



Program Review

Associate of Applied Science
HEALTH INFORMATION TECHNOLOGY
and
HEALTHCARE CODING
Certificate

2018



Prepared by:
Jennifer Smith
Program Director
03/15/19

DIVISION OF OUTREACH AND WORKFORCE DEVELOPMENT
800 WEST 14TH STREET
CHANUTE, KS 66720

Section 1: Alignment of program mission and purposes with mission and purposes of NCCC.

MISSION

The mission of Neosho County Community College is to *enrich our communities and our student's lives.*

- The mission of the HIT program is to provide students with the opportunity to acquire the skill set necessary to become self-directed learners and leaders in the health information management profession through innovative instruction, collaborative practice, and application of currently trending skills needed in the workplace.
- We accomplish this by adapting to industry and accreditation demands regarding curriculum and skills sets desired upon graduation.
- All graduates spend a minimum of 90 hours working in the real life clinical setting and garnering experience through taking advantage of networking to enhance their ability to be successful in their personal careers and in serving their community.

VISION

Neosho County Community College will grow and expand through serving students with innovative, creative programs based on leadership and excellence in faculty, administration, staff and to be the premier community college in Kansas.

- Students in the HIT program shall possess critical thinking and problem-solving abilities in both course instruction and the professional practice setting that will translate into a credentialed professional in the field of health information management and continue as a life-long learner in the profession.
- The AAS in HIT Degree Program continues to have articulation agreements with institutions of higher learning to help students seamlessly transfer into a bachelor's program; most recently working with Western Governor's University.
- By the end of 2018, implementation of the AHIMA Virtual Lab was in place to assist students with simulation activities in the electronic health record, as well as utilizing encoder software for medical coding exercises.
- We continue to utilize adjunct instructors currently working in the field with advanced knowledge in the areas of coding and data analysis.

PURPOSES

Student learning through:

- Review and utilization of course assessment information and national exam test scores to evaluate opportunities to revise assessment activities, and to make improvements as necessary. With the revamping of the assessment system, it will be easier for the program director to access the information for all program courses, as well as assist faculty in correlating the appropriate assignments to outcomes.
- Program director has attended the annual Assembly on Education (AOE) symposium, which provided the most up-to-date information on curricular standards for accreditation, as well as classroom innovation on required competencies.
- Students continue to use online discussion boards, critical thinking application exercises, and group assignments when practical to enhance an open exchange of ideas.

Student success through:

- For 2019, students receive one-on-one advising with the program director at the beginning of the program. This includes an agreed upon schedule for the entire program so that there is a clear pathway to accomplish goals to graduation, even if modifications happen along the way, the information is available at the beginning.
- Starting in 2019, HIT major students will be enrolled in the non-credit HIT Orientation online course. This provides transparency on the expectations and requirements of the program.
 - Course resources provide a repository of reference material that can be accessible 24/7 and holds students accountable for the required content.
 - It is also a communication tool for upcoming HIT related events like state meetings that provides discounted rates for student attendance.
 - Communication blog from a peer student representative on networking and educational opportunities, as well as a forum to reach out for virtual meet and greet with other students in the program.
- Continued efforts to reach out to students prior to each semester start, by the program director, for personal contact and proactive interaction to ensure forward movement towards graduation.
- Weaving self-awareness of bias into the curriculum and having students provide a diversity training presentation in assessed coursework.

Accountability to stakeholders through:

- Re-evaluating the necessary supplies and resources required for courses, while searching for cost effective options and eliminating unnecessary study materials.
- Budgeted monies are not spent frivolously and effort is put forth to host meetings in the most cost effective manner in order to keep money in the budget for other necessities.
- Continue to encourage adjunct instructor training through college-offered free courses like instructor training, online in-services, HIT specific instructor training manual, and reimbursement for continuing education activities, as provided by the college.

Meeting community needs through:

- Participation in career and health fairs to provide information about the program and the role of HIM in the healthcare industry.
- Inviting advisory board members to participate on campus, or virtually, to provide suggestions for program changes or to garner ideas or solutions for curricular changes and employer desired skill sets.
- Send out annual surveys to employers in the area to get feedback on areas that graduates could be better trained in, or students during their internships.
- Continued efforts to work with students in coding programs or formal certifications in medical coding to work through the associate's degree program at an accelerated pace to graduate and join the workforce sooner.

Advisory Committee Members

Neosho Memorial Regional Medical Center Family Medicine
Neosho Memorial Regional Medical Center
Ashley Clinic
Fredonia Regional Hospital
Labette Health
Olathe Health Systems – Olathe
Ortho Kansas, LLC
Cass Regional Medical Center
Maniilaq Health
University of St. Mary's HIA program director
Lawrence Otolaryngology
Charter Oak State College HIA program director
Mercy Hospital – Joplin
Allen County Regional Hospital
Coffeyville Regional Medical Center
Sumner Regional Medical Center
Girard Medical Center
Labette Center for Mental Health Services, Inc.
Newman Medical Center
Bob Wilson Medical Grant County Hospital
Southwest Medical Center
Prairie View, Inc.
Kansas University HIA Program Director
Coding Specialist for Livanta
Satanta Hospital HIM Director
University of Colorado Hospital
Mercy Hospital – Siloam Springs, AR
Anderson County Regional Hospital (St. Lukes)
Lawrence Memorial Hospital
Ransom Memorial Hospital
Ottawa Family Physicians
Reed Medical Group
NCCC Dean of Outreach & Workforce Development
NCCC Student Liaison for KHIMA
NCCC Current Students and Graduates of HIT/HCC Programs
NCCC Adjunct Instructors (HIT, Healthcare Coding)
NCCC Director of Outreach & Workforce Development
NCCC Allied Health Director
NCCC Allied Health Instructor
NCCC AA to Outreach & Workforce Development
NCCC AA to Allied Health

PROGRAM HISTORY

The program was approved for initial accreditation in November 2009. At that time, the program was under the direction of a part-time director, and faculty consisting of 100% remote adjunct instructors. The initial program director left in 2010, and a new director was hired as the accreditation requirements changed. These changes included mandating a full-time on-campus program director. That program director left in 2012, having provided a good foundation going forward, however curriculum changes were not implemented for accreditation reporting. The third program director, hired in 2012, began implementing the curriculum from the previous period. In 2014, the curriculum changed again, thus the current curriculum has been in place since January 2017. The previous program review indicted the program should be continued and strengthened with the new curriculum.

The current five-year program review period ended in July 2018. The current, and fourth program director for the program, was hired July 1, 2018 and has completed the five-year program review.

Section 2: Curriculum of Program and Outcomes Assessment

Program sheets

Health Care Coding Certificate

The Healthcare Coding Certificate program of study prepares individuals for employment in coding positions including: physician offices, hospitals, outpatient surgery facilities, health departments and other areas where diagnosis and procedures are coded utilizing ICD and CPT for reimbursement and reporting purposes. The courses in this program are offered online with the exception of Anatomy & Physiology.

Completion of this Healthcare Coding Certificate program will prepare students to sit for the Certified Physician Coding (CPC) an examination offered through AAPC and the American Health Information Management Association's (AHIMA) Certified Coding Associate (CCA). Program graduates will be required to gain a minimum of one year work experience after graduation to meet the eligibility requirements for the CCS or CCS-P advanced coding exams. <http://www.aapc.com/certification/medical-coding/certification.aspx>
<http://www.ahima.org/certification/credentials.aspx>

Prerequisites

The student will need to be proficient in English; reading and writing. Some of the courses in this curriculum have specific prerequisites. Students are not required to take placement exams before enrollment in this certificate program.

Program Staff Recommendation

Students planning to work as a professional coder should also consider completing the Health Information Technology Associate of Applied Science degree program.

General Education (GE) Courses

Certificate students are not required to take specific elective courses for this program. But should work with an advisor to find an appropriate track for career objectives. Students are not required to take placement exams before enrollment. Students completing this program will earn credit hours that can be applied to the Associate in Applied Science (AAS) degree in Health Information Technology.

Program Core Courses

All courses or their equivalent courses transferred from other institutions, listed on the recommended sequence of courses are required for the completion of the program.

Program Outcomes

1. Evaluate applications of data content structure and standards in health information technology.
2. Demonstrate ethical standards with regard to privacy and security principles and policies.
3. Integrate the principles of informatics, analytics and data use in applications of health information management.
4. Evaluate the principles of revenue management in health information technology.
5. Integrate the principles of compliance in applications of health information technology.
6. Integrate the principles of leadership in the health information field.

Course Sequence

The listing that follows is a recommended sequence of courses for full-time students. The student should consult with an advisor for information specific to their academic situation and flexibility of course sequencing order

Recommended Sequence of Courses

		Cr Hrs
Semester I		
CSIS 100	Computer Concepts and Applications	3
ALHE 105	Medical Terminology	3
*BIOL 257	Human Anatomy & Physiology Lecture	3
*BIOL 258	Human Anatomy & Physiology Lab	2
ALHT 110	Intro to Health Information Technology	3
	Total	14
Semester II		
ALHT 210	Legal & Ethical Issues in Healthcare	3
NURS 230	Pathophysiology	3
*ALHT 230	Current Procedural Terminology Coding	3
*ALHT 225	International Classification of Diseases	4
	Total	13
Semester III		
ALHE 122	Intro to Pharmacology	3
ALHT 170	Electronic Health Record	3
ALHT 250	Reimbursement Methodologies	3
ALHT 180	Healthcare Coding Practicum	2
ALHT 145	Healthcare Coding National Exam Review	1
	Total	12
Total Certificate Credits		39

*BIOL 257/ BIOL 258 are pre-requisites for NURS 230, ALHT225 and ALHT 230.

Optional Additional Study

Students completing the Healthcare Coding certificate are encouraged to consider continuing their education to complete the Associate of Applied Science degree in Health Information Technology.

For more information contact:

Jennifer Smith, Program Director, 785-248-2830, ext. 355
jen.smith@neosho.edu

Health Information Technology

Associate of Applied Science

The Health Information Technology program trains health information technicians to provide reliable and valid information that drives the healthcare industry. The program utilizes standards established by the American Health Information Management Association to train entry-level technicians to effectively work with health information systems, manage medical records, and code information for reimbursement and research. Students will leave the program with the knowledge and skills necessary to use, analyze, present, abstract, code, store and/or retrieve healthcare data for the support of departmental operations, and clinical and business decision making in healthcare or related organizations.

Employment is available in a variety of settings including hospitals, managed care organizations, long-term care facilities, consulting and law firms, skilled nursing facilities, physician practices, insurance companies, and more. In addition, graduates of associate degree programs in HIT may transfer into HIA baccalaureate degree programs. Graduates of baccalaureate degree programs are known as health information administrators. NCCC's HIT program is accredited by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM). Accreditation was obtained on November 13, 2009. All courses or their equivalent courses transferred from other institutions, listed on the recommended sequence of courses are required for the completion of the program.

Prerequisites

The student will need to demonstrate proficiencies in reading, English, and mathematics based on the college assessment test, ACT or SAT scores, or by taking the required classes. Some of the courses in this curriculum have specific prerequisites. For specific requirements please refer to the mandatory Placement Policy in the College Catalog.

General Education (GE) Courses

The health information technology program is designed as either a terminal program or as a transfer program into a health information administration baccalaureate program. Students should work closely with their advisors to determine the most efficient method of obtaining career goals.

Program Outcomes

1. Evaluate applications of data content structure and standards in health information technology.
2. Demonstrate ethical standards with regard to privacy and security principles and policies.
3. Integrate the principles of informatics, analytics and data use in applications of health information management.
4. Evaluate the principles of revenue management in health information technology.
5. Integrate the principles of compliance in applications of health information technology.
6. Integrate the principles of leadership the health information field.

Course Sequence

The listing that follows is a recommended sequence of courses. The student should work with their advisor regarding their course schedule.

Recommended Sequence of Courses

Semester I		
CURR 100	First Year Seminar	1
CSIS 100	Computer Concepts and Applications	3
ALHE 105	Medical Terminology	3
*BIOL 257	Human Anatomy and Physiology	3
*BIOL 258	Human Anatomy and Physiology Lab	2
ENGL 101	English Composition I	3
	Total	15
Semester II		
ALHT 110	Intro to Health Information Technology	3
ALHT 210	Legal & Ethical Issues in Healthcare	3
ALHE 122	Intro to Pharmacology	3
PSYC 155	General Psychology	3
*NURS 230	Pathophysiology	3
COMM 213	Interpersonal Communication	3
	Total	18
Semester III		
ALHT 170	Electronic Health Records	3
*ALHT 225	International Classification of Disease-10	4
ALHT 205	Healthcare Statistics	3
*ALHT 230	Current Procedural Terminology	3
ALHT 200	Health Info Technology Clinical Affiliation I	3
	Total	16
Semester IV		
ALHT 250	Reimbursement Methodologies	3
ALHT 215	Quality Improvement	3
ALHT 220	Management and Supervision	3
ALHT 221	Current Events in Health Info Technology	3
ALHT 256	Alternative Healthcare Systems in HIT	3
	Total	15
Semester V		
ALHT 255	Health Information Technology Clinical Affiliation II	3
	Total Program Credits	67

*BIOL 257/ BIOL 258 are pre-requisites for NURS 230, ALHT225 and ALHT 230.

The health information technology program is designed as either a terminal program or as a transfer program into a health information administration baccalaureate program. Students should work closely with their advisors to determine the most efficient method of obtaining career goals.

For More Information Contact:

Jennifer Smith, Program Director, 620-431-2820, ext. 285

jen.smith@neosho.edu

CORE COURSES

ALHT 110 Introduction to Health Information Technology
ALHT 170 Electronic Health Records
ALHT 205 Healthcare Statistics
ALHT 210 Legal & Ethical Issues in Healthcare
ALHT 215 Quality Improvement
ALHT 220 Management and Supervision
ALHT 221 Current Events in Health Information Technology
ALHT 225 International Classification of Diseases-10-CM/PCS
ALHT 230 Current Procedural Terminology
ALHT 250 Reimbursement Methodologies (*Previously ALHT 150*)
ALHT 256 Alternative Healthcare Systems in HIT

AAS ONLY PPE

ALHT 200 Health Information Technology Clinical Affiliation I
ALHT 255 Health Information Technology Clinical Affiliation II

HEALTHCARE CODING ONLY

ALHT 180 Healthcare Coding Practicum
ALHT 145 Healthcare Coding National Exam Review

METHODS OF COURSE AND PROGRAM OUTCOME ASSESSMENT

Program assessments are tied directly to the exam content domains for national examination. Each program assessment is tied to program courses, and then each program course includes competencies required for national examination.

These assessments include:

- Reading of textbook materials, assigned articles and reports
- Practice exercises and review exams
- Written reports and research papers
- Scenario and case study assignments
- Online/web research assignments
- Projects and presentations
- Timed tests and quizzes
- Comprehensive final exams
- Journal entry assignments
- Class forum discussions
- Simulation activities with assignments and real world applications
- Group assignments (not used for assignments tied to outcomes assessment)

PROGRAM ASSESSMENT MATRIX – 17-18

Healthcare Coding – Certificate

Submitted by Richard Ryan - Current as of 11/01/2016

Skills Outcomes

1. Evaluate the accuracy of diagnostic/procedural systems.
2. Apply healthcare legal concepts, principles to the practice of HIM, privacy, security principles.
3. Demonstrate the principles and use of system data architecture, interfaces, in the electronic health record.
4. Evaluate and apply the principles of revenue management reimbursement processes.
5. Integrate the principles of compliance in applications of health information technology.
6. Apply the principles of human resource management and strategic planning.

Course Number	Course Name	Program Outcome 1	Program Outcome 2	Program Outcome 3	Program Outcome 4	Program Outcome 5	Program Outcome 6
ALHT 110	Health Information Technology	CO 1,2,3,4					CO 5
ALHT 145	Medical Coding Exam Review	CO 1,2,3,4,5				CO 6, 7	
ALHT 170	Electronic Health Record	CO 1,2,3	CO 4,5,6	CO 7,8,9,10,11			CO 11
ALHT 180	Healthcare Coding Practicum	CO 1,2,3				CO 4,5	
ALHT 210	Legal Aspects of Health Information		CO 1,2,3,4,5,6			CO 7	CO 8,9
ALHT 225	Intro to ICD-10-CM Coding	CO 1,2,3,4				CO 5,6,7	
ALHT 230	Intro to CPT	CO 1,2,3,4,5				CO 6,7	
ALHT 250	Reimbursement Methodologies	CO 1			CO 2,3,4,5		

PROGRAM ASSESSMENT MATRIX –17-18

Health Information Technology – AAS Degree

Submitted by Richard Ryan - Current as of 10/17/16

Skills Outcomes

1. Evaluate applications of data content structure and standards in health information technology.
2. Demonstrate ethical standards with regard to privacy and security principles and policies.
3. Integrate the principles of informatics, analytics and data use in applications of health information management.
4. Evaluate the principles of revenue management in health information technology.
5. Integrate the principles of compliance in applications of health information technology.
6. Integrate the principles of leadership into the health information field.

Course Number	Course Name	Program Outcome 1	Program Outcome 2	Program Outcome 3	Program Outcome 4	Program Outcome 5	Program Outcome 6
ALHT 110	Health Information Technology	CO 1,2,3,4					CO 5
ALHT 170	Electronic Health Record	CO 1,2,3	CO 4,5,6	CO 7,8,9,10,11			
ALHT 200	HIT Clinical Affiliation I	CO2	CO 1,			CO 3,4,5	
ALHT 205	Healthcare Statistics	CO 1		CO 2,3,4,5,6,		CO 7	
ALHT 210	Legal Aspects of Health Information		CO 1,2,3,4,5,6			CO 7	CO 8,9
ALHT 215	Quality Improvement	CO 1		CO 2,3,4,5,6			CO 7
ALHT 220	Management and Supervision						CO 1-15
ALHT 221	Current Events in HIT						CO 1,2,3
ALHT 225	Intro to ICD-10-CM Coding	CO 1,2,3,4				CO 5,6,7	
ALHT 230	Intro to CPT	CO 1,2,3,4,5				CO 6,7	
ALHT 250	Reimbursement Methodologies	CO 1			CO 2,3,4,5		
ALHT 255	Clinical Affiliation II	CO 1,2			3		
ALHT 256	Alternative Healthcare Systems in HIT	CO 1,3				CO 4, 5	CO 6

ASSESSMENTS

Course Assessments:

N/A's indicate the outcome was eliminated.

ALHT 110 Intro to He	CO1	CO2	CO3	CO4	CO5	CO6	CO7	CO8	CO9	CO10
2013-2014	91	90	80	88	N/A	N/A	N/A	N/A	N/A	N/A
2014-2015	84	94	85	80	78	85	44	76	88	92
2015-2016	86	73	85	48	46	N/A	N/A	N/A	N/A	N/A
2016-2017	83	83	96	70	90	N/A	N/A	N/A	N/A	N/A
2017-2018	76	73	79	54	83	N/A	N/A	N/A	N/A	N/A

CO4,5: Target outcomes not met due to a lack of student participation and 0 scores being figured into the overall score. One student did not interpret the assignment instructions correctly, but did not resubmit for additional points.

ALHT 170 EHR	CO1	CO2	CO3	CO4	CO5	CO6	CO7	CO8	CO9	CO10	CO11
2013-2014	88	75	95	91	94	96	84	N/A	N/A	N/A	N/A
2014-2015	87	87	87	87	88	87	87	87	N/A	N/A	N/A
2015-2016	95	90	98	86	95	94	94	51	91	80	77
2016-2017	88	93	88	89	93	92	84	74	76	72	77
2017-2018	83	94	99	89	86	98	95	43	85	N/A	N/A

CO8: The target outcome was barely met on CO8 after excluding zeros. However, it was noted that the instructions needed revising to better describe how the assignment should be completed. Revisions made to the assignment instructions proved fruitful as the target outcome was met and much higher when the zeros for no participation were removed.

ALHT 200 CA I	CO1	CO2	CO3	CO4	CO5	CO6
2013-2014	95	99	97	89	97	97
2014-2015	96	95	96	95	95	96
2015-2016	96	96	99	N/A	N/A	N/A
2016-2017	72	82	88	N/A	N/A	N/A
2017-2018	75	81	79	78	85	N/A

ALHT 205 HC Stats	CO1	CO2	CO3	CO4	CO5	CO6	CO7	CO8
2013-2014	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2014-2015	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2015-2016	90	90	90	90	90	90	N/A	N/A
2016-2017	95	94	94	95	92	100	100	100
2017-2018	95	90	91	97	97	93	80	96

ALHT 210 Legal & Et	CO1	CO2	CO3	CO4	CO5	CO6	CO7	CO8	CO9
2013-2014	92	90	92	90	95	91	95	95	90
2014-2015	92	93	90	90	87	92	94	95	94
2015-2016	94	90	92	88	73	99	97	83	89
2016-2017	91	98	91	76	59	66	94	90	54
2017-2018	98	92	94	84	88	78	97	80	69

CO5: The low scores are attributed to the zeros for non-submission of the assignment. There was also one student that had low effort and performance.

CO6: The low scores are attributed to the zeros for non-submission of the assignment; one student did not participate, but did not withdraw from the course. There was also one student that had low effort and performance.

CO9: This assignment includes four different scoring sections. One student did not attempt the assignment, and two had low performance with only participating in part of the assignment requirements.

ALHT 215 Qty Imprvt	CO1	CO2	CO3	CO4	CO5	CO6	CO7
2013-2014	97	97	97	97	97	97	97
2014-2015	96	96	96	96	96	96	96
2015-2016	96	96	96	96	96	96	96
2016-2017	83	55	85	55	80	71	55
2017-2018	82	63	100	59	84	78	54

Overall, students tend to struggle with the content and rigor of this course. The implementation of information governance initiatives was added to the course in 2016. This was a new trend in the industry and a somewhat difficult concept to articulate to the classroom initially. Continued revisions have been made to help with the understanding of this aspect, including adding a textbook specific to that topic. Students continue to struggle with the larger projects in this course that require a high degree of critical thinking application. The instructor has implemented strategies for improvement through offering alternative assignments related to the course outcome assignments that come in under target for score improvement, and weekly scheduled ZOOM meetings for synchronous review of the material presented in the following week. The instructor notifies the program director at the end of each semester with what revisions are planned for the upcoming semester with a detailed summary of what occurred during the semester (current program director has worked with the instructor to improve rubrics in the current academic year).

ALHT 220 M&S	CO1	CO2	CO3	CO4	CO5	CO6	CO7	CO8	CO9	CO10	CO11	CO12	CO13	CO14	CO15	CO16
2013-2014	78	78	80	78	75	78	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2014-2015	86	86	86	86	86	86	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2015-2016	53	90	90	90	90	90	90	95	95	90	85	85	90	85	90	80
2016-2017	90	92	90	92	92	92	90	93	90	92	90	90	93	92	90	92
2017-2018	93	100	75	98	73	100	88	88	100	75	58	100	100	71	95	

CO1,11: Target outcomes not met due to a lack of student participation and 0 scores being figured into the overall score.

ALHT 221 Curr Evnts	CO1	CO2	CO3
2013-2014	89	92	81
2014-2015	93	63	100
2015-2016	79	90	84
2016-2017	74	81	71
2017-2018	59	85	68

CO1: Low CO1 score attributed to two students that completed an initial post, but no response post, and two students that did not participate.

CO2,3: The low scores are contributed to two students who did not complete the assignment and one student that only put forth minimal effort.

ALHT 225 ICD	CO1	CO2	CO3	CO4	CO5	CO6	CO7	CO8
2013-2014	81	83	83	81	84	78	86	N/A
2014-2015	79	80	80	80	81	81	86	83
2015-2016	79	77		84	83	N/A	N/A	N/A
2016-2017	70	75	61	71	82	75	77	N/A
2017-2018	85	88	69	80	83	85	100	N/A

15: CO3 data was not entered before report was finalized.

ALHT 230 CPT	CO1	CO2	CO3	CO4	CO5	CO6	CO7	CO8
2013-2014	93	91	92	93	94	96	91	89
2014-2015	96	96	92	92	88	93	89	92
2015-2016	80	67			62	94	86	N/A
2016-2017	66	35	80	73	48	86	82	N/A
2017-2018	61	69	93	89	70	96	91	N/A

CO1: Coding scenarios were given and students needed to code from records, then provided correct answers. It is recommended that the opportunity for discussion and revision is given before final score is recorded.

CO2,5: One student did not participate and the zero was factored in. Overall, the students scored low, but it was noted that the assignment points were worth very few points. In one assignment, if the student missed one question, the grade was lowered to a B. Because these are coding scenarios, more points are appropriate.

CO3,4: CO3 and CO4 data was not entered before report was finalized (same instructor as ALHT225).

ALHT250/150 Reimb	CO1	CO2	CO3	CO4	CO5	CO6	CO7	CO8	CO9
2013-2014	81	77	83	82	81	81	83	90	85
2014-2015	82	77	80	81	78	81	82	85	82
2015-2016	81	54	63	85	N/A	N/A	N/A	N/A	N/A
2016-2017	62	80	90	80	87	N/A	N/A	N/A	N/A
2017-2018	85	87	98	89	93	N/A	N/A	N/A	N/A

CO1,2,3: Target outcomes not met due to a lack of student participation and 0 scores being figured into the overall score.

ALHT 255 CA II	CO1	CO2	CO3	CO4	CO5	CO6	CO7
2013-2014	80	80	80	80	80	80	N/A
2014-2015	100	100	97	100	100	96	N/A
2015-2016	79	77	N/A	84	83	N/A	72
2016-2017	82	86	78	N/A	N/A	N/A	N/A
2017-2018	89	84	10	N/A	N/A	N/A	N/A

CO3: Actual mean excluding zeros was 38. Of the four students participating in the course, three did not attempt the assignment. The student that did participate, received only partial credit. It was determined that further independent resources should be provided to the student so that there was clarification on appropriately completing physician queries that did not include leading questions to the physicians.

ALHT 256- Alt Health Care Sys	CO1	CO2	CO3	CO4	CO5	CO6	CO7	CO8	CO9	CO 10	CO 11	CO 12	CO 13
2013-2014	77	77	75	0	77	80	80	80	80	80	80	80	80
2014-2015	81	81	81	81	85	85	85	81	81	81	76	76	81
2015-2016	90	90	90	90	90	90	72	N/A	N/A	N/A	N/A	N/A	N/A
2016-2017	90	94	94	94	94	94	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2017-2018	93	87	94	89	89	97	N/A	N/A	N/A	N/A	N/A	N/A	N/A

CO4: CO4 assessment data was not entered in the 13-14 academic year.

ALHT 145 Nat'l Exam	CO1	CO2	CO3	CO4	CO5	CO6	CO7
2013-2014	88	74	100	81	N/A	N/A	N/A
2014-2015	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2015-2016	90	90	90	90	90	90	90
2016-2017	95	80	80	N/A	N/A	N/A	N/A
2017-2018	74	96	90	36	99	12	N/A

CO4,6: Target outcomes not met due to a lack of student participation and 0 scores being figured into the overall score.

ALHT 180 Coding Pr	CO1	CO2	CO3	CO4	CO5	CO6	CO7	CO8	CO9	CO10
2013-2014	100	100	100	100	100	100	100	100	100	100
2014-2015	81	81	81	81	81	81	81	81	81	81
2015-2016	79	55	100	100	100	N/A	N/A	N/A	N/A	N/A
2016-2017	95	98	81	85	100	N/A	N/A	N/A	N/A	N/A
2017-2018	87	75	100	90	69	N/A	N/A	N/A	N/A	N/A

CO2,5: Target outcomes not met due to a lack of student participation and 0 scores being figured into the overall score.

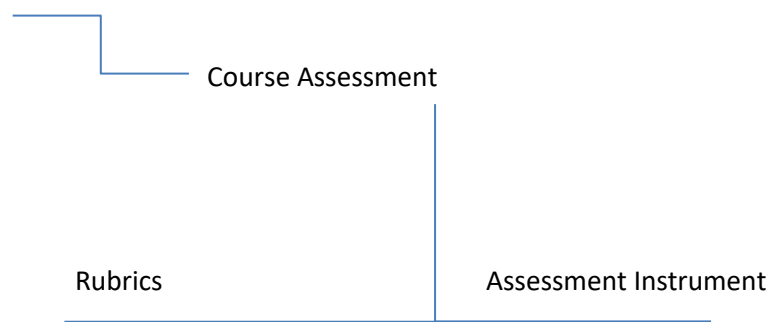
Program Assessments:

HIT	13-14	14-15	15-16	16-17	17-18
PO 1	86	84	84	77	81
PO 2	86	87	83	84	89
PO 3	87	88	86	80	80
PO 4	85	87	87	83	84
PO 5	87	92	88	86	88
PO6	N/A	N/A	N/A	87	81
Weighted Average	86	87	85	82	83

HCC	13-14	14-15	15-16	16-17	17-18
PO 1	88	85	87	75	79
PO 2	84	83	79	85	90
PO 3	88	85	79	77	77
PO 4	91	87	81	84	92
PO 5	87	84	84	81	90
PO6	N/A	N/A	N/A	79	79
Weighted Average	88	85	82	77	82

Some impact to course outcomes occurred with the transition to the 2014 CAHIIM accreditation curriculum standards. There is a transition period of trying to revamp assignments to meet standards and utilizing new assignments to do so. This often takes time to make revisions to get to the proper rigor and complete instructions. Some courses switched to the curriculum standards sooner than others, but all courses met the 2017 implementation date. Also during this time, the medical coding certificate was aligned at the State, which was revised from 16 credit hours to a 39 credit hour certificate.

Program Assessment



EFFORTS TO STAY CURRENT IN CURRICULUM

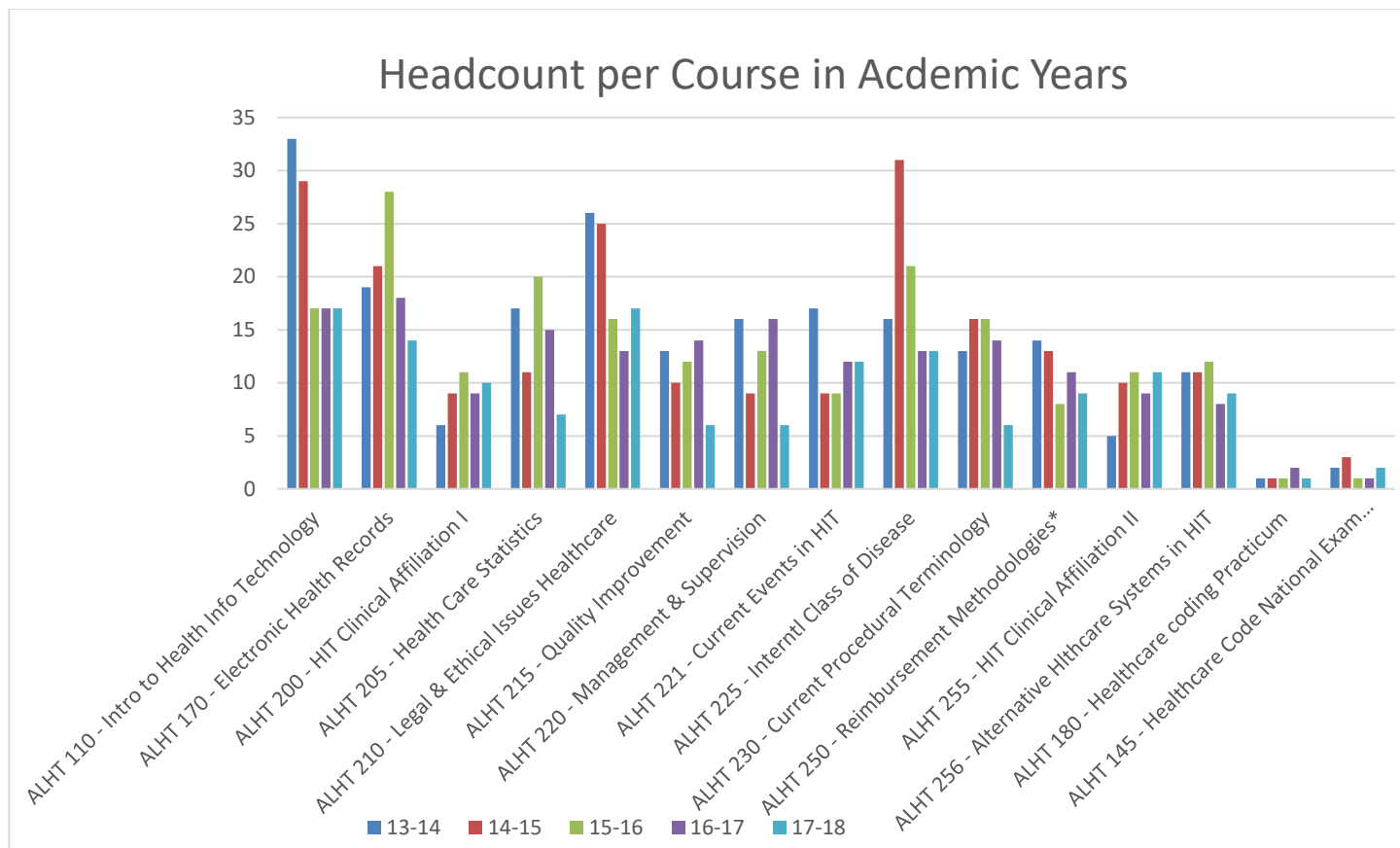
- Current program director has attended the annual Assembly on Education (AOE) symposium in July, which provides the most up-to-date information on curricular standards for accreditation, as well as classroom innovation ideas for required competencies. This meeting is invaluable to advocate for our program, find out what changes are going on with curriculum, as well as with the accreditation requirements. Previous program director did not consistently participate, but attended state meetings annually.
- Adjuncts working in the field assist students by using online discussion boards, critical thinking application exercises, and group assignments, when practical, to enhance an open exchange of ideas.
- Program director continues to encourage adjunct instructor training through free courses offered at the college including online in-services, NC201 instructor certification, reimbursement for continuing education activities through the adjunct professional development program, and free webinar opportunities for continuing education. HIT program instructors provide two CEU credits annually.
- Program director attends the annual Kansas Health Information Management Association (KHIMA) meeting, and encourages adjunct instructors to do the same in order to stay abreast of current changes in regulations, trending topics in HIM, and networking with other industry members to get feedback for needs in the workplace.
- Program director consistently participates on the KHIMA Board of Directors at the State level. Previous and current directors are active in serving in elected positions, as well as volunteering as committee members/chairperson.
- Advisory board members are invited to participate biannually on campus, or virtually, to provide suggestions for program changes or to garner ideas or solutions for curricular changes and employer desired skill sets.
- Send out annual surveys to employers in the area to get feedback on areas that graduates could be better trained in, or for students during their internships.

IDENTIFICATION OF BARRIERS

- Opportunities for free training is continually sought out, but there are important on-site meetings. Attending these meetings can be cost prohibitive if waiting for payment up front and reimbursement later.
- Adjunct instructors cannot always get away from job demands to participate in on-campus activities or CE opportunities during the work day.
- Turnover in instructors means starting over on getting teaching staff up to the expected standards. It proves challenging to find experts in the field willing to teach, and most do not have any teaching experience which makes the understanding of andragogy and Bloom's taxonomy somewhat challenging.

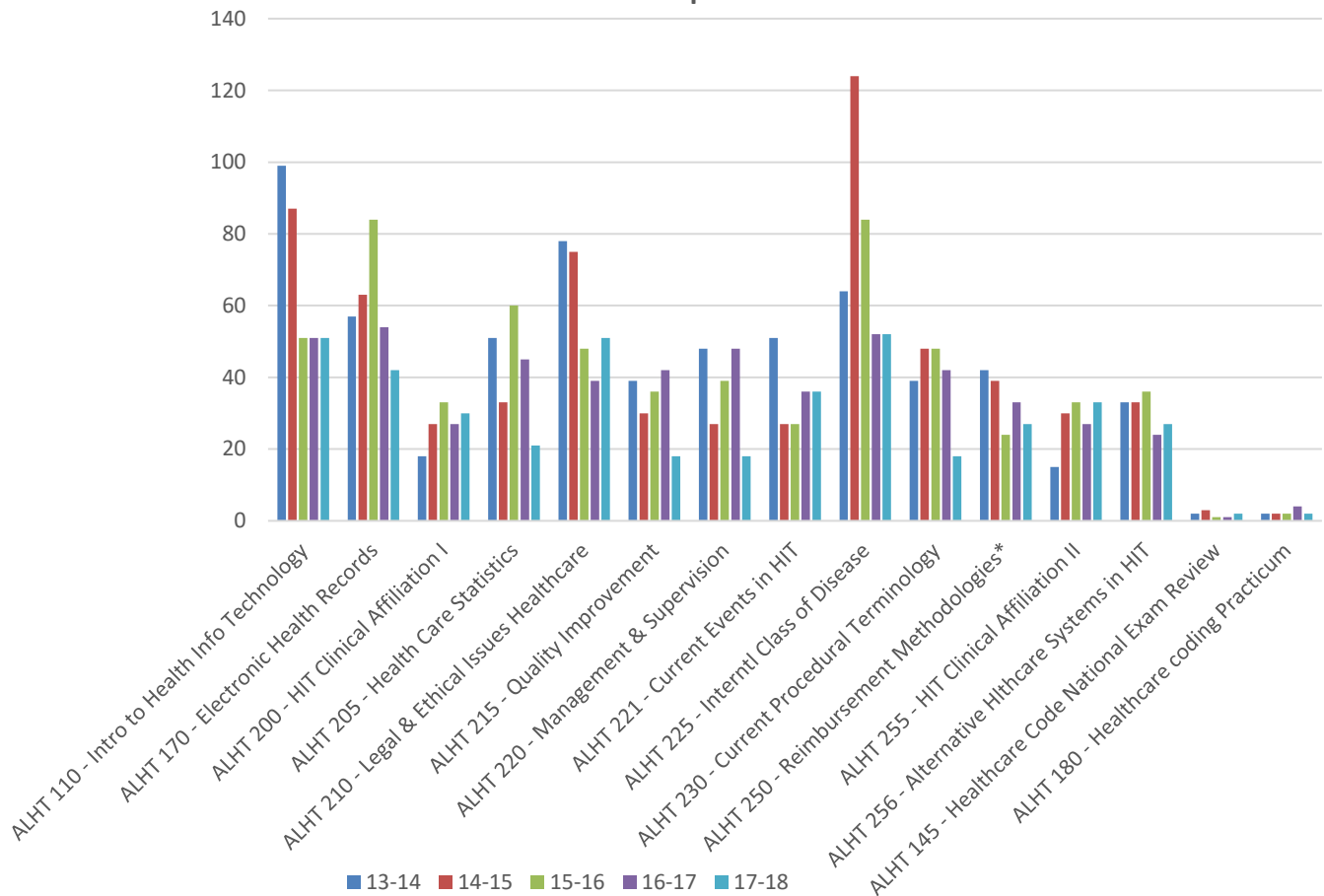
Section 3: Data – Enrollment and Resources

Enrollment numbers per year for the last five years:



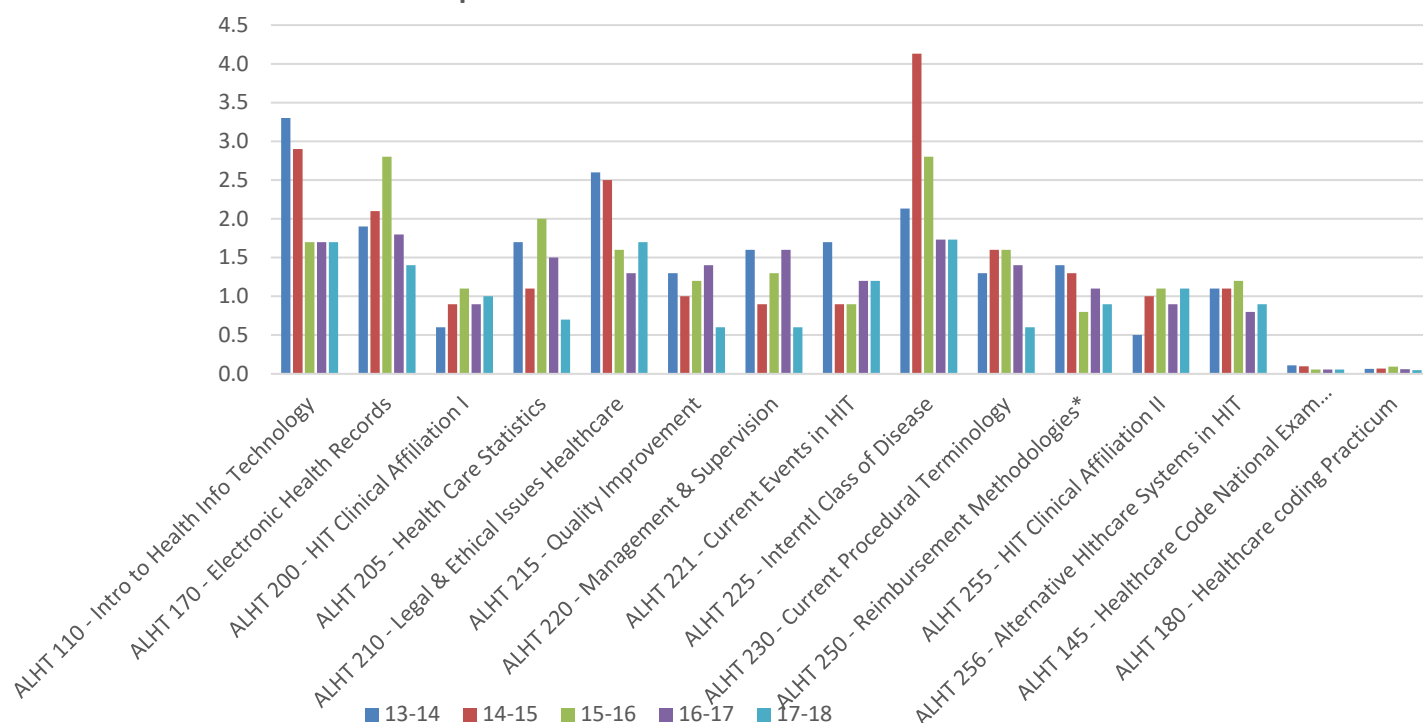
Headcount/Course/Academic Year	13-14	14-15	15-16	16-17	17-18	TOTALS
ALHT 110 - Intro to Health Info Technology	33	29	17	17	17	113
ALHT 170 - Electronic Health Records	19	21	28	18	14	100
ALHT 200 - HIT Clinical Affiliation I	6	9	11	9	10	45
ALHT 205 - Health Care Statistics	17	11	20	15	7	70
ALHT 210 - Legal & Ethical Issues Healthcare	26	25	16	13	17	97
ALHT 215 - Quality Improvement	13	10	12	14	6	55
ALHT 220 - Management & Supervision	16	9	13	16	6	60
ALHT 221 - Current Events in HIT	17	9	9	12	12	59
ALHT 225 - Interntl Class of Disease	16	31	21	13	13	94
ALHT 230 - Current Procedural Terminology	13	16	16	14	6	65
ALHT 250 - Reimbursement Methodologies*	14	13	8	11	9	55
ALHT 255 - HIT Clinical Affiliation II	5	10	11	9	11	46
ALHT 256 - Alternative Hlthcare Systems in HIT	11	11	12	8	9	51
ALHT 180 - Healthcare coding Practicum	1	1	1	2	1	6
ALHT 145 - Healthcare Code National Exam Review	2	3	1	1	2	9
TOTALS	209	208	196	172	140	925

Generated Hours per Course in Academic Years



Generated Hours/Course/Academic Year	13-14	14-15	15-16	16-17	17-18	TOTALS
ALHT 110 - Intro to Health Info Technology	99	87	51	51	51	339
ALHT 170 - Electronic Health Records	57	63	84	54	42	300
ALHT 200 - HIT Clinical Affiliation I	18	27	33	27	30	135
ALHT 205 - Health Care Statistics	51	33	60	45	21	210
ALHT 210 - Legal & Ethical Issues Healthcare	78	75	48	39	51	291
ALHT 215 - Quality Improvement	39	30	36	42	18	165
ALHT 220 - Management & Supervision	48	27	39	48	18	180
ALHT 221 - Current Events in HIT	51	27	27	36	36	177
ALHT 225 - Interntl Class of Disease	64	124	84	52	52	376
ALHT 230 - Current Procedural Terminology	39	48	48	42	18	195
ALHT 250 - Reimbursement Methodologies*	42	39	24	33	27	165
ALHT 255 - HIT Clinical Affiliation II	15	30	33	27	33	138
ALHT 256 - Alternative Hlthcare Systems in HIT	33	33	36	24	27	153
ALHT 145 - Healthcare Code National Exam Review	2	3	1	1	2	9
ALHT 180 - Healthcare coding Practicum	2	2	2	4	2	12
TOTALS	638.0	648.0	606.0	525.0	428.0	2857.0

FTE per Course in Academic Years



FTE/Course/Academic Year (Generated Hrs/30)	13-14	14-15	15-16	16-17	17-18	TOTALS
ALHT 110 - Intro to Health Info Technology	3.3	2.9	1.7	1.7	1.7	11.3
ALHT 170 - Electronic Health Records	1.9	2.1	2.8	1.8	1.4	10.0
ALHT 200 - HIT Clinical Affiliation I	0.6	0.9	1.1	0.9	1.0	4.5
ALHT 205 - Health Care Statistics	1.7	1.1	2.0	1.5	0.7	7.0
ALHT 210 - Legal & Ethical Issues Healthcare	2.6	2.5	1.6	1.3	1.7	9.7
ALHT 215 - Quality Improvement	1.3	1.0	1.2	1.4	0.6	5.5
ALHT 220 - Management & Supervision	1.6	0.9	1.3	1.6	0.6	6.0
ALHT 221 - Current Events in HIT	1.7	0.9	0.9	1.2	1.2	5.9
ALHT 225 - Interntl Class of Disease	2.1	4.1	2.8	1.7	1.7	12.5
ALHT 230 - Current Procedural Terminology	1.3	1.6	1.6	1.4	0.6	6.5
ALHT 250 - Reimbursement Methodologies*	1.4	1.3	0.8	1.1	0.9	5.5
ALHT 255 - HIT Clinical Affiliation II	0.5	1.0	1.1	0.9	1.1	4.6
ALHT 256 - Alternative Hlthcare Systems in HIT	1.1	1.1	1.2	0.8	0.9	5.1
ALHT 145 - Healthcare Code National Exam Review	0.1	0.1	0.1	0.1	0.1	0.4
ALHT 180 - Healthcare coding Practicum	0.1	0.1	0.1	0.1	0.0	0.3
TOTALS	21.3	21.6	20.2	17.5	14.3	95.2

NOTES:

*Previous course number was ALHT 150 2013-2016

Courses specific to the Healthcare Coding Certificate Only

Grade distribution per year for the last five years:

ALHT 110 Intro to Health Information Technology

GRADE/YR	13-14	14-15	15-16	16-17	17-18	TOTALS
A	18	8	4	8	8	46
B	8	14	4	4	6	36
C	1	3	6	3	2	15
D	0	3	0	1	0	4
F	2	1	1	1	1	6
I	0	0	0	0	0	0
W	0	0	2	0	0	2
WA	4	0	0	0	0	4
TOTAL ENROLLMENT	33	29	17	17	17	113
WITHDRAWS	4	0	2	0	0	6
WITHDRAW %	12%	0%	12%	0%	0%	5%

ALHT 145 Medical Coding National Review Exam

GRADE/YR	13-14	14-15	15-16	16-17	17-18	TOTALS
A	1	1	1	1	1	5
B	1	1	0	0	1	3
C	0	1	0	0	0	1
D	0	0	0	0	0	0
F	0	0	0	0	0	0
I	0	0	0	0	0	0
W	0	0	0	0	0	0
WA	0	0	0	0	0	0
TOTAL ENROLLMENT	2	3	1	1	2	9
WITHDRAWS	0	0	0	0	0	0
WITHDRAW %	0%	0%	0%	0%	0%	0%

ALHT 150 Reimbursement Methodologies

GRADE/YR	13-14	14-15	15-16	16-17	17-18	TOTALS
A	8	6	3	0	0	17
B	5	6	0	0	0	11
C	0	0	3	0	0	3
D	0	1	0	0	0	1
F	0	0	2	0	0	2
I	0	0	0	0	0	0
W	0	0	0	0	0	0
WA	1	0	0	0	0	1
TOTAL ENROLLMENT	14	13	8	0	0	35
WITHDRAWS	1	0	0	0	0	1
WITHDRAW %	7%	0%	0%	0%	0%	3%

ALHT 170 Electronic Health Records

GRADE/YR	13-14	14-15	15-16	16-17	17-18	TOTALS
A	12	11	12	13	6	54
B	4	6	8	1	6	25
C	2	2	3	0	2	9
D	0	0	0	2	0	2
F	0	1	1	2	0	4
I	0	0	0	0	0	0
W	0	1	3	0	0	4
WA	1	0	1	0	0	2
TOTAL ENROLLMENT	19	21	28	18	14	100
WITHDRAWS	1	1	4	0	0	6
WITHDRAW %	0%	5%	0%	0%	0%	6%

ALHT 180 Healthcare Coding Practicum

GRADE/YR	13-14	14-15	15-16	16-17	17-18	TOTALS
A	1	1	1	2	1	6
B	0	0	0	0	0	0
C	0	0	0	0	0	0
D	0	0	0	0	0	0
F	0	0	0	0	0	0
I	0	0	0	0	0	0
W	0	0	0	0	0	0
WA	0	0	0	0	0	0
TOTAL ENROLLMENT	1	1	1	2	1	6
WITHDRAWS	0	0	0	0	0	0
WITHDRAW %	0%	0%	0%	0%	0%	0%

ALHT 200 HIT Clinical Affiliation I

GRADE/YR	13-14	14-15	15-16	16-17	17-18	TOTALS
A	6	9	10	5	7	37
B	0	0	1	3	2	6
C	0	0	0	0	1	1
D	0	0	0	1	0	1
F	0	0	0	0	0	0
I	0	0	0	0	0	0
W	0	0	0	0	0	0
WA	0	0	0	0	0	0
TOTAL ENROLLMENT	6	9	11	9	10	45
WITHDRAWS	0	0	0	0	0	0
WITHDRAW %	0%	0%	0%	0%	0%	0%

ALHT 205 Healthcare Statistics

GRADE/YR	13-14	14-15	15-16	16-17	17-18	TOTALS
A	11	11	9	10	6	47
B	3	0	7	3	0	13
C	0	0	1	0	0	1
D	0	0	0	0	0	0
F	2	0	1	2	0	5
I	0	0	0	0	0	0
W	0	0	2	0	1	3
WA	1	0	0	0	0	1
TOTAL ENROLLMENT	17	11	20	15	7	70
WITHDRAWS	1	0	2	0	1	4
WITHDRAW %	6%	0%	10%	0%	14%	6%

ALHT 210 Legal and Ethical Issues in Healthcare

GRADE/YR	13-14	14-15	15-16	16-17	17-18	TOTALS
A	20	15	9	5	10	59
B	1	7	6	4	4	22
C	1	1	0	3	2	7
D	0	2	0	0	0	2
F	2	0	0	0	1	3
I	0	0	0	0	0	0
W	0	0	0	1	0	1
WA	2	0	1	0	0	3
TOTAL ENROLLMENT	26	25	16	13	17	97
WITHDRAWS	2	0	1	1	0	4
WITHDRAW %	8%	0%	6%	8%	0%	4%

ALHT 215 Quality Improvement

GRADE/YR	13-14	14-15	15-16	16-17	17-18	TOTALS
A	10	8	9	4	1	32
B	3	2	3	7	4	19
C	0	0	0	3	1	4
D	0	0	0	0	0	0
F	0	0	0	0	0	0
I	0	0	0	0	0	0
W	0	0	0	0	0	0
WA	0	0	0	0	0	0
TOTAL ENROLLMENT	13	10	12	14	6	55
WITHDRAWS	0	0	0	0	0	0
WITHDRAW %	0%	0%	0%	0%	0%	0%

ALHT 220 Management & Supervision

GRADE/YR	13-14	14-15	15-16	16-17	17-18	TOTALS
A	11	8	10	14	5	48
B	3	1	3	1	1	9
C	0	0	0	1	0	1
D	1	0	0	0	0	1
F	1	0	0	0	0	1
I	0	0	0	0	0	0
W	0	0	0	0	0	0
WA	0	0	0	0	0	0
TOTAL ENROLLMENT	16	9	13	16	6	60
WITHDRAWS	0	0	0	0	0	0
WITHDRAW %	0%	0%	0%	0%	0%	0%

ALHT 221 Current Events in HIT

GRADE/YR	13-14	14-15	15-16	16-17	17-18	TOTALS
A	13	5	2	5	5	30
B	2	3	5	2	3	15
C	1	1	2	4	3	11
D	0	0	0	0	0	0
F	0	0	0	1	1	2
I	0	0	0	0	0	0
W	0	0	0	0	0	0
WA	1	0	0	0	0	1
TOTAL ENROLLMENT	17	9	9	12	12	59
WITHDRAWS	1	0	0	0	0	1
WITHDRAW %	6%	0%	0%	0%	0%	2%

ALHT 225 International Classification of Diseases

GRADE/YR	13-14	14-15	15-16	16-17	17-18	TOTALS
A	6	9	4	2	4	25
B	6	15	5	5	7	38
C	2	4	7	2	1	16
D	1	0	3	1	1	6
F	0	2	1	2	0	5
I	0	0	0	0	0	0
W	1	1	1	1	0	4
WA	0	0	0	0	0	0
TOTAL ENROLLMENT	16	31	21	13	13	94
WITHDRAWS	1	1	1	1	0	4
WITHDRAW %	6%	3%	5%	8%	0%	4%

ALHT 230 Current Procedural Terminology

GRADE/YR	13-14	14-15	15-16	16-17	17-18	TOTALS
A	10	8	4	4	5	31
B	2	8	8	5	1	24
C	1	0	2	3	0	6
D	0	0	0	0	0	0
F	0	0	1	2	0	3
I	0	0	0	0	0	0
W	0	0	1	0	0	1
WA	0	0	0	0	0	0
TOTAL ENROLLMENT	13	16	16	14	6	65
WITHDRAWS	0	0	1	0	0	1
WITHDRAW %	0%	0%	6%	0%	0%	2%

ALHT 250 Reimbursement Methodologies

GRADE/YR	13-14	14-15	15-16	16-17	17-18	TOTALS
A	0	0	0	5	4	9
B	0	0	0	1	3	4
C	0	0	0	2	1	3
D	0	0	0	2	1	3
F	0	0	0	1	0	1
I	0	0	0	0	0	0
W	0	0	0	0	0	0
WA	0	0	0	0	0	0
TOTAL ENROLLMENT	0	0	0	11	9	20
WITHDRAWS	0	0	0	0	0	0
WITHDRAW %	0%	0%	0%	0%	0%	0%

ALHT 255 Clinical Affiliation II

GRADE/YR	13-14	14-15	15-16	16-17	17-18	TOTALS
A	4	10	11	6	9	40
B	0	0	0	3	2	5
C	0	0	0	0	0	0
D	0	0	0	0	0	0
F	1	0	0	0	0	1
I	0	0	0	0	0	0
W	0	0	0	0	0	0
WA	0	0	0	0	0	0
TOTAL ENROLLMENT	5	10	11	9	11	46
WITHDRAWS	0	0	0	0	0	0
WITHDRAW %	0%	0%	0%	0%	0%	0%

ALHT 256 Alternative Health Systems

GRADE/YR	13-14	14-15	15-16	16-17	17-18	TOTALS
A	9	10	11	5	8	43
B	2	1	1	1	0	5
C	0	0	0	2	0	2
D	0	0	0	0	1	1
F	0	0	0	0	0	0
I	0	0	0	0	0	0
W	0	0	0	0	0	0
WA	0	0	0	0	0	0
TOTAL ENROLLMENT	11	11	12	8	9	51
WITHDRAWS	0	0	0	0	0	0
WITHDRAW %	0%	0%	0%	0%	0%	0%

INSTRUCTOR INFORMATION and GENERATED HOURS

Instructor Classification	Instructor Name	Hours Generated
Fulltime instructors	None	0
Part-time Instructors/Full-time Staff (less than 9 credit hours per semester)	Amber Vail	201
	Christina Savage	123
	Richard Ryan	50
Adjunct Instructors	Jennifer Smith	864
	Sarah Humbert	572
	Sandy Grogan	333
	Billy Ray Chism	315
	Kathryn Reyes	165
	Ashley Reed	156
	Dawn Zabel	60
	Lisa Miller	26
	Patricia Wolfe	15
	Kristin Rossman	4
	Donnie Clancy	2
	Brenda Brown	1
Percentage of courses taught by full-time faculty: 0%		
Percentage taught by part-time/adjunct Instructors: 100%		

Number of AAS Students and Graduates

Students still in the program: 13

HIT AAS DEGREE STUDENTS	HIT GRADUATES	Completers HIT
240	44	18%
CODING CERTIFICATE STUDENTS	CODING GRADUATES	Completers Coding
38	4	11%

The program has not limited the number of applicants and is open to enrollment in either Spring or Fall. Contributing factors on lack of graduation follow through include: personal reasons such as family dynamics and pregnancies; lack of employer support to help finance education, or provide time-off of work to attend clinical time; lack of personal financing due to ineligibility for financial aid (largely due to being over the credit hour limit at the associate's level); and lack of CBJT grant funding that provided an incentive to this population. Implementation of Declared Degree Form to capture early misidentification of majors will assist in more accurate numbers as well. See additional details under SWOT - Weaknesses.

Job Placement

Based on CTE Data results reported for 2018:

2018	HCC Declared Major	Graduated	Attempted National Exam	Passed National Exam	Industry Credential	Employed	Avg Wage
	3	2	1	1	CPC	2	\$ 28,720
	HIM						
	Declared Major	Graduated	Attempted National Exam	Passed National Exam	Industry Credential	Employed	Avg Wage
	29	11	8	6	RHIT	10, 1 unknown	\$ 27,806

Based on CTE Data results from the K-Tip Report 14-17:

Neosho County Community College --- Academic Year 2017

Program Name	Award	CIP Code	Total # Declared Majors	Total # Concentrators	Total # Pursuing Additional Education	Total # Graduates	Total # Graduates Exited	Total # Graduates Exited and Employed	Average Wage: Graduates Exited and Employed	Median Wage: Graduates Exited and Employed
Health Information/Medical Records Technology/Technician	Assoc/Cert	51.0707	53	30	31	10	8	6	\$25,303	\$30,438
Medical Insurance Coding Specialist/Coder	Assoc/Cert	51.0713	5	*	*	*	*	*	*	*

Neosho County Community College --- Academic Year 2016

Program Name	Award	CIP Code	Total # Declared Major	Total # Concentrators	Total # Graduates	Total # Pursuing Additional Education	Total # Graduates Exited	Total # Graduates Exited and Employed	Average Wage: Graduates Exited and Employed	Median Wage: Graduates Exited and Employed
Health Information/Medical Records Technology/Technician	ASSOC/CERT	51.0707	52	39	8	27	7	7	\$49,416	\$35,315
Medical Insurance Coding Specialist/Coder	ASSOC/CERT	51.0713	9	5	*	*	*	*	*	*

Neosho County Community College --- Academic Year 2015

Program Name	Award	CIP Code	Total # Declared Majors	Total # Concentrators	Total # Graduates	Total # Pursuing Additional Education	Total # Concentrators Exiting and Employed	Total # Graduates Exiting and Employed	Average Wage: Graduates Exiting and Employed	Median Wage: Graduates Exiting and Employed
Health Information/Medical Records Technology/Technician	ASSOC/CERT	51.0707	59	40	10	39	8	*	*	*
Medical Insurance Coding Specialist/Coder	ASSOC/CERT	51.0713	22	12	*	10	5	*	NR	NR

Neosho County Community College --- Academic Year 2014

Program Name	Award	CIP Code	Total # Declared Majors	Total # Concentrators	Total # Graduates	Total # Pursuing Additional Education	Total # Concentrators Exiting & Employed	Total # Graduates Exiting & Employed	Average Wage: Graduates Exiting & Employed
Health Information/Medical Records Technology/Technician	Assoc/Cert	51.0707	44	31	*	24	6	*	*
Medical Insurance Coding Specialist/Coder	Assoc/Cert	51.0713	19	12	*	12	*	*	*

Licensure exam pass rates

EPC: 728

Neosho County Community College
Attn: Richard Ryan
800 W. 14th Street
Chanute KS 66720

American Health Information Management Association
Registered Health Information Technician (RHIT)
Summary Report
From 08/01/2013 to 07/31/2018

School summary				Domain	D1	D2	D3	D4	D5	D6	D7	Total
First time	Total	Pass	Fail	Max Score	23.00	20.00	25.00	15.00	16.00	15.00	16.00	130.00
	40	25	15	Avg Score	16.50	13.62	14.05	10.40	9.35	10.15	9.61	83.68
		63%	38%	% of Max	63%	66%	62%	64%	58%	68%	64%	64%
		63%	38%	% of Nat'l	98%	97%	95%	101%	93%	98%	104%	98%
Repeat	Total	Pass	Fail	Max Score	23.00	20.00	25.00	15.00	16.00	15.00	16.00	130.00
	4	1	3	Avg Score	15.00	11.75	12.75	7.00	8.25	8.50	7.75	71.00
		25%	75%	% of Max	57%	52%	60%	46%	50%	62%	55%	55%
		25%	75%	% of Nat'l	105%	95%	96%	77%	95%	90%	94%	94%
All	Total	Pass	Fail	Max Score	23.00	20.00	25.00	15.00	16.00	15.00	16.00	130.00
	44	26	18	Avg Score	16.36	13.45	13.93	10.09	9.25	10.00	9.41	82.50
		59%	41%	% of Max	63%	64%	62%	62%	57%	67%	63%	63%
		59%	41%	% of Nat'l	100%	98%	96%	100%	94%	98%	104%	98%
National summary				Domain	D1	D2	D3	D4	D5	D6	D7	Total
First time	Total	Pass	Fail	Max Score	23.00	20.00	25.00	15.00	16.00	15.00	16.00	130.00
	16733	11778	4955	Avg Score	16.79	13.98	14.82	10.28	10.02	10.39	9.22	85.50
		70%	30%	% of Max	65%	65%	67%	65%	61%	72%	63%	66%
Repeat	Total	Pass	Fail	Max Score	23.00	20.00	25.00	15.00	16.00	15.00	16.00	130.00
	3345	1301	2044	Avg Score	14.33	12.34	13.35	9.09	8.72	9.43	8.23	75.50
		39%	61%	% of Max	56%	58%	60%	57%	53%	65%	55%	58%

There is no report available from testing agencies for program directors to access for coding examinations.

Self-reported exam attempts and pass rates:

EXAM	<u>13-14</u>	<u>14-15</u>	<u>15-16</u>	<u>16-17</u>	<u>17-18</u>	TOTALS
CPC	1					1
CCA		1				1
CCS	2					2

Cost information for the last five years:

FIVE YEAR HIT BUDGET FOR PROGRAM REVIEW

Account	Description	2013-14	2014-15	2015-16	2016-17	2017-18
12 1219 5 5150	Support Salary	4,050.00	481.25	7,200.00	0.00	0.00
12 1219 5 5150 409	Dir HIT	51,250.00	52,019.00	52,799.00	53,855.00	60,263.67
12 1219 5 5210	Faculty Salary (PT)	26,735.26	32,302.09	25,876.25	32,724.03	26,398.26
12 1219 5 5910	Social Security	5,589.15	6,495.37	6,133.17	6,138.43	6,747.62
12 1219 5 5950	Fringe Benefits	5,629.18	5,204.24	5,762.12	5,832.76	7,129.70
12 1219 5 5951	403(b) Match	313.50	300.00	300.00	300.00	375.00
12 1219 6 6010	Travel	265.00	1,011.43	1,227.91	218.40	238.98
12 1219 6 6040	Vehicle Mileage	1,233.90	770.24	900.01	977.56	172.38
12 1219 6 6110	Postage	326.14	748.91	356.41	430.23	413.03
12 1219 6 6260	Conference	2,747.57	1,064.42	400.00	980.44	168.10
12 1219 6 6 6320	Telephone	26.61	0.00	0.00	0.00	0.00
12 1219 6 6430	Copier Lease/Rental	1,290.78	1,312.65	478.44	1,316.70	602.29
12 1219 6 6820	Dues/Memberships	385.00	2,710.00	2,685.00	2,685.00	2,579.00
12 1219 7 7000	Instructional Supplies	9,245.20	7,708.44	5,969.54	6,418.18	5,487.89
12 1219 7 7010	Office Supplies	321.64	323.48	507.34	4.81	137.31
12 1219 7 7040	Books	2,827.36	1,834.77	129.87	1,158.21	104.00
	Total	112,236.29	114,286.29	110,725.06	113,039.75	110,817.23

Provide a list of core course/program specific fees:

Course #			(ALHT)Health Information Technology Course Names	C r	High Cost Program Fee	Other Fees	Description of Other Fees
ALHT	110	91	Intro to Health Information Technology	3	\$50	\$45 \$45	AHIMA Membership Background Check
ALHT	145	91	National Coding Exam Review	1	\$50		
ALHT	150	91	Reimbursement Methodologies	3	\$50		
ALHT	170	91	Electronic Health Records	3	\$50		
ALHT	200	91	HIT Clinical Affiliation I	3	\$50		
ALHT	205	91	Health Care Statistics	3	\$50		
ALHT	210	91	Legal & Ethical Issues in Healthcare	3	\$50		
ALHT	215	91	Quality Improvement	3	\$50		
ALHT	220	91	Management & Supervision	3	\$50		
ALHT	221	91	Current Events in HIT	3	\$50		
ALHT	225	91	International Classification of Disease	4	\$50		
ALHT	230	91	Current Procedural Terminology	3	\$50		
ALHT	255	91	HIT Clinical Affiliation II	3	-0-	\$300	National Exam Fee
ALHT	256	91	Alternative Healthcare Systems	3	\$50		
ALHT	180	91	Healthcare Coding Practicum	2	-0-	\$230	National Exam Fee
Individual Fee Totals					\$715	\$616	
Grand Total of Fees					\$ 1331		

Because of the expenses associated with this accredited program, the course fees include a \$50 program fee to help offset this. Additional fees are collected for third party national testing, background/drug screen fees, and AHIMA membership dues.

Outside contributions include an annual check of \$225.00 from the Kansas Health Information Management Association (KHIMA). This amount has previously been deposited into instructional supplies.

Section 4: SWOT Analysis

Strengths

- 1) Students from other program closures have been encapsulated into our program, including Carl Albert State College, Crowder College and Seward County CC.
- 2) Creation of working collaborative agreements to articulate other coding programs to our accredited AAS in HIT program, such as Johnson County Community College.
- 3) Adjunct instructors, who are currently practicing in the field of HIM, have been instructors for many years with the program.
- 4) Positive relationship with advisory board members.
- 5) Potential students with experience and credentials in the field can get credit for prior learning, which is beneficial to those paying out of pocket.
- 6) Continued evaluation of course study materials to lower cost of attendance for students.

Weaknesses

- 1) Poor capturing of declared majors at the beginning of the program. Students were discouraged from identifying as coding certificate majors previously, which caused some misidentification of students in the appropriate program. Declared HIT majors that were not actually seeking an HIT degree were not identified and rectified from this list early. A "Pre" HIT or Coding major is now available to assist in this process.
- 2) With the end of the Health Information business program at SCCC, we have lost a main contract for articulation in the western Kansas region.
- 3) Curriculum is still not completely mapped correctly. It has been revamped and actually mapped out from program objectives, to course objectives, to assignments; however, there appear to be errors in more logical mapping and correct Bloom's taxonomy for assignments.
- 4) Large portion of students are employed full-time and are trying to complete their education while maintaining full-time employment. This leads to longer degree completion time. Many students do not qualify for Pell grants or loans, so this is a hindrance to completing the program as there are no non-traditional student scholarships available.
- 5) We do not offer an online Human A&P course so students are encouraged to seek completion at another institution, resulting in lost revenue for the college and potentially losing students to other online HIT programs that provide this option so that they don't have to be concerned with navigating more than one institution.
- 6) It would be helpful to have an administrative assistant dedicated to these programs who could relieve some of the less complicated tasks that would allow the program director to delve deeper into the assessment outcomes and exam scoring results in respective areas.

Opportunities

- 1) New curriculum is a good time to re-evaluate both the degree and coding programs and try to eliminate duplicative courses to better streamline the certificate into the degree.
- 2) Development of an online HIT orientation program, as many students are not close to campus. This will provide students with the opportunity to review the expectations and be accountable for the information provided, as well as reference the course materials, free of charge, at any time while they are in the program.
- 3) The new curriculum will provide opportunities for data management curriculum, meaning opportunity to work cohesively with the computer science department.
- 4) A writing lab tutor would be of great benefit as instructors sometimes become "English" instructors, which takes away effectiveness in teaching HIT concepts and instead are correcting mistakes that could otherwise be done between student and writing tutor.
- 5) Utilization of workforce development recruiter that will assist in attending northern opportunities for recruitment when staff are unable to travel.
- 6) Possibility to reconnect with other colleges in western Kansas about articulation agreements.
- 7) Utilization of KHIMA annual check to the program to help offset the cost of students to attend the annual meeting. This money will be utilized in the conference line of the budget.

Threats

- 1) Upcoming revision of the HIT curriculum, in an effort to become marketable in the area of STEM, will require a complete overhaul of the program. This shift will once again require revamping of program curriculum, slated for 2021, which will require foundational math statistics and more rigor in data management. The college does not currently provide robust courses in the areas of database management utilizing various programs like SQL that will be an expectation of the new curriculum.
- 2) Students in HIT courses do not currently require a math course, so the new curriculum will likely exclude students interested in a healthcare career, but shy away from programs that are heavy in math and statistics.
- 3) The future curriculum changes are not finalized as yet and the profession as a whole is undergoing some revamping on their focus. We will need to carefully study the curriculum going forward to adapt to these changes, which may include future restructuring of the medical coding aspects.
- 4) Upcoming accreditation site visit is coming due in 2019, this will be a bit of a tumultuous time in fixing the current curriculum to be up to par and mapped correctly for the current accreditation, while trying to be prepared for the next curriculum standards. Without additional assistance, it is left to the program director to complete all curriculum mapping from old to new and rebuild new curriculum including syllabi and assessments. An instructional design person could be a guide in meeting curriculum and institutional expectations.

Section 5: Justification/Recommendations for the Program

Based on the review, the program should be maintained and strengthened with the new curriculum changes going forward with implementation of 2017 CAHIIM accreditation curricula in the next two years. It would also be of benefit to have a more straightforward approach from the certificate to the degree to avoid duplication of professional practice experience courses.

Recommend continuing the Healthcare Coding certificate, which will be strengthened with the curriculum changes in the HIT program. This will streamline the curriculum, making a natural stop out certificate with an industry credential, as students decide to continue on the degree program for a broader health information industry credential.

As the HIT program is only one of three colleges in the state of Kansas that is accredited by CAHIIM for students to sit for the RHIT exam, it is of value to the State, and students that cannot quit work to attend college full-time. It is the only degree offered at NCCC in the online only format. The HIT degree and coding certificate provide a good service to our communities, as student data demonstrates that students are employed and making a livable wage after graduation.

CURRENT MAPPING

Associate HIM Level Curriculum Map

A significant change in approach is noted with this release of the curricula. The emphasis and measurement of success is with attainment of the Bloom's taxonomy level associated with the Student Learning Outcomes rather than the curricular considerations (which are examples of topics to be considered). When specific content is required it is part of the student learning outcome. With the pace of change in healthcare and HIM today, the curricular considerations may change with great frequency, but the student learning outcomes would remain consistent over longer periods of time.

Concepts to be interwoven throughout all levels of the curricula include: <ul style="list-style-type: none"> • CRITICAL THINKING: For example the ability to work independently, use judgment skills effectively, be innovative by thinking outside of the box • PERSONAL BRANDING: For example personal accountability, reliability, self-sufficiency 		
Entry Level Competency Student Learning Outcomes	Bloom's Level	Curricular Considerations
Domain I. Data Content Structure and Standards		
<i>DEFINITION: Academic content related to diagnostic and procedural classification and terminologies; health record documentation requirements; characteristics of the healthcare system; data accuracy and integrity; data integration and interoperability; respond to customer data needs; data management policies and procedures; information standards.</i>		
Subdomain I.A Classification Systems		
1. Apply diagnosis/procedure codes according to current guidelines	3	<ul style="list-style-type: none"> • Principles and applications of Classification Systems <ul style="list-style-type: none"> ◦ ICD/CPT, HCPCS, SNOMED, DSM • Taxonomies <ul style="list-style-type: none"> ◦ Healthcare data sets (OASIS, HEDIS, UHDDS, DEEDS) • Nomenclatures • Terminologies <ul style="list-style-type: none"> ◦ SNOMED • Clinical vocabularies
2. Evaluate the accuracy of diagnostic and procedural coding	5	<ul style="list-style-type: none"> • Principles and applications of classification, taxonomies, nomenclatures, terminologies, clinical vocabularies, auditing
3. Apply diagnostic/procedural groupings	3	<ul style="list-style-type: none"> • Principles and applications of diagnostic and procedural grouping • DRG, MS DRG, APC, RUGS
4. Evaluate the accuracy of diagnostic/procedural groupings	5	<ul style="list-style-type: none"> • Principles and applications of diagnostic and procedural
Subdomain I.B. Health Record Content and Documentation		
1. Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status	4	<ul style="list-style-type: none"> • Content of health record • Documentation requirements of the health record • Health information media <ul style="list-style-type: none"> ◦ Paper, computer, web-based document imaging
2. Verify the documentation in the health record is timely, complete, and accurate	4	<ul style="list-style-type: none"> • Documentation requirements of the health record for all record types • Acute, outpatient, LTC, rehab, behavioral health
3. Identify a complete health record according to, organizational policies, external regulations, and standards	3	<ul style="list-style-type: none"> • Medical staff By-laws • The Joint Commission, State statutes <ul style="list-style-type: none"> ◦ Legal health record and complete health record
4. Differentiate the roles and responsibilities of various providers and disciplines, to support documentation requirements, throughout the continuum of healthcare	5	<ul style="list-style-type: none"> • Health Information Systems as it relates to the roles and responsibilities of healthcare providers • Administrative(patient registration, ADT, billing) and Clinical (lab, radiology, pharmacy)
Subdomain I.C. Data Governance		
1. Apply policies and procedures to ensure the accuracy and integrity of health data	3	<ul style="list-style-type: none"> • Data stewardship • Data and data sources for patient care <ul style="list-style-type: none"> ◦ Management, billing reports, registries, and/or databases • Data Integrity concepts and standards • Data Sharing • Data interchange standards <ul style="list-style-type: none"> ◦ X2, HL-7 • Application of policies • By-laws <ul style="list-style-type: none"> ◦ Provider contracts with facilities, Medical staff By-laws, Hospital By-laws
Subdomain I.D. Data Management		
1. Collect and maintain health data	2	<ul style="list-style-type: none"> • Health data collection tools <ul style="list-style-type: none"> ◦ Screen design, screens • Data elements, data sets, databases, indices • Data mapping • Data warehousing
2. Apply graphical tools for data presentations	3	<ul style="list-style-type: none"> • Graphical tools • Presentations

Subdomain I.E. Secondary Data Sources		
1. Identify and use secondary data sources	3	<ul style="list-style-type: none"> Data sources primary/secondary <ul style="list-style-type: none"> UHDDS, HEDIS, OASIS Specialized data collection systems Registries
2. Validate the reliability and accuracy of secondary data sources	3	Principles and applications of secondary data sources
Domain II. Information Protection: Access Disclosure Archival Privacy and Security		
<i>Definition: Understand healthcare law (theory of all healthcare law to exclude application of law covered in Domain V); develop privacy, security, and confidentiality policies, procedures and infrastructure; educate staff on health information protection methods; risk assessment; access and disclosure management.</i>		
Subdomain II.A. Health Law		
1. Apply healthcare legal terminology	3	<ul style="list-style-type: none"> Healthcare legal terminology
2. Identify the use of legal documents	3	<ul style="list-style-type: none"> Health information/record laws and regulations <ul style="list-style-type: none"> Consent for treatment, retention, privacy, patient rights, advocacy, health power of attorney, advance directives, DNR
3. Apply legal concepts and principles to the practice of HIM	3	<ul style="list-style-type: none"> Maintain a legally defensible health record Subpoenas, depositions, court orders, warrants
Subdomain II.B. Data Privacy Confidentiality and Security		
1. Apply confidentiality, privacy and security measures and policies and procedures for internal and external use and exchange to protect electronic health information	3	<ul style="list-style-type: none"> Internal and external standards, regulations and initiatives <ul style="list-style-type: none"> State and federal privacy and security laws Patient verification <ul style="list-style-type: none"> Medical identity theft Data security concepts Security processes and monitoring
2. Apply retention and destruction policies for health information	3	<ul style="list-style-type: none"> Data storage and retrieval E-Discovery Information archival, data warehouses
3. Apply system security policies according to departmental and organizational data/information standards	3	<ul style="list-style-type: none"> Security processes and policies Data/information standards
Subdomain II.C. Release of Information		
1. Apply policies and procedures surrounding issues of access and disclosure of protected health information	3	<ul style="list-style-type: none"> Release patient specific data to authorized users Access and disclosure policies and procedures
Domain III. Informatics, Analytics and Data Use		
<i>Definition: Creation and use of Business health intelligence; select, implement, use and manage technology solutions; system and data architecture, interface considerations; information management planning; data modeling; system testing; technology benefit realization; analytics and decision support; data visualization techniques; trend analysis; administrative reports; descriptive, inferential and advanced statistical protocols and analysis; IRB; research; patient-centered health information technologies; health information exchange; data quality</i>		
Subdomain III.A. Health Information Technologies		
1. Utilize software in the completion of HIM processes	3	<ul style="list-style-type: none"> Record tracking, release of information, coding, grouping, registries, billing, quality improvement, imaging, natural language processing, EHRs, PHRs, document imaging EHR Certification (CCHIT) Software application design and use <ul style="list-style-type: none"> System testing and integration tools
2. Explain policies and procedures of networks, including intranet and Internet to facilitate clinical and administrative applications	2	<ul style="list-style-type: none"> Communication and network technologies <ul style="list-style-type: none"> EHR, PHR, HIEs, portals, public health, standards, telehealth
Subdomain III.B. Information Management Strategic Planning		
1. Explain the process used in the selection and implementation of health information management systems	2	<ul style="list-style-type: none"> Strategic planning process Integration of systems Information management strategic plan Corporate/Enterprise strategic plan
2. Utilize health information to support enterprise wide decision support for strategic planning	3	<ul style="list-style-type: none"> Business planning, market share planning Disaster and recovery planning
Subdomain III.C. Analytics and Decision Support		
1. Explain analytics and decision support	2	<ul style="list-style-type: none"> Analytics and decision support <ul style="list-style-type: none"> Data visualization, dashboard, data capture tools and technologies
2. Apply report generation technologies to facilitate decision-making	3	<ul style="list-style-type: none"> Organizational design and strategic use of patient and performance data to support specific lines of business is healthcare <ul style="list-style-type: none"> OPPS, IPPS, medical research
Subdomain III.D. Health Care Statistics		
1. Utilize basic descriptive, institutional, and healthcare statistics	3	<ul style="list-style-type: none"> Mean, frequency, percentile, standard deviation Healthcare statistical formulas <ul style="list-style-type: none"> LOS, death, autopsy, infections, birth rates
2. Analyze data to identify trends	4	<ul style="list-style-type: none"> Quality, safety, and effectiveness of healthcare Structure and use of health information and healthcare outcomes <ul style="list-style-type: none"> Individual comparative aggregate analytics
Subdomain III.E. Research Methods		

1. Explain common research methodologies and why they are used in healthcare	2	<ul style="list-style-type: none"> Research methodologies <ul style="list-style-type: none"> CDC, WHO, AHRQ Quantitative, Qualitative, and mixed methods, IRB
Subdomain III.F. Consumer Informatics		
1. Explain usability and accessibility of health information by patients, including current trends and future challenges	2	<ul style="list-style-type: none"> Mobile technologies, patient portals, patient education, outreach, patient safety, PHRs, patient navigation
Subdomain III.G. Health Information Exchange		
1. Explain current trends and future challenges in health information exchange	2	<ul style="list-style-type: none"> Exchange/Sharing of health information <ul style="list-style-type: none"> Employer to health provider, health provider to health provider, health provider to employer, facility to facility HIE
Subdomain III.H. Information Integrity and Data Quality		
1. Apply policies and procedures to ensure the accuracy and integrity of health data both internal and external to the health system	3	<ul style="list-style-type: none"> Quality assessment and improvement <ul style="list-style-type: none"> Process, collection tools, data analysis, reporting techniques Disease management process Case management/care coordination
Domain IV. Revenue Management		
<i>Definition: Healthcare reimbursement, revenue cycle; chargemaster; DOES NOT INCLUDE COMPLIANCE regulations and activities related to revenue management (coding compliance initiatives, fraud and abuse, etc.) AS THESE ARE COVERED IN DOMAIN V.</i>		
Subdomain IV.A. Revenue Cycle and Reimbursement		
1. Apply policies and procedures for the use of data required in healthcare reimbursement	3	<ul style="list-style-type: none"> Payment methodologies and systems <ul style="list-style-type: none"> Capitation, PPS, RBRVS, case mix, indices, MSDRGs, healthcare insurance policies, Accountable Care Organizations Utilization review/management <ul style="list-style-type: none"> Case management
2. Evaluate the revenue cycle management processes	5	<ul style="list-style-type: none"> Billing processes and procedures <ul style="list-style-type: none"> Claims, EOB, ABN, electronic data interchange, coding, chargemaster, bill reconciliation process; hospital inpatient and outpatient, physician office and other delivery settings Utilization review/management Case management
Domain V. Compliance		

Definition: COMPLIANCE activities and methods for all health information topics. For example, how to comply with HIPAA, Stark Laws, Fraud and Abuse, etc.; coding auditing; severity of illness; data analytics; fraud surveillance; clinical documentation improvement.

Subdomain V.A. Regulatory		
1. Analyze policies and procedures to ensure organizational compliance with regulations and standards	4	<ul style="list-style-type: none"> Internal and External standards regulations and initiatives <ul style="list-style-type: none"> HIPAA, ARRA, The Joint Commission, Quality Integrity Organizations, meaningful use Risk management and patient safety
2. Collaborate with staff in preparing the organization for accreditation, licensure, and/or certification	4	<ul style="list-style-type: none"> Accreditation, licensure, certification
3. Adhere to the legal and regulatory requirements related to the health information management	3	<ul style="list-style-type: none"> Legislative and regulatory processes <ul style="list-style-type: none"> Coding quality monitoring, compliance strategies, and reporting
Subdomain V.B. Coding		
1. Analyze current regulations and established guidelines in clinical classification systems	4	<ul style="list-style-type: none"> Severity of illness systems <ul style="list-style-type: none"> Present on admission UHDDS guidelines
2. Determine accuracy of computer assisted coding assignment and recommend corrective action	5	<ul style="list-style-type: none"> Coding specialty systems
Subdomain V.C. Fraud Surveillance		
1. Identify potential abuse or fraudulent trends through data analysis	3	<ul style="list-style-type: none"> False Claims Act Whistle blower, STARK, Anti Kickback, unbundling, upcoding Role of OIG, RAC <ul style="list-style-type: none"> Fraud/Abuse
Subdomain V.D. Clinical Documentation Improvement		
1. Identify discrepancies between supporting documentation and coded data	3	<ul style="list-style-type: none"> Clinical outcomes measures and monitoring
2. Develop appropriate physician queries to resolve data and coding discrepancies	6	<ul style="list-style-type: none"> AHIMA CDI toolbox Professional communication skills Clinical documentation improvements <ul style="list-style-type: none"> Physician Role, HIM Role in CDI
Domain VI. Leadership		
<i>Definition: Leadership models, theories, and skills; critical thinking; change management; workflow analysis, design, tools and techniques; human resource management; training and development theory and process; strategic planning; financial management; ethics and project management</i>		
Subdomain VI.A Leadership Roles		
1. Summarize health information related leadership roles	2	<ul style="list-style-type: none"> Leadership roles <ul style="list-style-type: none"> Healthcare providers and disciplines

2. Apply the fundamentals of team leadership	3	<ul style="list-style-type: none"> Team leadership concepts and techniques <ul style="list-style-type: none"> Future roles for HIM professionals C-Suite (within various healthcare settings, pharmaceutical companies, medical staff, hospital, clinic management, HR) Business related partnerships
3. Organize and facilitate meetings	3	<ul style="list-style-type: none"> Roles and functions of teams and committees <ul style="list-style-type: none"> Work in teams/committees, consensus building Communication and interpersonal skills Critical thinking skills
Subdomain VI.B. Change Management		
1. Recognize the impact of change management on processes, people and systems	2	<ul style="list-style-type: none"> Mergers New systems and processes implementation <ul style="list-style-type: none"> Risk Exposure
Subdomain VI.C. Work Design and Process Improvement		
1. Utilize tools and techniques to monitor, report, and improve processes	3	<ul style="list-style-type: none"> Tools and techniques for process improvement/reengineering Gantt chart, benchmarking and data presentation Lean, Six Sigma
2. Identify cost-saving and efficient means of achieving work processes and goals	3	<ul style="list-style-type: none"> Incident response Medication reconciliation Sentinel events
3. Utilize data for facility-wide outcomes reporting for quality management and performance improvement	3	<ul style="list-style-type: none"> Shared governance
Subdomain VI.D. Human Resources Management		
1. Report staffing levels and productivity standards for health information functions	3	<ul style="list-style-type: none"> Staffing levels and productivity standards Productivity calculations
2. Interpret compliance with local, state, federal labor regulations	5	<ul style="list-style-type: none"> Labor/Employment laws
3. Adhere to work plans, policies, procedures, and resource requisitions in relation to job functions	3	<ul style="list-style-type: none"> HR structure and operations
Subdomain VI.E. Training and Development		
1. Explain the methodology of training and development	2	<ul style="list-style-type: none"> Orientation and training Content delivery and media
2. Explain return on investment for employee training/development	2	<ul style="list-style-type: none"> Recruitment, retention, and right sizing
Subdomain VI.F. Strategic and Organizational Management		
1. Summarize a collection methodology for data to guide strategic and organizational management	2	<ul style="list-style-type: none"> Strategic and organizational management Workflow and process monitors
		<ul style="list-style-type: none"> Resource allocation Outcomes measures and monitoring Corporate compliance and patient safety Risk assessment Customer satisfaction Internal and external
Subdomain VI.G. Financial Management		
2. Understand the importance of healthcare policy-making as it relates to the healthcare delivery system	2	<ul style="list-style-type: none"> Healthy People 2020 IOM reports CDC State, local and federal policies PCORI
3. Describe the differing types of organizations, services, and personnel and their interrelationships across the health care delivery system	2	<ul style="list-style-type: none"> Managed care organizations ACO's Payers/providers, all delivery settings Payers' impact to each delivery setting Biotech Medical devices
4. Apply information and data strategies in support of information governance initiatives	3	<ul style="list-style-type: none"> Information and data strategy methods and techniques Data and information stewardship Critical thinking skills
5. Utilize enterprise-wide information assets in support of organizational strategies and objectives	3	<ul style="list-style-type: none"> Data and information models Data/information visualization and presentation Critical thinking skills
Subdomain VI.H. Ethics		
1. Comply with ethical standards of practice	5	<ul style="list-style-type: none"> Professional and practice-related ethical issues AHIMA Code of Ethics
2. Evaluate the consequences of a breach of healthcare ethics	5	<ul style="list-style-type: none"> Breach of healthcare ethics
3. Assess how cultural issues affect health, healthcare quality, cost, and HIM	5	<ul style="list-style-type: none"> Cultural competence Healthcare professionals self-assessment of cultural diversity
		<ul style="list-style-type: none"> Self-awareness of own culture Assumptions, Biases, stereotypes
4. Create programs and policies that support a culture of diversity	6	<ul style="list-style-type: none"> Diversity awareness training programs: age, race, sexual orientation, education, work experience, geographic location, disability Regulations such as ADA, ACLU
Subdomain VI.I. Project Management		
1. Summarize project management methodologies	2	<ul style="list-style-type: none"> Project management methodologies <ul style="list-style-type: none"> PMP
Subdomain VI.J. Vendor/Contract Management		
1. Explain Vendor/Contract Management	2	<ul style="list-style-type: none"> System acquisition and evaluation
Subdomain VI.K. Enterprise Information Management		
1. Apply knowledge of database architecture and design	3	<ul style="list-style-type: none"> Data dictionary, interoperability
Supporting Body of Knowledge (Pre-requisite or Evidence of Knowledge)		
Pathophysiology and Pharmacology		
Anatomy and Physiology		
Medical Terminology		
Computer Concepts and Applications		

NEW CURRICULUM DRAFT

Supporting Body of Knowledge (Prerequisite or Evidence of Knowledge)
Pathophysiology and Pharmacology
Anatomy and Physiology
Medical Terminology
Computer Concepts and Applications
Math Statistics

Additional Notes

The DM and RM competencies are to be completed in addition to all other competencies, specific to the program's chosen specialization.

DM: Competency for Associate Degree Data Management Track

RM: Competency for Associate Degree Revenue Management Track

Domain I. Data Governance, Content, and Structure	
Competency	Bloom's Level
I.1. Describe health care organizations from the perspective of key stakeholders.	2
I.2. Apply policies, regulations, and standards to the management of information.	3
I.3. Identify policies and strategies to achieve data integrity.	3
I.4. Determine compliance of health record content within the health organization.	5
I.5. Explain the use of classification systems, clinical vocabularies, and nomenclatures.	2
I.6. Describe components of data dictionaries and data sets.	2
I.6. DM Evaluate data dictionaries and data sets for compliance with governance standards.	5

Domain II. Information Protection: Access, Use, Disclosure, Privacy, and Security	
Competency	Bloom's Level
II.1. Apply privacy strategies to health information.	3
II.2. Apply security strategies to health information.	3
II.3. Identify compliance requirements throughout the health information life cycle.	3

Domain III. Informatics, Analytics, and Data Use	
Competency	Bloom's Level
III.1. Apply health informatics concepts to the management of health information.	3
III.2. Utilize technologies for health information management.	3
III.3. Calculate statistics for health care operations.	3
III.4. Report health care data through graphical representations.	3
III.5. Describe research methodologies used in health care.	2
III.6. Describe the concepts of managing data.	3
III.7. Summarize standards for the exchange of health information.	2

III.6. DM Manage data within a database system.	5
III.7. DM Identify standards for exchange of health information.	3

Domain IV. Revenue Cycle Management	
Competency	Bloom's Level
IV.1. Recognize assignment of diagnostic and procedural codes and groupings in accordance with official guidelines.	3
IV.2. Describe components of revenue cycle management and clinical documentation improvement.	2
IV.3. Summarize regulatory requirements and reimbursement methodologies.	2
IV.1. RM Determine diagnosis and procedure codes according to official guidelines.	5
IV.2. RM Evaluate revenue cycle processes.	5
IV.3. RM Evaluate compliance with regulatory requirements and reimbursement methodologies.	5

Domain V. Health Law & Compliance	
Competency	Bloom's Level
V.1. Apply legal processes impacting health information.	3
V.2. Demonstrate compliance with external forces.	3
V.3. Identify the components of risk management related to health information management.	3
V.4. Identify the impact of policy on health care.	3

Domain VI. Organizational Management & Leadership	
Competency	Bloom's Level
VI.1. Demonstrate fundamental leadership skills.	3
VI.2. Identify the impact of organizational change.	3
VI.3. Identify human resource strategies for organizational best practices.	3
VI.4. Utilize data-driven performance improvement techniques for decision making.	3
VI.5. Utilize financial management processes.	3
VI.6. Examine behaviors that embrace cultural diversity.	4
VI.7. Assess ethical standards of practice.	5
VI.8. Describe consumer engagement activities.	2
VI.9. Identify processes of workforce training for health care organizations.	3