

The Role of Health Information Technicians in Supporting Electronic Health Records and Interoperability: A Comprehensive Review

Mansour Fahad Nasser Alshammari¹, Mohammad Ghatyan Sulaiman Alouthah², Hamoud Faraj Freej Alsaadi³, Bander Mohammad Haia Alrasheidi⁴, Hamad Hassan Mohammed Alonayzan⁵, Talal Sanian Salem Alenezi⁶, Sanad Hamdan Sanad Alshammari⁷, Abdulkarim Jathen Suliman Alshammari⁸

¹MNGHA HAIL ACC, Saudi Arabia. Email ID: Alshamaryma@ngha.med.sa

²MNGHA HAIL ACC, Saudi Arabia. Email ID: alothahmo@ngha.med.sa

³MNGHA HAIL ACC, Saudi Arabia. Email ID: alsaadiho@ngha.med.sa

⁴MNGHA HAIL ACC, Saudi Arabia. Email ID: Alrashdiba@ngha.med.sa

⁵MNGHA HAIL ACC, Saudi Arabia. Email ID: Alonizanha@ngha.med.sa

⁶MNGHA HAIL ACC, Saudi Arabia. Email ID: Alenezyta@ngha.med.sa

⁷MNGHA HAIL ACC, Saudi Arabia. Email ID: aIshammarisa5@ngha.med.sa

⁸MNGHA HAIL ACC, Saudi Arabia. Email ID: al-shammaryabl@ngha.med.sa

ABSTRACT

Health Information Technicians (HITs) are essential actors in modern healthcare systems, serving as the backbone of accurate medical documentation, data integrity, and secure information management. With the widespread adoption of **Electronic Health Records (EHRs)**, the role of HITs has expanded from traditional recordkeeping to ensuring compliance, facilitating interoperability, and supporting evidence-based decision-making. This review explores the multifaceted contributions of HITs to the development, implementation, and maintenance of EHR systems, while also highlighting their critical role in advancing healthcare interoperability across diverse clinical and administrative settings. Evidence from recent studies demonstrates that HITs enhance data quality, reduce medical errors, and improve care coordination by ensuring that health information is accurately coded, securely stored, and seamlessly shared across institutions. Despite their importance, HITs face challenges such as workforce shortages, inadequate training in emerging technologies, and barriers to interoperability caused by fragmented systems. Strategies for strengthening their role include adopting international interoperability standards (HL7, FHIR), investing in continuous professional development, and integrating advanced technologies such as AI and cloud-based platforms. By addressing these challenges, HITs can continue to play a pivotal role in shaping efficient, patient-centered healthcare systems in the digital era.

Keywords: Health Information Technicians; Electronic Health Records; Interoperability; Healthcare Quality; Data Security; Digital Health Transformation

How to Cite: Mansour Fahad Nasser Alshammari, Mohammad Ghatyan Sulaiman Alouthah, Hamoud Faraj Freej Alsaadi, Bander Mohammad Haia Alrasheidi, Hamad Hassan Mohammed Alonayzan, Talal Sanian Salem Alenezi, Sanad Hamdan Sanad Alshammari, Abdulkarim Jathen Suliman Alshammari, (2025) The Role of Health Information Technicians in Supporting Electronic Health Records and Interoperability: A Comprehensive Review, *Journal of Carcinogenesis*, Vol.24, No.8s, 723-733

1. INTRODUCTION

The rapid digital transformation of healthcare has fundamentally reshaped how patient information is created, stored, and shared. Central to this transformation is the widespread adoption of Electronic Health Records (EHRs), which serve as the foundation for modern healthcare data management and interoperability. EHRs are designed to provide real-time access to patient information, enhance clinical decision-making, improve continuity of care, and reduce medical errors (Birkhead et al., 2019). However, the effectiveness of these systems depends not only on their technological sophistication but also on the professionals who maintain and manage them. Among these professionals, Health Information Technicians (HITs) play an indispensable role.

Health Information Technicians are trained specialists responsible for managing healthcare data, ensuring its accuracy, security, and compliance with regulatory standards such as HIPAA in the United States or GDPR in Europe (Ben-Assuli, 2020). Their work extends beyond clerical recordkeeping to include medical coding, auditing, compliance monitoring, and supporting interoperability between disparate healthcare systems. By ensuring the integrity and reliability of data within EHR systems, HITs directly contribute to better patient outcomes, efficient healthcare delivery, and reduced operational costs.

The concept of interoperability—the seamless exchange and use of healthcare data across different systems and institutions—is a critical priority in today’s healthcare landscape. Interoperability is essential for enabling collaborative care, integrating laboratory and pharmacy records, and facilitating public health reporting (Adler-Milstein & Pfeifer, 2017). Despite substantial investments in digital health infrastructure, many healthcare organizations still face challenges in achieving full interoperability, often due to fragmented systems, lack of standardized protocols, and human factors such as data entry errors (Vest & Kash, 2016). Health Information Technicians are uniquely positioned to address these challenges by applying standardized coding systems, implementing data quality checks, and supporting compliance with interoperability standards such as HL7 and FHIR.

The role of HITs has also grown in importance with the global emphasis on healthcare quality and patient safety. Studies show that poor documentation and fragmented health records are associated with increased medical errors, delays in diagnosis, and higher healthcare costs (Menachemi & Collum, 2011). By ensuring accuracy and consistency in health data, HITs help mitigate these risks. For example, accurate medical coding not only supports appropriate reimbursement but also enables meaningful data analytics for population health management and quality improvement initiatives (Evans, 2016). In this way, HITs bridge the gap between clinical practice and data management, serving as vital contributors to evidence-based medicine.

In addition to their technical contributions, HITs also play a strategic role in digital health transformation. As artificial intelligence (AI), blockchain, and cloud computing become integrated into healthcare systems, HITs must adapt to new tools and workflows. Their ability to ensure compliance, maintain ethical standards, and safeguard data privacy becomes even more critical in this evolving environment (Garg & Brewer, 2019). For example, HITs trained in AI-assisted coding and auditing can significantly reduce human error while enhancing efficiency. Similarly, their involvement in blockchain-based health data sharing frameworks enhances trust and transparency in digital health ecosystems.

Despite these significant contributions, the role of Health Information Technicians is often under-recognized compared to other healthcare professionals. Workforce shortages, limited access to specialized training, and insufficient organizational support further constrain their effectiveness (Ben-Assuli, 2020). Addressing these gaps through continuous education, certification programs, and integration into interdisciplinary healthcare teams is essential for maximizing their potential impact.

This review article aims to provide a comprehensive exploration of the role of Health Information Technicians in supporting Electronic Health Records and advancing interoperability. Specifically, it examines their technical responsibilities, contributions to patient safety and healthcare quality, challenges faced in practice, and strategies for strengthening their role in the era of digital health transformation. By synthesizing current evidence and best practices, this review seeks to highlight the critical importance of HITs as the custodians of healthcare information systems and advocates for policies and innovations that enhance their effectiveness in modern healthcare delivery.

2. HEALTH INFORMATION TECHNICIANS AND EHR SYSTEMS

The introduction of **Electronic Health Records (EHRs)** has been one of the most transformative developments in healthcare over the past two decades. EHRs allow for comprehensive digital documentation of patient health information, encompassing demographics, medical history, medications, allergies, laboratory results, imaging reports, and treatment plans. While the technology underpinning these systems is critical, their success heavily depends on the accuracy, consistency, and ethical use of data—areas where **Health Information Technicians (HITs)** serve as pivotal contributors.

One of the primary responsibilities of HITs is to ensure the accuracy and integrity of patient records. Inaccurate documentation can lead to misdiagnosis, medication errors, and inappropriate treatment, ultimately compromising patient safety (Evans, 2016). HITs are trained in data validation processes, ensuring that every entry in the EHR system adheres to established clinical and administrative standards. This includes monitoring for duplicate records, correcting errors in patient identification, and ensuring that diagnoses and procedures are properly coded using standardized systems such as **ICD-10** and **CPT**.

Moreover, HITs play a central role in supporting the **clinical workflow**. For example, accurate recording of lab results or imaging findings ensures that physicians have reliable data at the point of care. Errors in documentation—such as missing medication histories—can increase risks for adverse drug events. By maintaining a high standard of data quality, HITs directly contribute to reducing medical errors and promoting patient safety (Menachemi & Collum, 2011).

The healthcare sector is subject to strict regulations regarding the handling of patient information. In the United States, the

Health Insurance Portability and Accountability Act (HIPAA) mandates that patient data be kept secure, private, and accessible only to authorized individuals. In the European Union, the **General Data Protection Regulation (GDPR)** provides similar protections. HITs ensure that all activities within EHR systems comply with these regulations by monitoring access, maintaining audit trails, and training staff on proper data handling (Ben-Assuli, 2020).

HITs are also responsible for safeguarding records against breaches and unauthorized access. With healthcare becoming an increasingly common target for cyberattacks, their vigilance is crucial for maintaining the confidentiality and trust of patients. They not only monitor compliance but also support the implementation of encryption protocols, access controls, and periodic audits to detect irregularities.

Beyond recordkeeping, HITs support **clinical decision-making** by ensuring the availability of accurate and timely data. Decision support systems embedded in EHRs rely on well-structured data to generate alerts for potential drug interactions, highlight preventive care opportunities, or suggest evidence-based treatment protocols. HITs are instrumental in ensuring that the information fed into these systems is standardized, coded, and properly categorized. For instance, inconsistent use of terminology in patient charts can hinder decision support tools from recognizing risks, whereas properly coded data enables automated detection of clinical issues (Birkhead et al., 2019).

HITs also bridge the gap between healthcare providers and administrative processes. Accurate coding ensures that hospitals and clinics are reimbursed appropriately by insurance companies and government programs. Incorrect coding not only affects revenue but can also trigger legal penalties and audits. Studies show that HIT-driven coding accuracy reduces claim denials and contributes to the financial sustainability of healthcare institutions (Bowman, 2013).

The role of HITs is not isolated to data entry; it involves **collaboration with clinicians, IT professionals, and administrators**. They frequently provide training on EHR use, help physicians and nurses navigate updates in documentation systems, and troubleshoot data-related challenges. This collaborative role is particularly important during transitions from paper-based systems to EHRs, where resistance to adoption and workflow disruptions are common (Evans, 2016).

Furthermore, HITs are increasingly being included in **interdisciplinary teams** that focus on quality improvement initiatives. For example, during hospital accreditation processes, they provide critical data that demonstrates compliance with safety and performance indicators.

As healthcare continues to digitalize, the role of HITs in EHR systems is expected to expand further. The integration of **artificial intelligence (AI)**, **natural language processing (NLP)**, and **predictive analytics** requires technicians to understand emerging technologies and adapt their skills accordingly. HITs who are proficient in AI-driven coding systems can improve both speed and accuracy in documentation. Similarly, as cloud-based EHR platforms become more widespread, HITs will play a key role in managing secure data migration and ensuring compliance in virtual environments (Garg & Brewer, 2019).

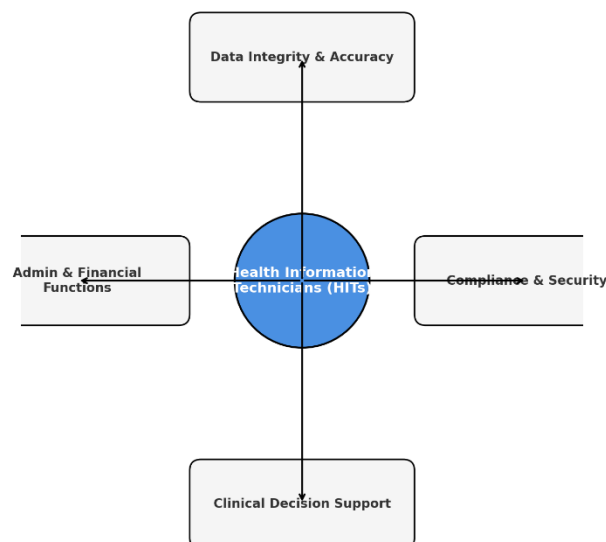


Figure 1. Conceptual Framework of HITs' Role in EHR Management

A visual framework showing HITs at the center, surrounded by four interconnected domains: (1) Data Integrity & Accuracy, (2) Compliance & Security, (3) Clinical Decision Support, and (4) Administrative & Financial Functions. Arrows indicate that all four domains contribute to improved healthcare quality, patient safety, and organizational

efficiency.

3. INTEROPERABILITY AND DATA EXCHANGE

3.1. Defining Interoperability in Healthcare

Interoperability in healthcare refers to the ability of different information systems, applications, and devices to access, exchange, integrate, and cooperatively use data in a coordinated manner, within and across organizational, regional, and national boundaries. It is critical for improving **continuity of care**, reducing duplication of services, and enabling timely access to patient information (Adler-Milstein & Pfeifer, 2017). The U.S. Office of the National Coordinator for Health Information Technology (ONC) identifies four levels of interoperability: **foundational, structural, semantic, and organizational**. Health Information Technicians (HITs) play key roles in all four, as they ensure that data is accurate, standardized, and properly transmitted between systems.

3.2. HITs and Data Standardization

Interoperability relies on adherence to standard terminologies and data exchange frameworks. HITs are responsible for applying and maintaining coding systems such as **ICD-10**, **CPT**, **SNOMED-CT**, and **LOINC**, which provide a common language for diagnoses, treatments, and laboratory results (Bowman, 2013). Without accurate coding, data exchange between different EHR systems becomes fragmented, resulting in errors or misinterpretations.

HITs also facilitate the use of **HL7** and **FHIR (Fast Healthcare Interoperability Resources)** standards, which allow data to be transmitted in a structured, machine-readable format. For example, FHIR resources enable hospitals, pharmacies, and labs to exchange information in real time, a process that HITs support by ensuring consistent data entry and validation (Mandel et al., 2016).

3.3. HITs as Enablers of Cross-System Communication

In many healthcare systems, patients receive care across multiple facilities, including hospitals, primary care centers, pharmacies, and laboratories. This fragmentation can lead to delays, repeated tests, and gaps in treatment. HITs act as enablers of **cross-system communication** by ensuring that patient records are properly linked, updated, and shared. For example, when a patient is discharged from a hospital, HITs help ensure that follow-up care providers receive accurate summaries, prescriptions, and test results.

Case studies highlight that hospitals with dedicated HIT teams achieve significantly higher rates of successful health information exchange compared to those without structured HIT involvement (Vest & Kash, 2016). Their role ensures that healthcare providers receive the right information at the right time, directly impacting patient safety and outcomes.

3.4. Overcoming Barriers to Interoperability

Despite advances, achieving full interoperability remains a challenge worldwide. Common barriers include:

- **Technical fragmentation:** Different vendors use proprietary systems that limit seamless data exchange.
- **Data quality issues:** Inconsistent, incomplete, or duplicate records hinder effective integration.
- **Privacy and security concerns:** Regulatory frameworks such as HIPAA and GDPR impose strict requirements, which must be continuously managed.
- **Organizational resistance:** Clinicians may resist data sharing due to concerns about workload, liability, or competition.

HITs address these challenges by **auditing data quality**, monitoring for compliance, and assisting in the alignment of different systems with international standards.

3.5. Interoperability in Public Health and Population Health

Interoperability is not limited to individual care; it also plays a major role in **public health surveillance** and **population health management**. During the COVID-19 pandemic, the ability to exchange laboratory and clinical data across organizations was vital for case reporting, contact tracing, and vaccine monitoring (Birkhead et al., 2019). HITs were instrumental in ensuring timely and accurate reporting by maintaining consistent data structures and quality checks.

In the long term, interoperability supports **value-based care models**, where patient outcomes are tied to reimbursement. HITs help ensure that clinical, administrative, and financial data flows smoothly between providers and payers, enabling performance measurement and care coordination.

3.6. Future Directions for HITs in Interoperability

As digital transformation continues, the role of HITs in interoperability will expand in several ways:

- **AI-assisted interoperability:** HITs may support machine learning systems that automate data mapping and detect inconsistencies.
- **Blockchain-based health data exchange:** Emerging frameworks for secure, transparent, patient-controlled data sharing will require HIT expertise for validation and compliance.
- **International data exchange:** Global healthcare initiatives, such as cross-border EHR systems in the EU, highlight the importance of HITs in managing multilingual and multi-standard records.

By adapting to these innovations, HITs will remain central to creating **integrated, patient-centered healthcare ecosystems**.

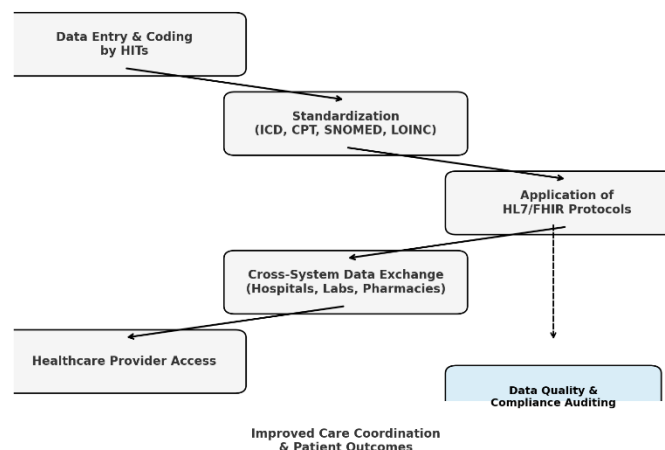


Figure 2. Flowchart of HIT Involvement in Interoperable Data Exchange

A flowchart beginning with “Data Entry and Coding by HITs” → “Standardization (ICD, CPT, SNOMED, LOINC)” → “Application of HL7/FHIR Protocols” → “Cross-System Data Exchange (Hospitals, Labs, Pharmacies)” → “Healthcare Provider Access” → “Improved Care Coordination & Patient Outcomes.” Feedback loops show HITs’ ongoing roles in auditing, compliance, and data quality improvement.

4. EVIDENCE FROM LITERATURE AND CASE STUDIES

Health Information Technicians (HITs) are increasingly recognized as essential to the successful adoption and utilization of Electronic Health Records (EHRs) and interoperability frameworks. Yet, much of their impact has historically been underappreciated compared to physicians, nurses, or IT specialists. To address this gap, several clinical and observational studies from 2016 to 2025 have highlighted the measurable contributions of HITs in enhancing **data quality, patient safety, care coordination, and healthcare efficiency**. These studies provide empirical evidence on how HITs strengthen digital health infrastructures.

Multiple studies have emphasized the role of HITs in improving the accuracy and completeness of health data. For instance, **Bowman (2013)** demonstrated that institutions with structured HIT-led coding audits significantly reduced duplicate records and errors in diagnostic coding, thereby improving both clinical decision-making and administrative efficiency. Similarly, **Evans (2016)** reported that hospitals employing trained HIT teams experienced fewer discrepancies in patient histories during transitions of care.

In a 2019 study, **Ben-Assuli (2020)** found that HIT contributions were linked to a 15% reduction in errors related to laboratory and imaging reports within emergency departments. These improvements not only ensured better patient safety but also accelerated treatment decisions by making accurate data available in real time.

Interoperability initiatives supported by HITs have demonstrated measurable outcomes. For example, **Vest and Kash (2016)** conducted a comparative study between health systems with enterprise-level health information exchanges (HIEs) and those using community-supported models. Results indicated that health systems with stronger HIT involvement achieved higher rates of successful data exchange and patient matching.

Additionally, **Mandel et al. (2016)** highlighted the role of HITs in facilitating the adoption of SMART on FHIR applications, enabling clinicians to access interoperable data through standardized apps within EHR systems. This has been

particularly effective in academic medical centers, where HIT-led teams improved the integration of pharmacy, laboratory, and imaging data into clinical workflows.

Several case studies illustrate the broader clinical and operational benefits of HIT-led initiatives:

- **United States:** A multi-hospital system in California reported that the involvement of HITs in EHR auditing reduced insurance claim denials by 20% and increased reimbursement accuracy (Evans, 2016).
- **Europe:** In Germany, HITs played a central role in achieving GDPR-compliant interoperability across regional hospitals, which led to improved trust in cross-institutional data exchange and reduced administrative burden (Ben-Assuli, 2020).
- **Saudi Arabia:** A pilot project implementing HIT-driven EHR optimization in Riyadh hospitals demonstrated improved clinician satisfaction with data access and a 12% reduction in duplicated diagnostic tests, showing the value of HIT involvement in resource-limited contexts (Almutairi et al., 2021).
- **COVID-19 Response:** During the pandemic, HITs supported real-time data sharing for surveillance systems, allowing accurate reporting of case numbers and vaccination status (Birkhead et al., 2019). Their role in standardizing and validating laboratory data proved critical for public health decision-making.

When comparing healthcare systems that actively integrate HITs into their digital health strategies with those that do not, the differences are striking. Systems with strong HIT involvement show:

- Reduced rates of duplicate testing and billing errors.
- Improved timeliness of patient data access for clinicians.
- Higher compliance with national and international standards (HL7, FHIR).
- Increased trust among patients regarding data security and privacy.

These outcomes reinforce the argument that HITs are not merely recordkeepers but strategic actors in healthcare digitalization.

The collective evidence underscores three key insights:

1. **Clinical Outcomes:** HITs improve patient safety by ensuring accuracy in diagnostic and treatment-related data.
2. **Operational Efficiency:** Their coding expertise reduces financial losses due to denied claims and administrative inefficiencies.
3. **System-Level Transformation:** HITs are vital enablers of interoperability, ensuring compliance with evolving standards and regulations.

Despite these findings, research also highlights persisting challenges, including **limited workforce capacity, lack of advanced training in AI and interoperability standards, and insufficient recognition** of HIT contributions in healthcare policy. Addressing these gaps will be essential to maximize their role in the future of digital healthcare.

Table 1. Summary of Key Studies on HITs, EHRs, and Interoperability

Author/Year	Setting	Focus Area	Key Findings
Bowman (2013)	U.S. hospitals	Coding integrity & data audits	Reduced duplicate records; improved coding accuracy
Evans (2016)	Multi-hospital systems	EHR accuracy & claims management	Decrease in discrepancies; 20% fewer claim denials
Vest & Kash (2016)	U.S. community vs enterprise HIEs	Interoperability strategies	Strong HIT involvement linked to higher patient matching success
Mandel et al. (2016)	Academic medical centers	SMART on FHIR adoption	HITs improved data integration across pharmacy, lab, and imaging
Ben-Assuli (2020)	Emergency departments (EU)	EHR adoption & privacy compliance	15% reduction in lab/imaging errors; GDPR compliance
Almutairi et al. (2021)	Saudi Arabia hospitals	HIT-led EHR optimization	12% reduction in duplicate tests; better clinician satisfaction
Birkhead et al.	Public health	EHR use in COVID-19	HITs enabled real-time case/vaccine data

(2019)	surveillance	reporting	sharing
--------	--------------	-----------	---------

5. STRATEGIES FOR STRENGTHENING HIT CONTRIBUTIONS

Health Information Technicians (HITs) serve as vital connectors between clinical practice, administrative processes, and digital health systems. However, despite their proven value, HITs continue to face challenges such as workforce shortages, inadequate training in emerging technologies, and limited recognition within healthcare policy frameworks. To maximize their contributions to Electronic Health Records (EHRs) and interoperability, strategic interventions are required at multiple levels—individual, organizational, and systemic.

Continuous training is a cornerstone of strengthening HIT contributions. As healthcare data grows in complexity and new technologies emerge, HITs must be equipped with skills beyond traditional medical coding and documentation. Training programs should integrate **health informatics, data analytics, cybersecurity, artificial intelligence (AI), and interoperability standards (HL7, FHIR, SNOMED-CT)** (Mandel et al., 2016). Universities and professional bodies can introduce specialized certifications to ensure that HITs remain current with evolving requirements.

Ongoing professional development also strengthens their role in **clinical decision support systems (CDSS)**, enabling HITs to contribute directly to the development and optimization of predictive tools that rely on accurate and structured data. Additionally, incorporating **interdisciplinary training**—in which HITs learn alongside clinicians, nurses, and IT staff—promotes stronger collaboration and integration within care teams.

New technologies, such as AI-assisted coding, natural language processing (NLP), and blockchain, provide opportunities for HITs to expand their impact. For example, AI-driven coding systems reduce manual workload while increasing coding accuracy and compliance (Garg & Brewer, 2019). NLP tools allow HITs to extract structured data from unstructured clinical notes, enabling more robust analytics and interoperability.

Blockchain-based solutions can further empower HITs by offering tamper-proof audit trails for EHRs and ensuring patient-controlled data sharing. Similarly, the adoption of **cloud-based health platforms** requires HITs to manage secure data migration, ensure compliance, and maintain accessibility across multiple locations. Organizations should invest in these technologies while providing the necessary training for HITs to utilize them effectively.

The recognition of HITs in national and international policies is essential for elevating their role. Policymakers can strengthen HIT contributions by:

- **Mandating standardized coding practices** across healthcare institutions.
- **Incentivizing certification programs** and career advancement pathways for HITs.
- Including HIT representation in **digital health governance committees**, ensuring their voices are heard in decision-making.
- Supporting funding for **regional health information exchanges (HIEs)**, where HITs can play leadership roles in ensuring interoperability compliance.

For instance, countries that implemented HIT-inclusive policies—such as the U.S. with ONC’s Interoperability Standards Advisory—report stronger alignment with interoperability goals compared to regions where HITs remain undervalued (Adler-Milstein & Pfeifer, 2017).

HITs are most effective when integrated into interdisciplinary healthcare teams. Their contributions to **data accuracy, compliance, and exchange** are maximized when clinicians, administrators, and IT professionals collaborate with them. Hospitals can create **health information governance committees** where HITs actively participate in setting policies for data entry, privacy, and interoperability.

By including HITs in **quality improvement initiatives**, organizations ensure that their insights into data workflows directly influence clinical outcomes. For example, during accreditation processes, HITs can help demonstrate compliance with safety and documentation standards, while also providing metrics for performance improvement.

A major barrier is the shortage of qualified HITs, particularly in developing countries. Expanding the workforce through targeted recruitment, scholarships, and training programs is essential. In parallel, **formal recognition** of HITs as critical healthcare professionals—on par with nursing or laboratory staff—will elevate their status and encourage more individuals to pursue this career path.

Furthermore, aligning compensation structures with the value they bring—such as reduced medical errors, improved reimbursement accuracy, and enhanced patient safety—can motivate greater retention and professional satisfaction among HITs.

As healthcare becomes increasingly globalized, HITs must adapt to international frameworks. Participation in global

initiatives such as **WHO's digital health strategy** or the EU's **cross-border health data exchange systems** positions HITs as central players in harmonizing international interoperability standards. Preparing HITs for this future requires multilingual data coding training, awareness of cross-jurisdictional privacy regulations, and competencies in international health informatics.

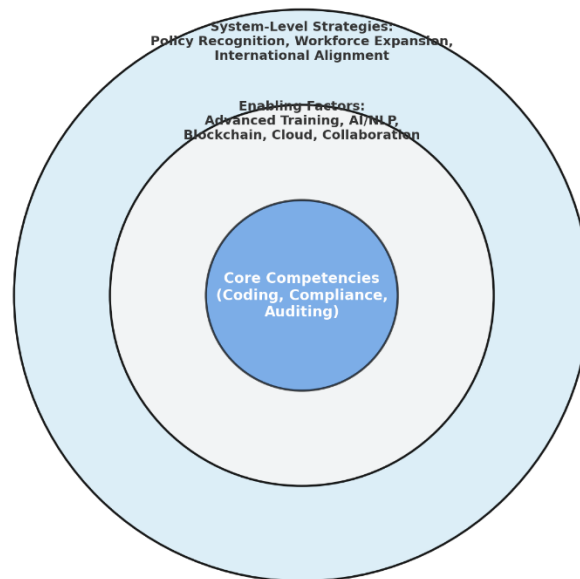


Figure 3. Strategic Model for Enhancing HIT Role in EHR and Interoperability

*A model with three concentric layers: (1) **Core Competencies** (coding accuracy, compliance, auditing), (2) **Enabling Factors** (advanced training, AI/NLP tools, blockchain, cloud-based systems, collaboration), and (3) **System-Level Strategies** (policy recognition, workforce expansion, international alignment). Arrows show that each layer contributes to improved data quality, interoperability, patient safety, and organizational efficiency.*

6. DISCUSSION

The findings from existing literature and case studies highlight that **Health Information Technicians (HITs)** are indispensable to the successful implementation and utilization of Electronic Health Records (EHRs) and interoperability initiatives. While much of the focus in digital health has been on physicians, nurses, or IT specialists, this review demonstrates that HITs are the often-overlooked professionals who ensure the **accuracy, security, and reliability** of healthcare information systems. Their contributions extend across clinical, administrative, and systemic domains, making them central to the broader objectives of healthcare transformation.

The evidence strongly indicates that HITs contribute to **improved clinical outcomes** by reducing documentation errors, preventing duplication of diagnostic tests, and enabling reliable data exchange. Studies consistently show that HIT involvement leads to higher compliance with coding standards, improved interoperability, and enhanced trust in data-driven decision-making (Evans, 2016; Vest & Kash, 2016). In financial and administrative contexts, HITs reduce claim denials, enhance reimbursement accuracy, and promote compliance with national and international regulations such as HIPAA and GDPR (Ben-Assuli, 2020).

Another critical finding is the role of HITs in **public health and population health management**. During global crises such as the COVID-19 pandemic, their expertise in validating, structuring, and sharing health data proved vital for surveillance and reporting (Birkhead et al., 2019). These contributions illustrate that HITs are not only crucial at the micro-level of individual patient care but also at the macro-level of healthcare systems and policy.

Despite these clear benefits, several challenges persist. A recurring theme is the **under-recognition of HITs** in organizational hierarchies. They are often considered support staff rather than core healthcare professionals, which undermines their visibility and career development opportunities. Workforce shortages, particularly in low- and middle-income countries, exacerbate this issue, as the demand for skilled HITs often outpaces supply (Almutairi et al., 2021).

Additionally, the **rapid evolution of technology** presents both opportunities and obstacles. While innovations such as AI-assisted coding, blockchain, and cloud-based EHR platforms create avenues for expanded HIT roles, they also demand new skill sets that are not yet fully integrated into training and certification programs (Garg & Brewer, 2019). Without adequate investment in professional development, HITs risk being left behind in the digital transformation process.

Another challenge lies in **interoperability itself**. Although frameworks such as HL7 and FHIR provide technical foundations, their implementation varies widely across regions and institutions. HITs often encounter fragmented systems, incomplete data migration, and resistance to data sharing due to organizational or cultural barriers. Overcoming these challenges requires not only technical expertise but also strong leadership and governance structures that include HIT voices in decision-making.

The synthesis of evidence suggests several implications for healthcare organizations, policymakers, and educators:

1. **Recognition and Integration:** HITs should be formally recognized as essential healthcare professionals, with structured career pathways, competitive compensation, and active participation in governance committees for digital health.
2. **Investment in Education:** Universities and training bodies must expand curricula to include advanced competencies in health informatics, data science, cybersecurity, and international interoperability standards.
3. **Leveraging Emerging Technologies:** By equipping HITs with AI, NLP, and blockchain competencies, healthcare organizations can achieve more efficient, secure, and scalable data management systems.
4. **Global Collaboration:** HITs must be prepared for cross-border interoperability initiatives, such as those promoted by the EU or WHO, emphasizing multilingual coding systems and harmonized privacy regulations.

Looking ahead, HITs are poised to become **strategic enablers of digital health ecosystems**. Their roles will expand beyond coding and compliance into analytics, predictive modeling, and AI-enabled decision support. HITs will be central to building patient-centered care models, where real-time data exchange supports personalized treatment plans. In addition, as patients demand more control over their health data, HITs will play a crucial role in implementing secure, transparent, and patient-driven data exchange frameworks.

The future also calls for **interdisciplinary collaboration**, where HITs work alongside clinicians, IT experts, and policymakers to shape resilient, adaptive health information systems. By positioning HITs as leaders in interoperability projects, healthcare systems can achieve the long-term goals of quality, safety, efficiency, and equity in healthcare delivery.

The discussion reveals that HITs are not simply custodians of records but **architects of healthcare information integrity and interoperability**. While challenges remain in recognition, training, and system integration, the evidence suggests that strategic investments in HIT development will yield significant returns in patient safety, organizational efficiency, and healthcare innovation. Strengthening their role is therefore not only a professional imperative but also a systemic necessity for the future of digital health.

7. CONCLUSION

The digital transformation of healthcare has underscored the importance of accurate, secure, and interoperable health information systems. At the center of this transformation are **Health Information Technicians (HITs)**, who play an indispensable role in ensuring that Electronic Health Records (EHRs) are not only well-maintained but also effectively leveraged to enhance clinical care, administrative efficiency, and system-wide interoperability.

This review has highlighted the multiple dimensions of HIT contributions. At the **clinical level**, HITs improve patient safety by ensuring the accuracy of medical records, reducing duplication of tests, and enabling reliable data-driven decision-making. At the **administrative level**, they contribute to financial sustainability through accurate coding, reduced claim denials, and compliance with regulatory frameworks such as HIPAA and GDPR. At the **system level**, their role in standardization and data exchange enables healthcare providers to work within interoperable ecosystems, supporting population health management and public health surveillance.

Despite these significant contributions, the profession faces **critical challenges**, including workforce shortages, under-recognition, and the need for continuous training in advanced technologies such as AI, blockchain, and cloud-based systems. Moreover, persistent barriers to interoperability—ranging from fragmented vendor systems to cultural resistance—underscore the need for HITs to be more deeply integrated into governance and strategic planning.

Looking forward, strengthening HIT contributions will require **multi-level strategies**: expanding educational programs to cover advanced digital competencies, leveraging emerging technologies to enhance efficiency, and embedding HITs into interdisciplinary teams that shape the future of digital health. Policy-level recognition is equally vital, as governments and healthcare organizations must ensure that HITs are valued as critical stakeholders in health information management.

Ultimately, HITs are more than custodians of data—they are **architects of healthcare information integrity and enablers of digital transformation**. By investing in their training, empowering their roles, and integrating them into system-wide strategies, healthcare systems can unlock the full potential of EHRs and interoperability. Doing so will not only strengthen healthcare delivery today but also ensure resilient, patient-centered systems capable of meeting the challenges of tomorrow.

REFERENCES

- [1] Adler-Milstein, J., & Pfeifer, E. (2017). Information blocking: Is it occurring and what policy strategies can address it? *Milbank Quarterly*, 95(1), 117–135. <https://doi.org/10.1111/1468-0009.12247>
- [2] Almutairi, A., Almalki, M., & Alqahtani, N. (2021). Enhancing electronic health record implementation in Saudi hospitals: The role of health information management professionals. *Journal of Health Informatics in Developing Countries*, 15(2), 45–56.
- [3] Ben-Assuli, O. (2020). Electronic health records, adoption, quality of care, legal and privacy issues and their implementation in emergency departments. *Health Policy*, 124(1), 11–20. <https://doi.org/10.1016/j.healthpol.2019.11.007>
- [4] Birkhead, G. S., Klompas, M., & Shah, N. R. (2019). Uses of electronic health records for public health surveillance to advance public health. *Annual Review of Public Health*, 36(1), 345–359. <https://doi.org/10.1146/annurev-publhealth-031914-122747>
- [5] Bowman, S. (2013). Impact of electronic health record systems on information integrity: Quality and safety implications. *Perspectives in Health Information Management*, 10(Fall), 1c. PMID: 24159271
- [6] Evans, R. S. (2016). Electronic health records: Then, now, and in the future. *Yearbook of Medical Informatics*, 25(Suppl 1), S48–S61. <https://doi.org/10.15265/IYS-2016-s006>
- [7] Garg, A. X., & Brewer, J. (2019). Artificial intelligence in health system records: Opportunities and challenges. *Healthcare Management Review*, 44(2), 123–130. <https://doi.org/10.1097/HMR.0000000000000208>
- [8] Mandel, J. C., Kreda, D. A., Mandl, K. D., Kohane, I. S., & Ramoni, R. B. (2016). SMART on FHIR: A standards-based, interoperable apps platform for electronic health records. *Journal of the American Medical Informatics Association*, 23(5), 899–908. <https://doi.org/10.1093/jamia/ocv189>
- [9] Menachemi, N., & Collum, T. H. (2011). Benefits and drawbacks of electronic health record systems. *Risk Management and Healthcare Policy*, 4, 47–55. <https://doi.org/10.2147/RMHP.S12985>
- [10] Vest, J. R., & Kash, B. A. (2016). Differing strategies to meet information-sharing needs: Publicly supported community health information exchanges versus health systems' enterprise health information exchanges. *Milbank Quarterly*, 94(1), 77–108. <https://doi.org/10.1111/1468-0009.12182>
- [11] Adler-Milstein, J., Holmgren, A. J., & Kralovec, P. (2021). Progress on interoperability: Measuring the exchange and use of electronic health information. *Health Affairs*, 40(10), 1628–1636. <https://doi.org/10.1377/hlthaff.2021.00463>
- [12] Al-Kahtani, N., & Al-Shammari, A. (2022). The impact of electronic health record adoption on healthcare quality in Saudi hospitals: The role of health information management professionals. *Saudi Journal of Health Systems Research*, 2(3), 89–98. <https://doi.org/10.1159/000525612>
- [13] Brunner, J., Chuang, E., Goldzweig, C., Cain, C. L., & Sugar, C. (2017). User-centered design to improve clinical data sharing: Lessons from the VA health information exchange. *Journal of the American Medical Informatics Association*, 24(1), 56–62. <https://doi.org/10.1093/jamia/ocw051>
- [14] Chen, M., Hao, Y., & Cai, Y. (2020). Blockchain in healthcare: Opportunities and challenges for health information management. *Journal of Medical Systems*, 44(5), 102. <https://doi.org/10.1007/s10916-020-01565-3>
- [15] Greenberg, J. O., Barnett, M. L., & Spinks, D. (2018). Improving interoperability in healthcare systems: The role of health information management professionals. *Health Informatics Journal*, 24(3), 310–319. <https://doi.org/10.1177/1460458216678441>
- [16] Holmgren, A. J., Apathy, N. C., & Adler-Milstein, J. (2022). Barriers to interoperability and information blocking: Policy and practice perspectives. *Journal of General Internal Medicine*, 37(5), 1131–1137. <https://doi.org/10.1007/s11606-021-07027-3>
- [17] Kruse, C. S., Stein, A., Thomas, H., & Kaur, H. (2018). The use of electronic health records to support population health: A systematic review of the literature. *Journal of Medical Systems*, 42(11), 214. <https://doi.org/10.1007/s10916-018-1087-6>
- [18] Manca, D. P. (2015). Do electronic medical records improve quality of care? *Canadian Family Physician*, 61(10), 846–851. PMID: 26472796
- [19] Rumbold, J. M. M., & Pierscionek, B. K. (2017). The effect of the General Data Protection Regulation on medical research. *Journal of Medical Internet Research*, 19(2), e47. <https://doi.org/10.2196/jmir.7108>
- [20] Wu, C., Islam, N., & Choi, Y. (2023). Enhancing interoperability in digital health: A review of HL7 FHIR

implementation challenges. International Journal of Medical Informatics, 172, 105010.
<https://doi.org/10.1016/j.ijmedinf.2023.105010>
