knowledge and practice that assures the availability of health information to facilitate real-time healthcare delivery and critical health-related decision making for multiple purposes across diverse organizations, settings, and disciplines.

This vision statement describes features of electronic health information management that work in real time to support critical decision making across healthcare. The vision reflects a more diverse field with a critical charge. It has been used to help catalyze the field to embrace e-HIM™ as a change strategy.

In 2005, AHIMA's board of directors again forecasted ten years beyond 2005 to consider how the field of HIM is changing and the impact of the changes on the profession and on the professional association. It reaffirmed the vision crafted in 2003 and articulated new insights about strategies that would secure a strong future for the profession.

Designing a compelling vision requires a solid understanding of the internal and external environment. It also requires the ability to break free of the current **paradigm** and to think creatively about a new reality for the future.

Following are examples of vision statements for health information management. A director of HIM services for a health system envisions services that make the fullest use of technology to provide high-quality, cost-effective information to authorized users. He expressed this idealized vision as follows:

It is our goal to utilize state-of-the-art information technology and best practices grounded in applied research in every phase of our operation so that we are able to deliver accurate information in digital form to support patient care and healthcare operations. This ambitious goal will require us to become more externally focused, to gain a deeper understanding of user needs, and to work closely with others within and outside our organization. It will also require health information services staff to work together to question all current practices and be willing to try new approaches even if they are not all successful.

This vision lays out a very substantial challenge, yet it provides focus. First, the overarching vision is to be able to deliver all information to all users of HIM services in digital form. It acknowledges that technology is only as good as the enabling processes; therefore, it promises use of best practices. These practices are not to be just what we might think are best but, rather, are practices substantiated by applied research that demonstrates their validity. The vision statement acknowledges that achieving this vision will require new ways of working. First, success will require gaining a deeper understanding of the needs of those who rely on the information and of those whose collaboration is needed to achieve the vision. Second, it will require effective teamwork among HIM staff who must become more comfortable with change and with risk taking.

In another example, an HIM consultant for a long-term care system was having difficulty gaining support for her vision of what an EHR could contribute to the residents, staff, and the overall organization. She developed the following description of her vision:

All members of the care team have immediate access to complete and accurate information for each resident. This information recaps care delivered and presents the status of all health, social, ADL, and other resident-specific issues being managed. Information needs to be entered just once and is available for a variety of patient care, quality improvement, and administrative uses. Summary reports are used as the basis for shift change briefings and for periodic care conferences. The information system prompts caregivers to actions that need to be taken and alerts them to changes in status that require special vigilance. Data entered into the system summarizing observations, care given, orders, and activities produce a record of care that meets licensing and other external requirements. The system also automatically accumulates the information needed for care and operations management and for external reporting.

This vision highlights the benefits of implementing an EHR from the perspective of improving management of the care process every day. It underscores the fact that information for management and internal and external reporting should be a byproduct of the system, thereby reducing the redundant paperwork that currently requires so much staff time. A careful parsing of the vision reveals the major features and functions required of a system. For example, the system must be capable of producing a change-of-shift summary report recapping care processes and the status of all resident problems being managed. It also must accumulate the data needed for MDS (Minimum Data Set) and other reporting. The vision serves as a starting point for creating a more detailed set of specifications and evaluating potential system vendors.

Visions also can be more narrowly focused on a particular project. For example, a data quality manager for a multispecialty group practice clinic prepared the following vision statement to help the physicians and coding staff rally around a proposed project to improve the timeliness and accuracy of billing processes through the use of computer-assisted coding tools:

During each patient visit, the physician enters problems, treatments, orders, and follow-up plans into his or her handheld personal assistant device (PDA). PDA data are periodically uploaded to the clinical data repository throughout the day and data are combined there with other patient-specific reports and information. Codes are auto-assigned by the systems and missing data are flagged. Clinical data analysts review each visit record to check the accuracy of the auto-generated codes and determine whether the information substantiates the codes assigned. A visit record is either marked for billing or flagged as incomplete with supplementary information requested from the physician or referred service. Ninety percent of visits are billed within one business day, 95 percent within three business days, and the balance within five business days.

This vision statement has three major elements. First, it sets an aggressive goal of billing 90 percent of visits on the day of service. To do so, physicians must initiate the process using electronic tools to eliminate time-consuming handling of handwritten information. The new role of clinical data analyst is introduced, reflecting the role of coding specialists with advanced data quality and compliance management skills.

These vision statements relate to HIM challenges. However, it is important that the HIM vision complement the organization's overall vision and mission. For example, the organization's vision is to be known for its advanced clinical services in cardiac and oncology care. To achieve this vision, the organization is pursuing a strategy of attracting clinical talent with national reputations and expanding clinical research programs. This overall vision and these strategies should be accounted for in crafting the HIM vision and strategies.

Strategic managers understand the overall organizational goals and take them into account when crafting their own plans. First, they seek ways to support and further the overall goals of the organization through the priorities they set for their areas of responsibility. For example, will the cancer

registry program need to be upgraded to support the more sophisticated information needs of a world-class oncology service? As a practical matter, it is hard to sell a plan that is out of step with priorities. Advancing the organization's goals through your efforts is the mark of a successful manager.

Creating a Commitment to Change

The organization's vision sets the broad directional strategy leaving the details to be worked out. Kotter explains that an effective vision statement has the following characteristics (2002, p. 72):

- It conveys a picture of what the future will look like.
- It appeals to the long-term interests of the stakeholders.
- It sets forth realistic and achievable goals.
- It is clear enough to provide guidance in decision making.
- It is flexible so that alternative strategies are possible as conditions change.
- It is easy to describe and communicate.

Remember that visions are pictures of the *desired* future. You may never realize a vision in its entirety. Today's technology may not yet support lifetime PHRs or auto-coding of 100 percent of cases, but that does not mean these bold pictures should not be sketched. All health information may never be in digital form, but that does not mean this should not be our vision. Visions must be important and worth pursuing; otherwise, why would others become engaged?

Visions should evoke a sense of excitement and urgency from those closest to the process. If the designers are not getting excited about the possibilities the vision presents, you are not likely to generate excitement from others. A sense of urgency is essential to overcome the forces that protect the status quo.

Check Your Understanding 28.2

Instructions: Based on an expanded understanding of the elements of a vision statement, improve on the two-sentence vision you prepared in exercise 28.1. On a separate piece of paper, revise and expand the statement so that it meets the elements of an effective vision statement as outlined by Kotter.

Understanding the Environment

Knowledge of the environment is essential to vision and strategy formulation. Sometimes called **environmental scanning**, this data-intensive process is the continuous process of gathering and analyzing intelligence about trends that are—or may be—affecting HIM. It is both internally focused on the healthcare organization and HIM and externally focused on industry and societal trends. Internal environmental assessment as adapted from the work of Bryson (1995, pp. 90–92) includes analysis of:

- *Performance indicators:* Budget targets and results, performance and productivity measures, staff and customer feedback

- *Resources*: Budgeted staff, information technology, and educational resources, programs, competencies, organizational culture
- *Present strategy*: Organization-wide strategy and priorities, information management strategy, information systems plans and priorities, compliance programs, products and services, business processes

External environmental assessment as adapted from Bryson (1995, pp. 87–89) includes analysis of:

- *Forces and trends*: Political, economic, demographic, social, technological, and educational
- *Resource constraints*: Healthcare reimbursement systems, patient and customer trends, regulators, competitors
- *Collaborators*: Current and potential collaborators

An HIM manager who focuses exclusively on his or her own area of responsibility, whether managing a department, a service, or a project, will have a difficult time succeeding as a strategic manager. Understanding the environment provides the context for the tough decisions involved in setting direction, designing strategy, and leading change. Some ways to be in touch with the environment include:

- Taking inventory of your sources of internal and external information to identify and fill information gaps
- Building performance measures to gain perspective on trends over time
- Becoming involved in projects and task forces at your organization to interact with a wide range of coworkers
- Developing your personal reading list to follow the thinking of experts in the field
- Reading what futurists are saying about how things will change
- Becoming active in your professional association, AHIMA, and other groups
- Building your network of professional colleagues
- Making full use of the information resources that AHIMA and other organizations make available
- Contributing to the professional body of knowledge when you develop new HIM practice solutions

Environmental Trends

Analyzing the changing environment and envisioning the future is at the same time an analytic and a highly creative activity. Understanding trends requires analysis of:

- The relationships between trends
- The sequence of events
- Causes and effects
- Priority among items

To bring out the best thinking of a team or work group, it is often helpful to use techniques that help participants consider factors from different perspectives. A number of

group process techniques such as **brainstorming**, **nominal group technique**, and others help unleash each individual's creative talent.

Storytelling is another such technique. Telling stories about the future suggested by the trends has a number of advantages, including:

- Most people are comfortable with this approach.
- Findings are presented in an understandable and real-world context.
- Stories are memorable, making it easier for others to remember essential points.
- Stories generate excitement and are fun to develop.

One storytelling technique that is used in more sophisticated strategy planning is that of **scenarios**. The word *scenario* literally means a script of a play or story, or a projected sequence of events. Scenarios are defined as “focused descriptions of fundamentally different futures presented in coherent script-like or narrative fashion” (Schoemaker 1993, 193–213). They are plausible stories about how the future might unfold. They are not meant to predict but, rather, simply to interpret and clarify how environmental trends may play out.

Scenarios are based on analysis and interaction of environmental variables. Environmental scanning is an important preparatory step in scenario development. Based on study of the environment, three or four scenario themes reflecting alternate possible futures are developed. Stories are constructed that describe how each of these themes might be played out. These stories are refined through input and further study until they reflect the group's best thinking about what futures might be in store for the organization under various circumstances.

To understand how the clinical coding function might change in the future, an AHIMA task force studied environmental trends and developed four scenarios, each highlighting a slightly different, but plausible, future (Johns 2000, pp. 26–33):

- The first scenario described the impact on coding if a breakthrough technology became available that would automate a great deal of the coding that is now being done manually or with the help of encoders.
- The second scenario described the impact on coding functions if healthcare organizations were strategically committed to using information to improve the quality of care information and hence the organization's strategic positioning.
- The third scenario involves the role of coding in an increasingly regulatory environment in which healthcare spending is ratcheted down and investments in technology are constrained.
- The fourth scenario involves greater consumer involvement in making healthcare decisions and maintaining personal health information.

One can quickly see that all are plausible scenarios. The future of coding will be affected by all these factors, but one or more may have a greater impact than others. Strategic managers would develop contingency plans to account for the variables that may shape the future.

AHIMA also used scenarios to consider how medical transcription would be affected by technology (AAMT and AHIMA 2004). The steering group for this future project also prepared four likely future scenarios concerning medical transcription practice and a set of strategic actions to ensure that the field is well prepared to adapt regardless of which of the scenarios actually proves true (Fuller and Dennis 2005, pp. 48–51).

Build a portfolio of techniques that you can use to bring out the best thinking of others. Peruse the business shelves of major bookstores for guidebooks containing exercises and techniques to improve group process. Observe techniques used by facilitators to improve how groups work and think together. Keep a notebook or computer file of such techniques and practice them whenever you have the opportunity. Effective strategic managers know how to facilitate groups to help them think and work well together.

Check Your Understanding 28.3

Instructions: Answer the following questions on a separate sheet of paper.

1. List four ways that you do external “environmental scanning” in your everyday life (e.g., read the Sunday newspaper, belong to listservs, and so on).
2. Explain how—and how well—you stay in touch with new developments and trends in each of the following sectors:
 - Your community
 - The healthcare industry
 - The nation
 - The world
3. Identify two additional “external scanning” activities that you can incorporate into your life that would help you improve your rating in the exercise above by improving your grasp of the external environment.
4. In groups of four to six, reach consensus on the three most important ways that a new HIM professional can stay current with practice trends in HIM. You will need a flip chart and markers for this exercise.

In your small group:

- First, work quietly for five minutes to construct a group list. Write the best ideas on a piece of paper.
- Allow each member of the group to contribute one idea. Write each idea on the flip chart. Go around the group until all ideas have been contributed. Do not repeat identical ideas.
- When all ideas have been contributed, ask the group to rate the importance of each idea using the following scale: 5 points for very important, 3 points for somewhat important, 1 point for minimally important, and 0 points for those suggestions you do not think are at all important.
- Tally the scores of each rater to produce a total score per idea. Rewrite the ideas in order of the most to least important based on the group’s ratings.

Note: The group process technique used in this exercise is called the nominal group technique. Begin your facilitator’s notebook with this technique.

From Vision to Strategy

As defined earlier, a strategy is an action or set of actions that moves the organization toward its vision. Strategic management is about pursuing a new set of activities or new ways of carrying out current activities that move the organization toward its vision. It may take the form of new or redesigned programs or services. It may involve implementing new systems, outsourcing certain operations, or merging functions with another organizational entity. It also may entail phasing out an outdated program or adopting new technologies. Finally, it may be aimed at bringing an organization into compliance with new regulations or finding new ways to reduce operating costs.

It is important to remember that strategic management is not the same as operations improvement. Operations improvement is internally focused whereas strategic management seeks to improve the position of the organization in the broader world in which it operates.

Techniques such as scenario development and environmental scanning are useful in formulating strategy because they shift the focus from internal to external. However, do not expect to identify exciting new strategies by looking at the past or looking inward. Look outside the organization and look to the future in formulating strategy.

To illustrate the thought process involved in moving from vision to strategy, consider the sample shown in figure 28.3 based on the vision statement presented on page 000 to move from a predominantly paper record to a digital record.

The next step is to prepare a detailed tactical plan to carry out each strategy. For example, implementing the strategy “Acquire and implement electronic signature software” requires research about technology vendors that offer software compatible with the clinical data repository. It requires budgeting for this technology, securing support for your plan, issuing an RFP, checking references, and so on.

Figure 28.3. Issues to strategies: Digital information for patient care and healthcare operations

Strategic Issue #1: Transcribed reports currently become part of the EHR through scanning only; content is not in digital form.	
Goals	Strategies
Physicians are able to review and modify dictated reports on-line.	<ol style="list-style-type: none"> 1. Implement electronic signature software. 2. Design and pilot test a process whereby physicians can authenticate, make changes to, and reassign a transcribed report on-line. 3. Design a phased plan for implementation of on-line physician review that is coordinated with the availability of on-line access to electronic reports.
Voice recognition converts dictated reports to digital information for storage in the EHR.	<ol style="list-style-type: none"> 1. Implement voice recognition in the emergency, cardiac cath, and imaging departments. 2. Upgrade the EHR to accept input from voice recognition in structured reports. 3. Design and pilot test a plan for storing output in the EHR.

Building a strategy grounded in a vision provides a context to continually assess whether you are on track and whether you are making progress. The AHIMA board of directors identified six key strategies in its 2005 future visioning session that were supported by the e-HIM vision and a deep understanding of the external environment. They were cast as transformative “from-to” statements, reflecting the key changes that AHIMA must lead over the next decade:

- From accommodation of health record content and format variance to advocacy for standardization
- From passive responsiveness to vendors to system-building certification of offerings
- From exclusivity to inclusive membership driven by role, aspirations, and interests
- From academic only to academic and performance-based certification
- From autonomy and self-sufficiency to working alliance with like-minded bodies
- From traditional leadership to governance adept at advancing change

For each key area for strategic action, a **strategy map** was designed that began with a brief description of the current state in 2005 and a desired state in 2015. A set of short-term actions to be undertaken in 2005–2006 was determined along with future milestones that should be met along the way to 2015. A sample map is shown in figure 28.4. Depicting change as a sort of road map is a useful way to help others understand the goals and the course of change.

Check Your Understanding 28.4

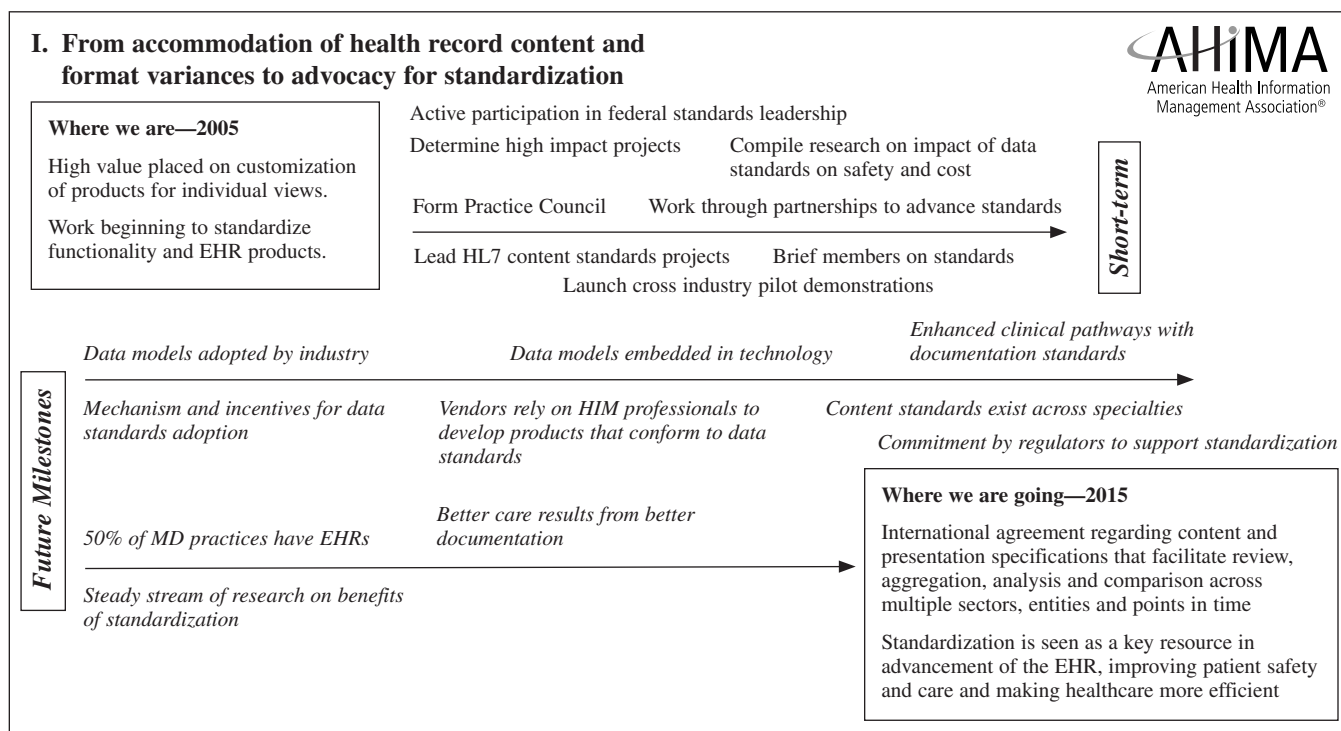
Instructions: Complete the following steps on a separate piece of paper.

1. Prepare a template for the strategic issue worksheet shown in figure 28.3 using your PC word-processing or presentation software (Microsoft Word, Microsoft PowerPoint).
2. Select one of the three vision statements on pages 000–000 and analyze the vision to identify one strategic issue. Then describe the strategic issue in one or two sentences on the form.
3. In the space provided on the form, write at least two goals that would need to be pursued to address the issue.
4. Identify one or more strategies that would need to be implemented to move toward each goal.
5. Finally, describe the logic you followed in determining the strategic issue, setting goals, and developing strategies.

Strategic Management in Practice

Porter advises that the “essence of strategy is deciding what not to do” (1996, pp. 61–78). He urges managers to view strategy as a series of trade-offs. Major change will impact current activities and may well require their modification or even elimination. No organization has the resources to take on major new programs without considering their impact on current programs. Making trade-offs is difficult for most managers. Letting go of even a marginal program may produce a backlash. However, resources must be reallocated to those programs that will enable the organization to operate at a new plane.

Figure 28.4. Strategy map: From accommodation of health record content and format variances to advocacy for standardization



It is important to look at the range of strategies being pursued to be clear about priorities, identify opportunities for synergy and integration, and identify strategies that no longer add value. The strategy map provides a visual framework for integrating the four perspectives of a balanced scorecard (Kaplan and Norton 2004, p. 55).

The balanced scorecard is a technique for measuring organizational performance across the following four perspectives (Kaplan and Norton 2004, p. 31):

- *Financial perspective:* How must we be financially responsible to the organization as a whole?
- *Customer perspective:* To achieve our vision, how should we appear to our customers, internal and external?
- *Internal process perspective:* To satisfy our customers, which operational processes must we excel at?
- *Learning and growth perspective:* How will we improve our ability to change and improve?

The strategy map enables examination of the cause-and-effect relationships among the above perspectives. Figure 28.5 shows a strategy map for improving the real and perceived value of HIM services.

Tactical Planning

Strategy should not be confused with tactics. Often “strategic plans” are written at a tactical rather than a strategic level. Tactics describe how you will carry out the strategy. For example, if the strategy is to reduce the accounts receivable days attributable to coding backlogs, tactics may include authorizing overtime, hiring contract coders, and redesigning the record completion processes. When formulating strategies, question whether you are getting too deeply into how you will do something. Remember that strategy is *what* you are going to do; tactics are *how* you plan to do it.

Support for the Change Program

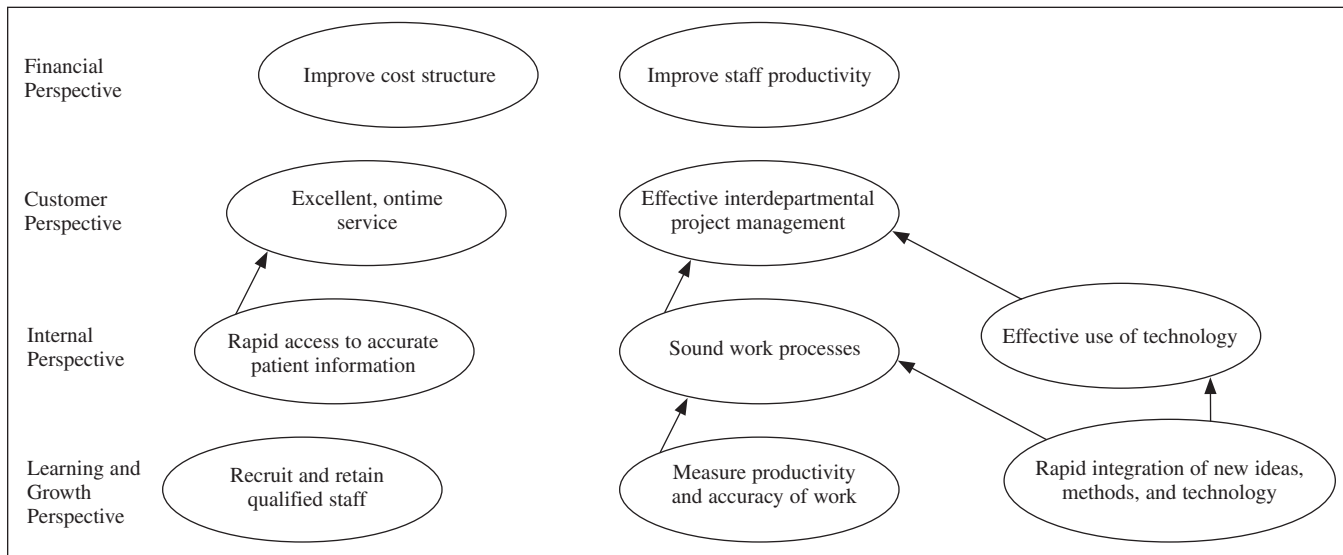
Sound change strategies and tactics alone do not ensure success. Success depends on great execution, including securing support for your change effort. Healthcare organizations are highly complex with many competing priorities. Gaining approval, even for the best-designed efforts, may be difficult.

An experienced HIM director with support from the IT director tried for three consecutive budget cycles to get funding for a document-imaging program. The request was accompanied by a solid return on investment (ROI) picture in terms of reductions in full-time equivalents, cost of storage, and increased productivity. In year four, the director tied the request not merely to how change would affect the HIM service, but also how it would support improved access to health information, reduce errors caused by illegibility, and improve communication among caregivers. In light of the JCAHO’s new patient safety goals, the HIM director enlisted the help of nursing leadership to make the budget case. Nursing spoke to how this solution would improve access to information at the patient care bedside and would help link various electronic documentation systems already in place. The caregivers stressed the need to link the systems to help them do their jobs better. By taking this approach, the document-imaging system was presented to the board of directors, by the organization’s Patient Safety Council chairperson and was approved by the board without hesitation.

Take a Systems Approach

According to Tichy, “the development of change strategy involves simultaneous attention to three [organizational] systems—technical, political, and cultural” (1983). The technical systems are concerned with the business we are in and how we conduct that business (for example, the process we

Figure 28.5. Strategy map: Improving the value of HIM services



use to manage patient information). Political systems involve the distribution of power and influence in the organization (for example, the authority of the medical staff, the approval and decision-making processes). Cultural systems are the style and values that define how the organization typically operates.

Major change throws the organization into chaos as existing systems are deliberately unglued. This is a time of great vulnerability, and managers must be vigilant, watching for and thoughtfully addressing unintended effects that could make it difficult to achieve realignment. Managers must be sensitive to the very real emotional relationships among individuals in a group and how change will affect relationships between individuals and between the manager and others. Times of change are times of high stress and anxiety. This may play out in a number of ways. For example, in times of great change, employees may be more inclined to look for other employment opportunities as it is threatening and unsettling to go through change. Some turnover in staff may be an acceptable and unavoidable result, but the manager should be attentive and sensitive so that turnover does not derail the ability to carry out the project.

The technical, political, and cultural systems are highly interdependent, and any change will have intended and unintended impact on all three systems. For example, when implementing new technology such as EHRs or other major systems, the focus is often on features and functions of the system. Securing the right champions for the system and understanding how it affects the work and formal and informal interactions of staff is more challenging and important to successful implementation than features and functions. The successful strategic manager leading wide-scale technology change will be the one who excels at helping people get behind and become involved in the change. The manager who focuses only or primarily on installing the hardware and software will not succeed.

Managers should not let these challenges keep them from pursuing the strategies their organization needs. But success will depend on how well change is managed from a systems perspective. The manager must attend to all three system aspects throughout the implementation process. He or she also should be aware that implementation is not complete until all three systems are back in a new alignment after the changes are in place.

Manage the Politics of Change

The notion of politics may have a negative connotation for managers who know that their actions are motivated by what is best for the organization. Change leadership requires the courage to persevere even in the face of criticism; however, plowing ahead without considering the political implications may be folly. According to Bryson, managing the politics of change requires “finding ideas (visions, goals, strategies) that people can support and that further their interests . . . and making deals in which something is traded in exchange for that support” (1995, p. 225).

Political savvy entails skill in mediating and shaping conflicts that are inevitable when people are offered real choices with real consequences. Deliberately enlist the support of thought and opinion leaders. Reach out to those who may be most threatened by the proposed change; do not wait for them to come to you. Early engagement may turn potential resisters into supporters. At the very least, it will help change leaders build their arguments and communication plan to address the concerns of those who oppose the change.

Coalition building is one technique for managing the political dimensions of change. Change may threaten to shift the balance of power, and employees or coworkers who feel threatened may react by joining together to increase their own power so as to influence the course of events. Coalitions can be a force for thwarting change, or leaders can use coalition building as a way to coopt resistance and build support for change. The example of the manager who gained the support of nursing to move ahead on the document management system project illustrates the power of coalition building.

The first step in building a coalition is to honestly assess subgroups in terms of how they will view the proposed change. Before embarking on a major change, consider the following questions carefully:

- Who will be most affected by the change?
- What benefits (for example, power) might these individuals perceive they will lose?
- Are their fears real? If so, what options are available to help overcome their fears?
- Does the change have the potential to create new benefits for these individuals?
- Can a negative reaction be avoided by engaging individuals or groups in the process?
- If you are not successful in getting them on your side, is their influence likely to be strong enough to derail the change plan?

Even when you are not successful in getting resisters on your side, you will have better information about the strength of their feelings and their resolve to oppose change. At the same time, you are working to diffuse potential resistance and to focus on building support for the change.

Create a Sense of Urgency

Kotter asserts that “by far the biggest mistake people make when trying to change organizations is to plunge ahead without establishing a high enough sense of urgency” (1995, pp. 59–67). Leaders may overestimate the extent to which they can force change on the organization.

To increase the sense of urgency, leaders must remove or minimize the sources of complacency. Some examples of how this might be done include:

- Engaging employees, customers, and coworkers in a dialogue about change through a series of meetings

- Convening a project steering committee with representatives from all stakeholder groups
- Identifying opinion leaders and securing their support early on
- Presenting believable stories or scenarios that illustrate the potential futures that might occur if action is not taken
- Creating new vehicles for communication, such as a project newsletter

Communicate, Communicate, Communicate

Communication is key to engaging others in the vision and change process. DePree sums it up by saying that “if you’re a leader and you are not sick and tired of communicating you probably aren’t doing a good enough job” (1992, p. 100).

A benchmarking study of how companies have successfully communicated change showed that communication is critical at three stages of the change process: as it is being planned, throughout implementation, and after it is complete (Powers 1997, pp. 30–33). Effective communication was shown to be critical at each stage, even to the point of releasing partial information when details are incomplete.

At the planning stage, leaders should communicate the need for change and the vision. Remember, if followers do not accept the vision, the rest of the change process is likely to be very rocky. Communicating results, even when they are incomplete, is an important reinforcement. It makes the change real and maintains the necessary momentum.

Communication is most effective if the message is tailored to the recipient. Identify needs and opportunities to customize your message to subgroups that have a particular set of issues. For example, the message to the medical staff will be different from the message to staff in health information services. Before implementing the use of report templates to expedite dictation, the manager may design a tactical plan that details all the elements of the communication plan for each of the constituent groups affected by, or with an interest in, the project.

The communication plan must offer groups the opportunity to “talk back.” Kotter reminds us that the “downside of two-way communication is that feedback may suggest that you are on the wrong course and that the vision and plans need to be reformulated. But in the long run, swallowing your pride and reworking the vision and plan is far more productive than heading off in the wrong direction—or in a direction that others won’t follow” (2002, p. 100).

Kotter also reminds us that communication comes in two forms—words and actions—and that the most effective communication is characterized by deeds. “Behavior from important people that is inconsistent with the vision overwhelms other forms of communication” (2002, p. 90). Leaders become the symbols for the change. Their motivations may be questioned and their actions scrutinized. Others will

watch the leaders’ actions for signals of commitment to the course of action and rightly insist on their integrity.

Ethics and integrity must be front and center all the time, but particularly during times of important change. At these times, the political, cultural, and technical systems are out of alignment. There is opportunity for events to take unexpected turns. Leaders’ actions are closely scrutinized and their motives may be suspect.

How to Implement Strategic Change

Your vision and strategies are designed, the change management team is in place, and the guiding coalitions are organized. Now comes the hard work. Implementation requires all the managerial skills described in chapter 21, including planning, budgeting, monitoring, and producing results.

Create and Communicate Short-Term Wins

Major change takes time. Your vision may be compelling and your strategies right on target, but if short-term results cannot be demonstrated, you may lose support and the momentum for change may begin to erode. The best way to sustain your change effort is to sequence the implementation plan in such a way that short-term successes are clearly demonstrated and celebrated. For example, in implementing a new compliance plan, the data quality manager for a group practice reported statistics to the chiefs of service showing the monthly claims rejection rate. As this rate began to decline, the manager organized special events such as a dessert party and flowers for office managers at each improvement milestone. These touches garnered attention and maintained momentum for the project.

Deliberately seed your implementation plan with a number of short-term projects that have a high likelihood of success. This tactic enables the implementation team to work together to assess how much effort and how many resources will be required for later phases. It demonstrates that the program of planned change is real and not just talk. Moreover, it strengthens the courage and commitment of the leaders and the guiding coalitions.

Get new programs launched quickly by using techniques such as rapid prototyping, demonstration projects, or pilot tests. The details do not always need to be fully worked out to create visible demonstrations. You do not need to secure approval for full implementation as you are testing an approach to see its value. In test mode, all operational details do not need to be worked out before “going live.” You need not anticipate all the intricacies up front; just begin the journey and adjust as you go. Prototyping and pilot tests also offer a way to show others how redesigned processes or new technology might work when it is fully implemented.

Check Your Understanding 28.5

Instructions: Complete the following exercises on a separate sheet of paper.

1. Describe two short-term wins that the director of health information in the Theory into Practice section. For each short-term win, describe how the strategy might be communicated to others to maintain the momentum for change.
2. Think back to an experience when you were involved in an organizational or personal change (for example, new computer program implemented at the company where I worked last summer; a committee you were on that was planning an event or new program). Describe two events or actions that advanced the change agenda and two events that impeded it (for example, all employees were given a half-day of training and a gift for completing the training course).

Pace and Refine Change Plans

Implementation requires managing interdependent projects at various stages of design, development, and deployment. One of the most difficult implementation challenges is deciding what phases should be advanced first and how fast or slow to move through them. Sequencing and pacing change requires thorough knowledge of your organization and its capacity for change. Again, consider all organizational components—cultural, political, and technical—and the available financial and managerial resources.

The higher the stakes, the more likely it is that a proposed change will be controversial. If the only viable approach is likely to meet with resistance, more time and effort are needed up front to gain acceptance before the approach is implemented. The importance of two-way communication throughout the process cannot be overemphasized.

The timing of change is critical. Change leaders can cite examples of projects that moved too quickly and projects that moved too slowly. Lawrence sums up this challenge: “I have become convinced that the real art of leadership lies in careful pacing. Pacing means moving simultaneously in a variety of areas and keeping each area progressing so that the combined cadence does not tear the organization apart. I’m positive that nobody gets timing 100 percent right. But the winners do it less wrong” (1998, pp. 291–308).

Implementation is a process of guiding, adjusting, and improving as you go. According to Walton, “Invariably, the organizational, strategic and leadership choices made during the earlier phases are only partially informed. As experience and events provide feedback to the organization, adjustments are almost always called for” (1998, pp. 347–66).

Implementing change is a highly iterative process. Expect that your plans and tactics will need to be modified as you gain experience. Create budgets and timetables that permit frequent course corrections.

Maintain Momentum and Stay the Course

Because leading change is a process of learning and adjusting, change leaders must learn to tolerate—and even enjoy—uncertainty. Change sponsors are eager to see their well-crafted strategies take hold and inevitably feel discour-

aged by a lengthy process. In addition to celebrating short-term wins, other ways to maintain momentum and keep moving include:

- Working quickly to resolve the thorny issues.
- Reiterating what will happen if change either does not occur or is watered down by compromise. If possible, focus on the consequences due to external trends.
- Keeping your eyes on the prize. Put every action in context. Regularly revisit the vision, goals, and strategies to regenerate a sense of purpose. Help others by making the goals as tangible as possible.
- Remembering that resistance to change is natural. Do not take it personally.
- Rethinking the tactics, sequence, and pace regularly to keep from getting bogged down. If you do get bogged down, institute some actions that will produce short-term gains. Keep moving.
- Maintaining the sense of urgency. Although you should celebrate short-term wins, do not let these celebrations mitigate the sense of urgency you have created. Also, do not let intermediate gains be mistaken for the bigger goals.

For maximum and sustained impact, the change you have introduced must become part of the fabric of your organization. It must become the way the organization operates, thinks, and behaves. At some point, it must become part of the culture. Even after change is implemented, there often continues to be a tug backward to the old reality. So strong is the effect of culture, leaders should be on the lookout for signs of slippage and for opportunities to reinforce the value of the new reality. To ensure that change is lasting and to prepare the organization for more change, leaders should:

- Quantify the impact, benefits, and value of the changes and use data to identify the direction for future change
- Continue intensive communication on issues facing HIM and the organization
- Integrate change competencies and behaviors into performance appraisal and management development programs
- Approach strategy, change, and organizational development as a continuous process

Measure Your Results

Environmental scanning was shown to be an important prerequisite to launching major change. It is also the way to measure the impact of change and to determine what further change is needed. Any time strategic change is undertaken, the measures by which its success will be judged should be made part of the performance measures data set. Environmental scanning must become a core competency of the organization and part of its routine work. It need not be an elaborate system, but it should be systematic and ongoing and it must include information on performance, trends, attitudes, and satisfaction.

Real-World Case

According to coverage in the *Journal of the American Health Information Management Association*, consumer-maintained or accessible personal health records is a trend that is gaining momentum and is an important component of the national health information strategy. Some healthcare systems already offer personal health record views into their electronic health record systems. As consumers become more knowledgeable about healthcare matters, they seek access to more information about their own and their family members' health and healthcare. The employer- and insurance-sponsored consumer-directed health plans also are encouraging patients to become more knowledgeable about health and healthcare.

This trend is expected to affect health information management as practitioners become not only patient advocates in the emerging e-world, but also knowledge and content experts. One of the experts interviewed by the journal described the impact of this trend on HIM as a "sea change." This is a way of describing a profound change from which there is no turning back. AHIMA now sponsors a consumer Web site, MyPHR.com, and a consumer education campaign.

Although great change is forecast, just what form it will take is not at all clear. This presents a real-life strategic challenge for HIM professionals who must consider plausible alternate futures when constructing visions and formulating strategies.

Summary

Health information management (HIM) is a dynamic profession that offers great opportunities to advance and contribute in a variety of important roles. Professional course work has required that you consider the attributes of a professional and the responsibilities of professionalism. You have learned about managing systems, resources, and people. This chapter has introduced you to the HIM professional as a strategic leader, a role that probably does not feel very comfortable to you now.

In truth, it will require experience to perfect the skills of strategic management and it will require a commitment to lifelong learning. One of the first ways to apply the lessons of this chapter is in evaluating your options for your first position as an HIM professional.

In the course of interviewing for positions, look closely at the organizational environment to identify evidence that constructive change is valued. What is the organization's strategic focus? Does its culture value idea sharing and innovation? What is the vision for HIM services? How is the political environment and how are decisions made? Are there any examples of change projects that have been very successful? Have any change projects failed? What lessons were learned from successful or failed projects?

Even seasoned managers are learning and improving their abilities every day. There is no such thing as a master manager who knows it all. What is important is to keep the lessons in mind as one gains experience and grows in confidence as a strategic manager. This chapter has explored the following five lessons (Bryson 1995, p. 225):

Lesson 1. Leading change is more than a process to be managed, it is a way of thinking and acting.

Managing change is a central strategic challenge for all organizations. The challenge may be even greater in healthcare organizations because their cultures tend to be averse to change and their governance structures and decision-making processes are more complicated than those of the typical business organization. Leading change requires a vision, and it often requires building new organizational capabilities, such as environmental scanning, creative group process, and a more external focus.

Lesson 2. Leading change must be approached as a central and fundamental role of all managers.

The best way to learn how to become more strategic is just to begin. Leading change requires creativity and imagination grounded in good information, managerial competence, and effective decision making. Do not expect to get it exactly right the first time, the second time, or any time. It is better to make mistakes than to take no risks. As lessons are learned, they should be chronicled so that the "learning loop" helps improve future decisions.

Lesson 3. Effective change happens only after others are engaged in a meaningful and personal way and earn their acceptance.

All change is ultimately about increasing effectiveness. To be successful, you must first understand what your "customers" want and need and how to deliver real value. This requires information and continuous two-way communication about issues, ideas, and trends. Acceptance for change strategies must be earned. Leaders must be politically savvy, learning to communicate the rationale for change, the expected results, and the consequences of nonaction. They must be sensitive to the fact that it takes time to disseminate a change message and for the message to be assimilated at a personal level. Change projects should move at a deliberate pace, but a pace that takes the needs of others into account.

Lesson 4. Successful organizations will have a bias for action because learning to lead change is a byproduct of leading change while knowing how to be successful

A bias for preserving the status quo is strong in most organizations. This must be replaced with a bias for action. Leading change is a learning process, and success increases the sense of possibility and the excitement to tackle the next challenge. Organizations that are on the move are energized, and this energy will be felt by their employees,

coworkers, superiors, and customers. Learning to lead change is an essential skill in today's fast-paced world of work.

Lesson 5. There is great opportunity for HIM professionals who understand that leadership, change, and learning are intertwined.

Our society talks a lot about leadership, change, and learning. What is only now becoming clear is that these concepts are really intertwined. As Beer, Eisenstat, and others state, "One cannot contemplate dramatic change occurring within an organization without the exercise of some leadership. And the organization does not change fundamentally without significant reorientation and learning by its leaders and members. Without learning, the attitudes, skills, and behavior needed to formulate and implement a new strategic task will not develop" (1993, p. 217). The goal is to reorient your organization to value innovation and change. This takes time, perseverance, and courage. Nonetheless, this is the goal strategic managers should have for the organizations they are privileged to lead.

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