AUTHORIZATION TO PLAN (ATP) AN ACADEMIC PROGRAM (Revised 06/12/07)

Please complete all sections with an emphasis on items 7, 8, 9 and 10. The ATP is not to exceed 5 pages.

1. School/College and Department/Unit

2. Chair/Convener of Planning Committee

3. Program Category:  X  New  ___Modified  ___ Interdisciplinary

4a. Degree or Certificate Proposed: Associate of Science in Health Information Technology.

4b. List similar degrees or certificates offered in UH System: There is a Certificate of Completion in Health Information Technology offered by Leeward Community College for credit; however, the program does not meet Commission on Accreditation in Health Informatics and Information Management (CAHIIM) accreditation standards and does not appear to meet the CAHIIM Student Learning Outcomes for courses or the practicum. Graduates of LCC’s certificate program are also not eligible to sit for the national registry exam for a Registered Health Information Technician (RHIT). The courses do not appear to meet the Student Learning Outcomes needed for the CAHIIM standards in courses or practicum. The LCC program has a business focus rather than medical focus. In order to write for and complete a registry in health information technology, a candidate must complete a course that includes medical terminology, pathology of disease process, anatomy and physiology, and pharmacology. None of these courses is offered in the LCC certificate program. Instead, the LCC program offers a Business Computer Systems course, which is not a consideration in the electronic health records (EHR) definition offered by the Office of the National Coordinator (ONC) regulatory body responsible for ARRA Meaningful Use.

5. Planning

   a. Planning period (not to exceed one year or reapplication is necessary) April 2011 - January 2012.

   Activities to be undertaken during the planning phase: Curricula and course development; identification of current KCC Health Science and core courses that will apply to the required health information technology required and that need to be adapted to CAHIIM approved courses; development of admissions and transfer criteria; consultation with CAHIIM (Commission on Accreditation for Health Informatics and Information Management) to ensure compliance with standards, timing and procedures for accreditation.

   b. Submission date of program proposal:

      January 2012 to KCC curriculum review

   c. Workload/budget implications during planning period:

      Planning will be conducted and supported by Continuing Education and Health Sciences faculty as part of their current established duties. Additional costs for consultation with external curriculum developer will be supported by Carl Perkins funds. There are no additional budget implications during the planning phase.

6. Program Description (Objectives and relationship to campus mission and strategic plan)

   The objective of the program is to provide a rigorous education in health information technology to current graduates of other programs (i.e., nursing, to assist in a nursing informatics track or continuing education certificates for other health services tracks) and for
individuals seeking a career in health care that is not dependant on clinical practice. Graduates of the program will be able to safely and effectively release information and code information in accordance with all relevant regulatory, state, and federal laws. This program will be designed to be offered locally and statewide via online delivery for didactic courses and on-site practica in students’ home communities. The plan includes one cohort of 25 face-to-face students and one cohort of online students.

This program could lead to future development of a partnership with UHWO on a Bachelor of Applied Science in Health Information Administration.

This program is in alignment with the UH system’s and Kapi‘olani Community College’s continued efforts to train a competent health care workforce. Consistent with the system strategic goals to address critical workforce shortages, the Health Information Technology program will help address the health professional shortage in Hawai‘i by expanding the competencies of health information technologists currently employed in the state and fill the requirements anticipated. The specific areas of the strategic plans are:

University of Hawaii Strategic Goal 2 Engage diverse elements of the UH system in intellectual capital formation that enables Hawai‘i to flourish.

Objective 2: To support Hawai‘i’s economy, workforce development, and improved access and flow of education in Hawai‘i from preschool through a lifetime of learning by building partnerships within the University and with other public and private educational, governmental, and business institutions.

Kapi‘olani Community College Strategic Goal 2 To Build A Learning, Partnering, and Service Network for Student Success

Objective 1. Strengthen intercampus collaboration between and among all UH system institutions, the State Department of Education, and the private and non-profit sectors in true partnerships of equals.

Kapi‘olani Community College Strategic Goal 3 To Build A Learning, Partnering, and Service Network for Workforce and Economic Development

Objective 4. Partner with other UH campuses to plan and develop four year degree programs, with initial emphasis on the health sciences and technology.

Kapi‘olani Community College Strategic Goal 6 To Invest in the Learning Environment

Objective 4. Develop student-centered learning and teaching resources and methodologies that ensure superior academic achievement and career training, and anticipate and address changing economic and social conditions. Explore the development of an institute for applied research and best practices in teaching and learning

7. Program Justification (Needs and Rationale. Include, as appropriate, internal and external factors driving need for this program; description of needs assessment; number of interested student per year; need for such a program in relation to workforce development, graduate studies, etc.)
During his presidency, George W. Bush called for all Americans to have access to computer-based health records to improve their care by 2014. According to the Department of Health and Human Services’ Office of the National Coordinator for Health Information Technology (ONC), the vision for a framework for a national health information network includes the widespread use of electronic health records (EHRs). Information would be easily shared, and as a result, the health of the population would improve. As the move to an electronic health record gains momentum, the industry needs to dramatically reinvent the way it collects, processes, and uses health information. This transformation in record keeping will require a substantial investment in healthcare infrastructure in both public and private sectors. It will require an investment of capital, time, and resources. Most importantly, it will require an investment in people.

A work force capable of innovating, implementing, and using health communications is needed and without such a work force, implementations will fail or could even cause harm. There are two constituent groups in this health information work force: (1) people who specialize in health information management, applied clinical informatics, and information technology resource management, hereafter referred to as “health information specialists,” and (2) those who must use health information technology and electronic health records (EHRs) to perform their duties. While the need for a health information specialist work force is growing, the number of trained professionals is not keeping pace. Furthermore, no systematic plan exists for training the members of the current healthcare work force to use information technology (IT) tools to do their jobs. Without a plan to train clinicians and existing health information specialists at all levels of healthcare delivery, the goal of an improved, interconnected healthcare system may never be met, and the industry may lose much ground in terms of quality safety, and efficiency as it moves toward an electronic future. (Building the Work Force for Health Information Transformation AHIMA and AMIA 2006).

Reports from the Institute of Medicine that build upon the “Crossing the Quality Chasm” report include “Health Professions Education: A Bridge to Quality” (2003), “Health Literacy: A Prescription to Ending Confusion” (2004), and “Building a Better Delivery System: A New Engineering/Health Care Partnership” (2005). The 2003 report identifies informatics as a core competency needed in a 21st century healthcare system. Through the use of informatics and related tools, health professionals will be able to “reduce errors, manage knowledge and information, make decisions, and communicate more effectively than has been the case in the past,” the report notes.

The problem of an inadequate number of health information technologists is not a new one. As early as 2001, the US Department of Labor’s Bureau of Labor Statistics projected a 49 percent growth in the number of health information management (HIM) workers by 2010. It is unlikely that this forecast took into account the nationwide initiative to accelerate the transition from paper to electronic health records. It was based on the need for qualified health information analysts and medical coders based on anticipated legislation for billing and coding for service related revenue.

The 2001 data did not take into account the tremendous work force ramp-up we now expect during the next several years. No systematic plan exists for training the members of the current healthcare work force to use IT tools to do their jobs and to design and implement systems that improve patient care.

In 2001 the American Health Information Management Association (AHIMA), the certifying organization for registered health information technologists, contracted with the
Center for Health Workforce Studies at the University at Albany, State University of New York, to conduct a major HIM work force study. The resulting series of reports concluded:

- There are insufficient numbers of certified professionals to fill all the positions and roles that need HIM competencies. Nearly 75 percent of the survey respondents indicated there are not enough qualified applicants to fill open HIM positions in their organization.

- Education is identified as being key to adapting to this changing role—in fact, the report concludes that technology education that improves “understanding of both architecture and application” will be essential.

(Building the Work Force for Health Information Transformation AHIMA and AMIA 2006).

The program is felt to be a perfect fit for and a possible second major for graduates of the Medical Assisting program. The Medical Assisting program would greatly benefit and enhance the skills they take into the community from this program because there is an increasing informatics need in physician and clinic health care settings.

The Workforce Development Council presents Hawai‘i’s Healthcare Industry Skill data in Feb 2011 publication. The report shows that Health Informatics ranks within the high demand occupations based in advertised and projected job openings. From 2007-2010 there were 169 advertised openings in Health Records and Health Information Technicians [Medical Coder]; and 90 openings in Data Entry Keyers [Health IT Data Entry].

8. Description of resources required
   a. Faculty (existing and new FTEs) Because there are many required courses already offered at Kapi‘olani Community College, the program will require only 2 full-time faculty and 1.0 FTE lecturers who specialize in health information technology and coding courses. These instructors will need to meet accreditation standards as follows: RHIA – Registered Health Information Administrator, RHIT- Registered Health information Technologist. CCS- Certified Coding Specialist, CCS-P – Certified Coding Specialist – Physician practice. CHP/ or CHPS – Certified in Health care privacy and security.
   b. Library resources (including an evaluation of current resources and an estimate of the cost of additional resources required) There will be a requirement for additional texts, database licenses and the AHIMA virtual lab for students. ($7,350 for 41-80 licenses increasing to $10,550 for 81-120 )
   c. Physical resources (space, equipment, etc.)
      Laptop Computers
      Electronic Health Records compatible with both inpatient and clinic settings
      MS Office applications for reports, presentations, and statistical implications.
   d. Other resources required (staff, graduate assistantships, etc.)
      One .50 FTE counselor.

9. Five-Year Business Plan. Provide a five-year projected budget for the program that includes:

   The projections below outline the expected revenue and expenses for the proposed program. Tuition revenue and professional fees will cover the cost of delivering the program every year after year 1. Faculty positions will be requested in the next biennium budget proposal. If the request is not approved, the positions will come from internal college reallocation.
Enter Values in Highlighted Cells Only

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(Professional fees for the HIMA programs are used to support faculty salaries, instruction support services, durable & disposable equipment and supplies, faculty and staff program travel, capital equipment and a reserve for maintenance and purchase of major capital items.)

10. Impact on current courses or programs.

May increase enrollment in courses currently offered that will also apply to this degree. Prerequisite courses and will be impacted and will require an increase of courses as needed. Examples of prerequisite courses are Anatomy and Physiology, Medical Terminology, Disease Process, English, Math, etc.

11. If this program is multidisciplinary, provide evidence of commitment for support from the colleges, departments, programs, and/or individuals expected to participate.

Reviewed by: (The ATP has completed the campus approval process prior to review by Council of Chief Academic Officers)
Campus Chief Academic Officer:
Comments and Recommendations:

Print Name ______________________________ Signature ___________________________ Date __________

Council of Chief Academic Officers (Systemwide Consultation):
Comments/Recommendations:

Print Name ______________________________ Signature ___________________________ Date __________

Chancellor: ___ Approved ___ Disapproved

Print Name ______________________________ Signature ___________________________ Date __________

(Final signed copy is provided to the Vice President of Academic Planning and Policy for Program Action Report) 6/12/07