# Instruction Length

- Survey structure: demographics, rating instructions, task ratings

- Minimally Qualified Candidate (MQC) approach
  - 1,177 total words in survey instructions
  - 217 words before demographics questions, 960 after (5 screens)
  - 1 survey (RHIA)

- Job Incumbent approach
  - Average 753 total words in survey instructions (across 3 surveys)
  - Average 366 words before demographics questions, 387 after (2-3 screens)
  - 3 surveys (RHIT, CCS, CCS-P)

# Instruction Length

- Minimally Qualified Candidate (MQC) approach
  - All respondents asked to rate tasks as they pertain to an MQC
  - MQC defined at length in the survey instructions

- Job Incumbent approach
  - Practitioner respondents asked to rate tasks as they pertain to their own job
  - Supervisor/educator respondents asked to rate tasks as they pertain to those working in the occupation

# Instruction Length After Demographics – MQC Approach

American Health Information Management Association (AHIMA) Registered Health Information Administrator (RHIA) Exam Blueprint Survey

Minimally Qualified Candidate (MQC)

**\*\*PLEASE READ THE ENTIRE MQC DESCRIPTION & RATING EXPLANATIONS\*\***

In this survey, you will be asked to rate a variety of job tasks that describe the knowledge, skills, and competencies expected of a Registered Health Information Administrator (RHIA) as defined by the Minimally Qualified Candidate (MQC). It is therefore EXTREMELY IMPORTANT that you fully read the following description of the MQC.

The MQC is a conceptualization of the candidate who has the minimum competencies (i.e., knowledge, skills, and abilities) to just meet the expectations of a credentialed individual. The MQC is the borderline candidate who just barely qualifies—yet qualifies—to earn the credential. This candidate achieves the minimum score required on the exam to earn the credential

The RHIA is an expert in managing patient health information and medical records, administering computer information systems, collecting and analyzing patient data, and using classification systems and medical terminologies. Underlying this expertise is a comprehensive knowledge of medical, administrative, ethical, and legal requirements and standards related to healthcare delivery and the privacy of protected patient information. RHIAs often manage people and operational units, participate in administrative committees, and prepare budgets. RHIAs interact with all levels of an organization—clinical, financial, administrative, and information systems—that employ patient data in decision making and everyday operations.

**Description of the Minimally Qualified Candidate:**

The Minimally Qualified Candidate (MQC) is an entry level practitioner who has completed a CAHIIM approved bachelor's/master's program in HIM studies or meets the Proviso conditions. The candidate has entry-level working knowledge of Information Governance, Information Protection, Informatics, Analytics, Data Use, Revenue Management, and Leadership.

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**What can the MQC do <u>without</u> assistance?**

- Data Content, Structure and Standards (Information Governance)

    - Develop and maintain organizational policies, procedures, and guidelines for management of health information (e.g., data management, secondary data sources)
    - Health Record Content and Documentation
    - Health Information Exchange

- Information Protection: Access, Disclosure, Archival, Privacy and Security

    - Health Law (e.g., HIPAA, Conditions of Participation)
    - Data Privacy, Confidentiality, and Security
    - Release of Information

- Informatics, Analytics and Data Use

    - Health Information Technologies
    - Analytics and Decision Support
    - Healthcare Statistics
    - Consumer Informatics
    - Information Integrity and Data Quality
    - Report Building

- Revenue Management

    - Revenue Cycle and Reimbursement
    - Regulatory
    - Coding
    - Fraud Surveillance
    - General Knowledge of Clinical Documentation Improvement

- Leadership

    - Work Design
    - Human Resources Management
    - Training and Development
    - Ethics

**What can the MQC do <u>with</u> assistance?**

2 screens

# Instruction Length After Demographics – MQC Approach

**Rating Explanations**

This survey asks you to make two kinds of ratings. The first is to evaluate each job task based on relevant criteria. The second is to assign a weighting to each set of job tasks (called a section).

In the second rating, you will be asked to assign a weight between 0 and 100% to each section or group of job tasks presented in the survey. The sum of the weights you assign to each section must total 100%. These weights represent your opinion of what percentage of the test should be allocated to measuring the content described by the job tasks within the section.

The two criteria that you will use to rate each task are:

**Frequency of use (Frequency)**: This rating allows you to indicate how frequently the MQC would use the knowledge, skill, or competency presented in the task.

The labels for the frequency scale describe the amount of time the task typically applies on the job:

- 5 = Always (applies 100% of the time)
- 4 = Frequently (Approximately 75% of the time)
- 3 = Half the time (Approximately 50% of the time)
- 2 = Infrequently (Approximately 25% of the time)
- 1 = Seldom or never (Approximately 0-5% of the time)

**Criticality:** This rating allows you to indicate how critical it is for the MQC to know and perform the knowledge, skill, or competency presented in the task.

The labels for the criticality scale describe the likely degree of impact if the task were performed incorrectly on the job:

- 5 = High risk of a negative result
- 4 = Moderate risk of a negative result
- 3 = Slight risk of a negative result
- 2 = No risk of a negative result
- 1 = Not applicable – I do not perform this task

2 screens

# Instruction Length After Demographics – Job Incumbent Approach

**Rating Explanations**

This survey contains two types of ratings. The first involves your evaluation of several job tasks based on relevant criteria.

The two criteria that you will use to rate each task are:

**Frequency of use (Frequency):** This rating allows you to indicate how frequently the physician-based coding specialist (as defined earlier) would use the knowledge, skill, or competency presented in the task. The labels for the frequency scale describe the amount of time the task typically applies on the job:
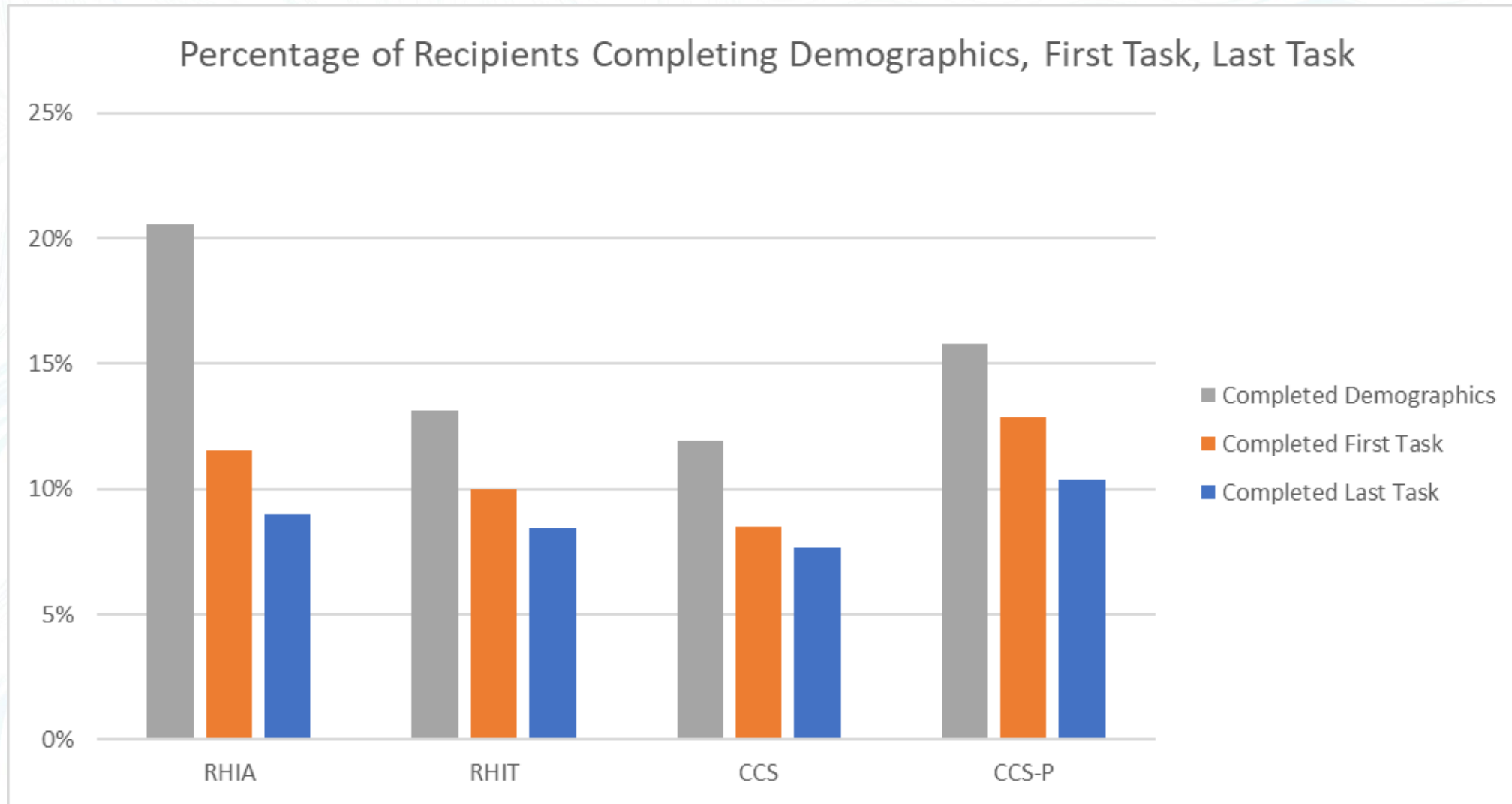
5 = Always (Applies 100% of the time)
4 = Frequently (Approximately 75% of the time)
3 = Half the time (Approximately 50% of the time)
2 = Infrequently (Approximately 25% of the time)
1 = Seldom or never (Approximately 0-5% of the time)

**2 screens**

**Criticality:** This rating allows you to indicate how critical it is for the physician-based coding specialist (as defined earlier) to know and perform the knowledge, skill, or competency presented in the task. The labels for the criticality scale describe the likely degree of impact if the task were performed incorrectly on the job:
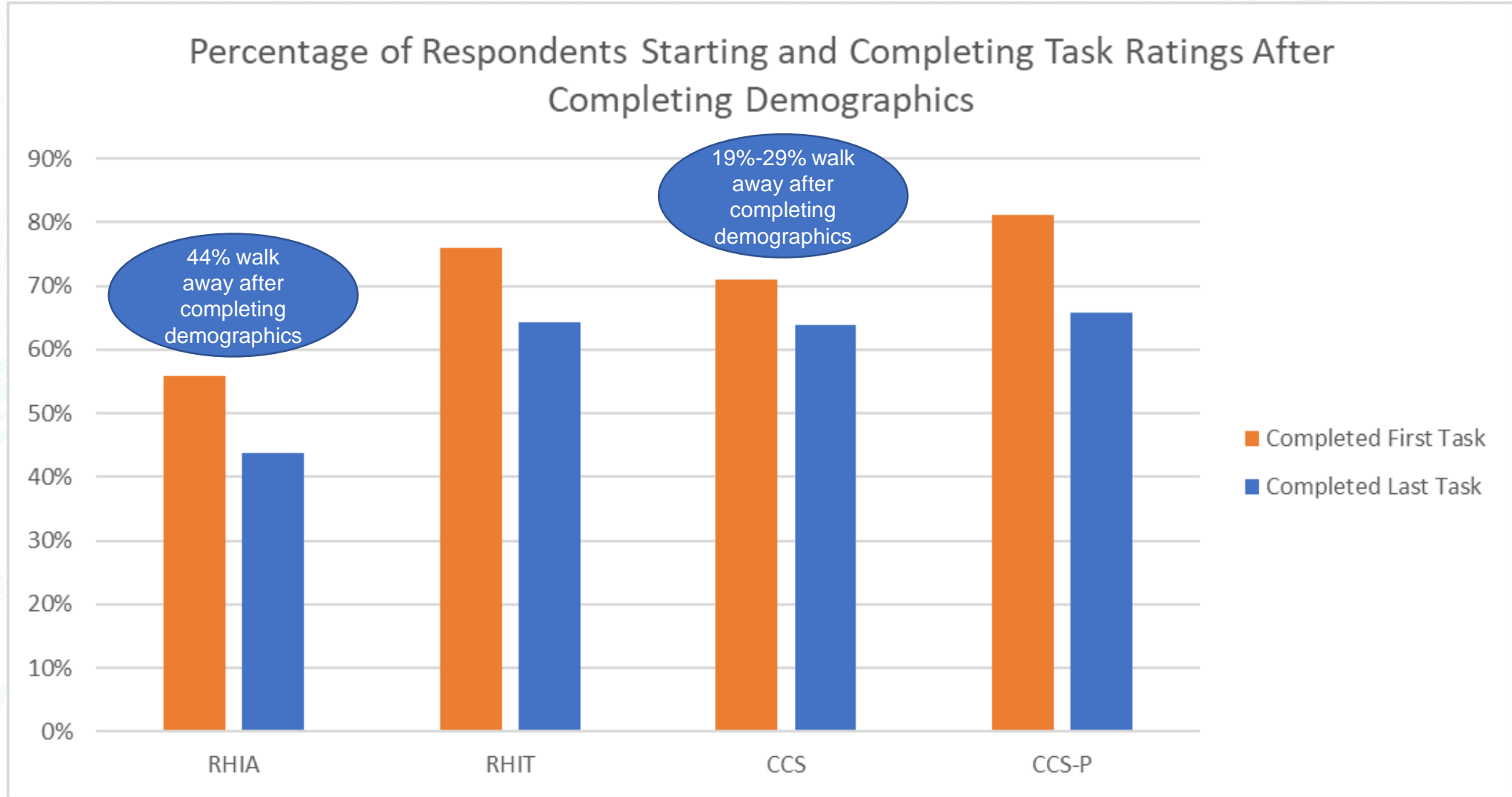
5 = Catastrophic or very high risk of a negative result
4 = High risk of a negative result
3 = Moderate risk of a negative result
2 = Low risk of a negative result
1 = No risk of a negative result

# Results



Percentage of Recipients Completing Demographics, First Task, Last Task

# Results



Percentage of Respondents Starting and Completing Task Ratings After Completing Demographics

44% walk away after completing demographics

19%-29% walk away after completing demographics

Completed First Task
Completed Last Task

RHIA    RHIT    CCS    CCS-P

# Alternative Explanations

- Qualitative differences between RHIA recipients and the other three populations

- Higher percentage of RHIA respondents completing demographics

- Higher number of tasks on the RHIA survey

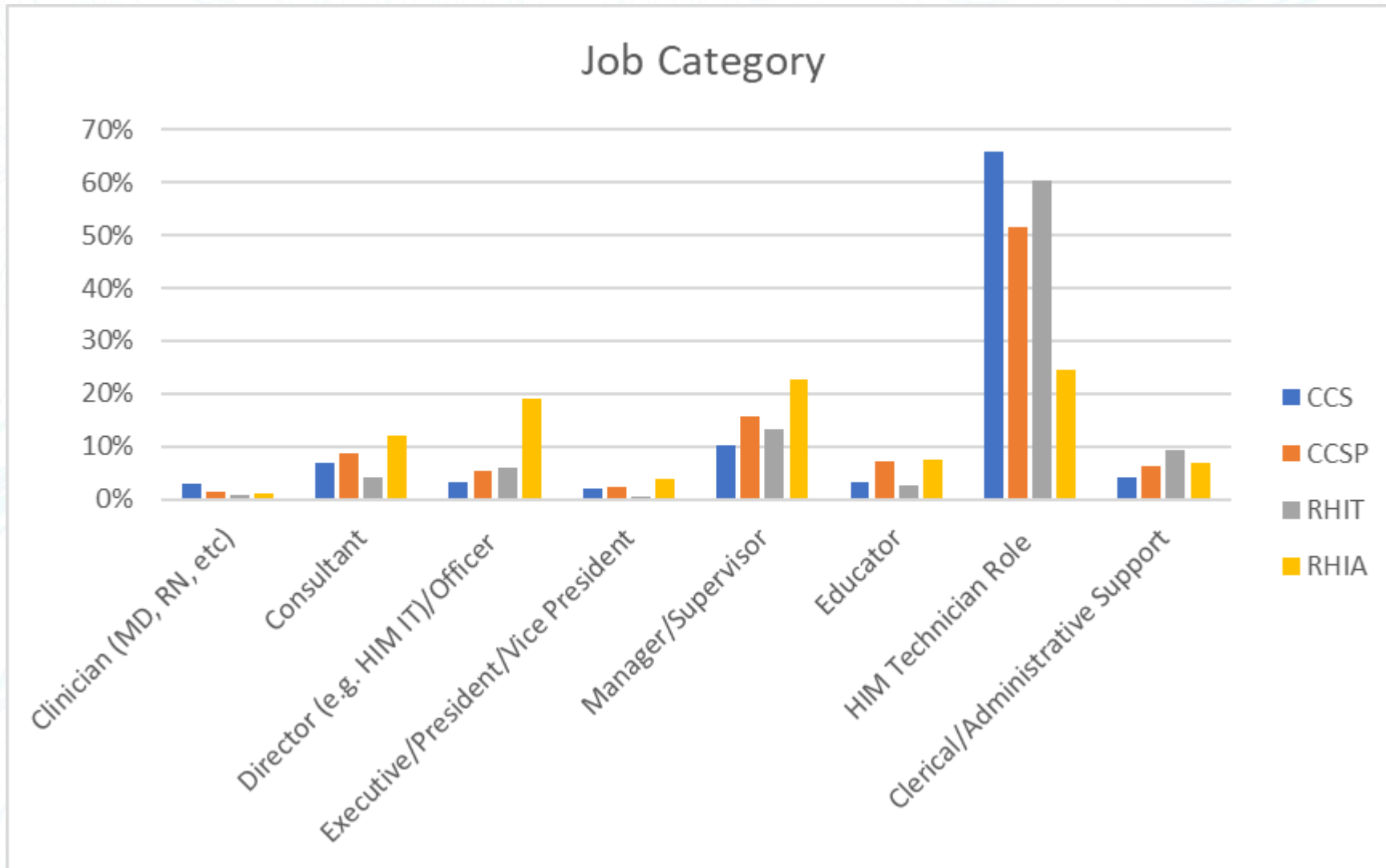- Different level of cognitive demand between the two approaches

# Alternative Explanations – Qualitative Differences



Education Level
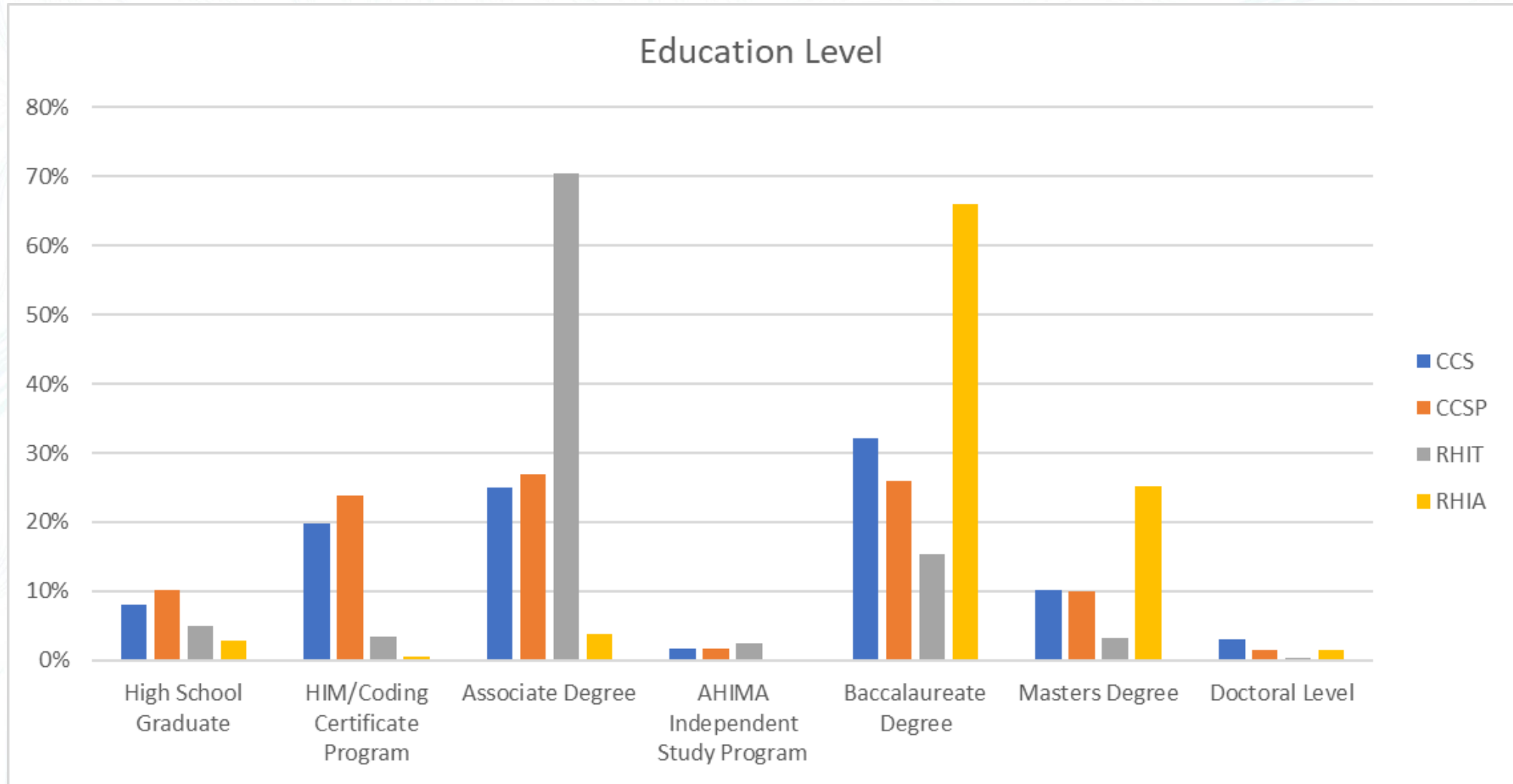
# Alternative Explanations – Qualitative Differences



Average Years Since Certification

Job Category
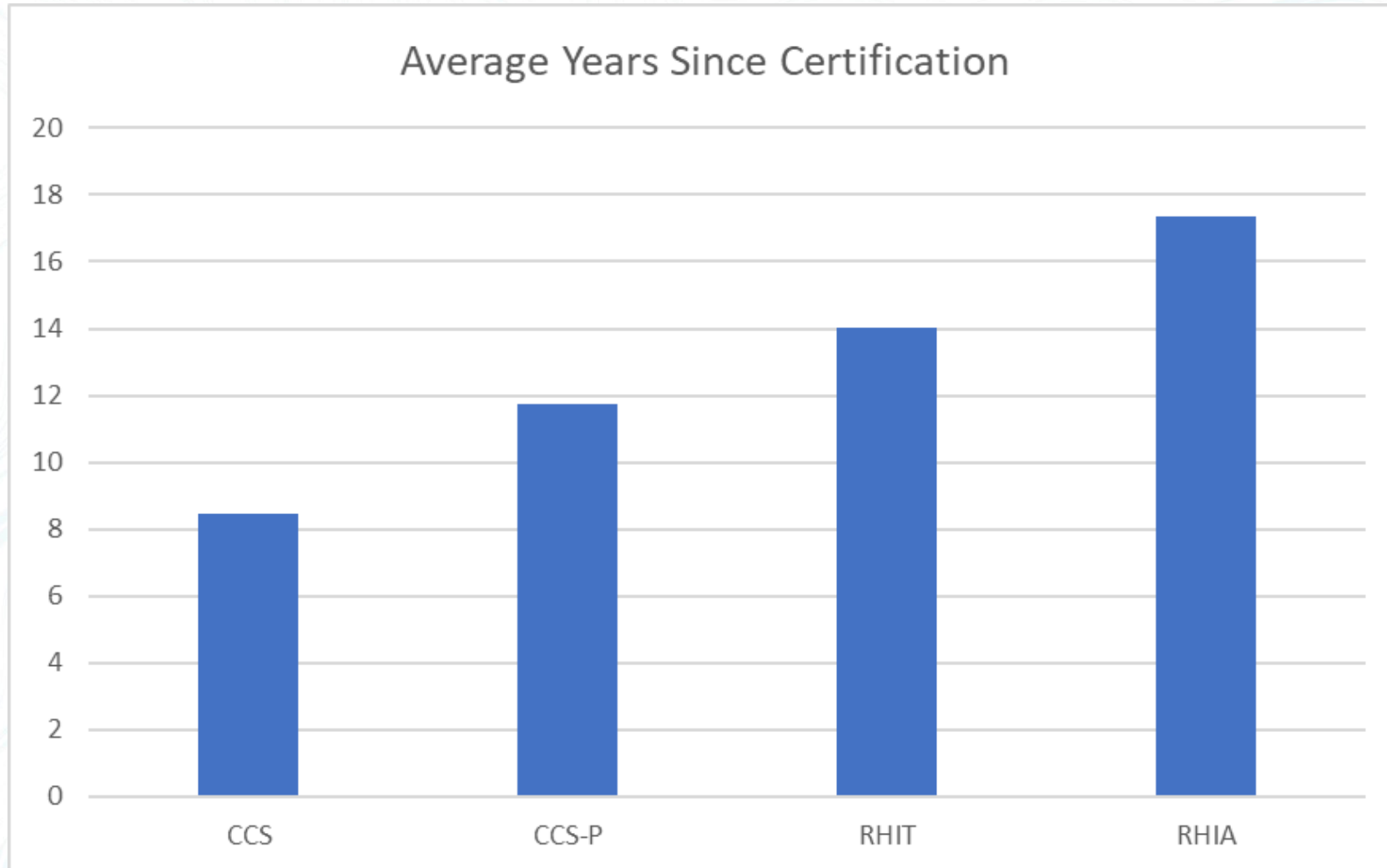
# **Alternative Explanations – Percent Completing Demographics**

- RHIA – 21%

- RHIT, CCS, CCS-P between 12% - 16%

- RHIT, CCS, CCS-P restricted to practitioners, supervisors, educators before the demographics.

# Alternative Explanations – Number of Tasks

- RHIA – 43 tasks to rate. RHIT, CCS, CCS-P between 21-24 tasks

- Respondents were not told how many tasks they had to rate.

- RHIA told 20-30 minutes in the cover letter. RHIT, CCS, CCS-P told 15-20 minutes.

- Percentage difference between first and last task completed fairly constant across surveys

# Alternative Explanations – Cognitive Demand Differences

- RHIA – Asked to rate tasks from the perspective of a hypothetical MQC.

- RHIT, CCS, CCS-P – Asked to rate tasks from their own perspective or that of known job incumbents.

[#EXCHANGEWITHICE]

# Conclusions

- Population differences and demographics response rates can't be entirely ruled out.

- Cognitive demand level could also impact willingness to complete task ratings.

- Instruction length likely has a practical impact on response rate.

- Keep instructions as short and simple as possible.