AHIMA Turns 90

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Examining the Past, Present, and Future of the Association through its Members

By Mary Butler

Etiquette experts abide by a set of rules about what makes for an appropriate wedding anniversary gift. Paper, for example, is advised for one-year anniversaries and cotton for year two. If a marriage is strong enough to last 50 years, it's rewarded with gold. So, one would think that by the time a union reaches 90 years—the longest recorded marriage, according to media reports—the gift recommendation would be composed of the rarest of materials. Not so. A 90th anniversary should be celebrated with granite, according to the experts at Hallmark. This makes a certain sense for 90th anniversaries. Builders like granite because it can bear a lot of weight, it's weather-resistant, and can be buffed to shine. Granite's strength is its diversity and durability—qualities that AHIMA members appreciate as the association celebrates its 90th year.

Rebecca Reynolds, EdD, RHIA, CHPS, a 26-year AHIMA member who was a health information management (HIM) student in the late 1980s and is now a HIM instructor at the University of Tennessee, says that people always tell her they can't believe that AHIMA has been around since the 1920s (1928 to be exact).

"The idea that we've always had this mission of focusing on quality information is pretty phenomenal—that it stood the test of time over so many decades and that we've had formal training and education. That we are passionate about the data no matter what format it's in sets us apart," Reynolds says.

Indeed, AHIMA's survival has rested with its ability to adapt with the times and technology—starting with its name. When it was founded by Grace Whiting Myers in 1928, AHIMA was known as the Association of Record Librarians of North America (ARLNA), which then became the American Association of Medical Record Librarians in 1938, then the American Medical Records Association in 1970. In 1991, the association took its current name, the American Health Information Management Association. Each name change shows the transformation the association and its work/goals have gone through over the last 90 years.

In celebration of that transformational past, present, and future, this article examines AHIMA's life to-date as well as predicts where the next several decades will take the association and the HIM profession—told through the story of AHIMA's most vital resource, its members.

AHIMA Trivia

• Grace Whiting Myers, the association's first president, was born on November 14, 1859 in



Worcester, Massachusetts.

- The first *Journal* cover featured a photo of founder Grace Whiting Myers, and the first article was a reprinting of Myers's first presidential address at the first annual association convention held a few months earlier in October 1929.
- In the 1930s, active and associate members of what is now AHIMA paid a \$2 entrance fee and \$3 in dues.
- There are more than 100 regional or local HIM associations. These are separate entities, affiliated with AHIMA's component state associations (CSAs). New York state has the most local associations.

• Only two men have served as president of AHIMA: Robert Zappacosta in 1979 and Bryon Pickard in 2007.

- AHIMA's longest book is the ICD-10-PCS Code Book, 2018 edition, which clocks in at 1,452 pages.
- The AHIMA logo's Pantone Matching System (PMS) colors are PMS 7462 (blue) and PMS 201 (red).



Early Years

Although AHIMA as it's known today wasn't officially founded until 1928, medical record librarians had been meeting to share ideas well before the 1920s. The association's beginnings can be traced to a meeting of the American College of Surgeons—a Chicago, IL-based medical society that put an emphasis on medical record accuracy early on.

Daniel Land, RHIA, CCS, director of revenue integrity and compliance review services at MedPartners and an AHIMA member since 1996, has done extensive research on Grace Whiting Myers and the history of AHIMA. According to Land, Myers was encouraged by a physician in the hospital where she was a medical librarian to get together with other Boston, MA-area medical librarians to share ideas and troubleshoot shared concerns. This group first met in 1912. At the time, Myers was working at Massachusetts General Hospital, where she had seven medical record clerks that reported directly to her. Land says that prior to forming the group that would become AHIMA, Myers was highly interested in recordkeeping practices in other hospitals in the United States and abroad. On a trip to London in 1904, she made a point to stop at St. Thomas' Hospital to see how they kept their clinical records.

There were other early medical librarians like Myers who longed for more information about how their counterparts across the country were solving problems in their field. Enna C. Black discussed this in a presentation at the Midwest Hospital Association meeting in April 1948.

"At first there were very few with training to take charge of the records, and so the record librarians, or record clerks as they were then called, simply grew as best they could... The lack of contact with other record clerks was a serious handicap to all of us," Black says. "We had no one in the hospital and, in fact, no one in the community with whom to discuss record room problems. Our reference books were the medical dictionary, the nomenclature [book], Gray's Anatomy, the available medical journals, and a brief course outlined by the American College of Surgeons... There was no standard curriculum and no organized supervision. The training was more in the nature of an apprenticeship." $\frac{3}{2}$

It's hard to know how medical record clerks and librarians were seen by their clinical colleagues in the hospitals of the time. But Land thinks the best way to answer this question is to look at how physicians encouraged Myers to start a formal group and improve record keeping processes. A doctor from Harvard as well as the physician head of the American College of Surgeons recognized Myers's innate intelligence—and the wisdom behind her goal of accurate, accessible, and organized health information.

"So I believe that the medical records librarians of her day were more than likely viewed through that librarian lens—as being intelligent and a resource, but I doubt they were viewed as a dynamic piece of the healthcare equation," Land says.

HIM Meets the Digital Age

By 1932, ARLNA had undertaken the creation of credentials for medical librarians and clerks, and required hospitals providing training to submit course curricula to the association. ⁴ By the 1950s, college students like Carol Lewis, MPH, RHIA, were offered the ability to enroll in college-level health information programs, which Lewis did after it became clear pre-med wasn't for her. "I think it was divine intervention because I found a career that was more successful and fulfilling than my childhood dream of becoming a doctor," Lewis says.

She became an AHIMA member in 1953. Lewis's career included a number of "firsts." She became an HIM student in the first-ever year of her university's HIM program, and she was the first academically trained medical records professional to be

hired at Larue D. Carter Memorial Hospital, a short-term psychiatric facility in Indianapolis, IN. Prior to hiring Lewis, medical record workers were brought on first as apprentices. As a result of her professional training, she was the first person to implement standardized processes and forms for hospital admissions and discharges.

In a subsequent job at another hospital, Lewis worked under a forward-thinking HIM director who was working on a project to determine whether the International Classification of Diseases could be used for morbidity codes in hospitals rather than the standard nomenclature used at the time.

This hospital was also ahead of its time, according to Lewis, in using medical records to analyze the quality of care delivered there. It was some time before analyzing quality of care became standard operating procedure, Lewis says.

But she was soon traversing the globe as a commissioned officer in the US Public Health Service where she held numerous positions, including the medical record department director at the US Public Service Hospital in Baltimore, MD. From there she worked for the Pan American Health Organization as a consultant in medical records, working in every Spanish speaking country in Central and South America except for Bolivia. In these countries she taught courses such as health statistics and medical records. Lewis, who is now technically retired and in her late 80s, is still an honorary member of AHIMA and continues to travel the world to attend international coding meetings as an observer. While technology has revolutionized the industry, the HIM profession and AHIMA's role in it remains vital, she says.

"I think AHIMA has had an enormous impact, and I think, if not AHIMA then who? I think that it's had tremendous importance in some of their white papers with what they've done in terms of confidentiality," Lewis says.

The challenges current HIM professionals face, such as copy and pasting in electronic health records (EHRs), aren't all that different than mistakes manually entered into a record by transcriptionists who misunderstand a doctor's dictation, Lewis says. Which is to say that every innovation comes with drawbacks, but HIM professionals, guided by AHIMA, have always had to dedicate themselves to accuracy.

Margaret Skurka, MS, RHIA, CCS, FAHIMA, chancellor's professor and professor emeritus, College of Health and Human Services, Department of Health Information Management at Indiana University Northwest, has been an AHIMA member since 1973. Like Lewis, she has seen the advent of EHRs, DRGs, and coding updates in ICD-8, ICD-9, and ICD-10. People who succeed in HIM are quick learners, and must be flexible and adaptable, she says.

"They need to be attitude-free," Skurka says. "If you approach it negatively and resist change, there's not a place for you in HIM. There has been dramatic change, and you have to go with it or get left behind."

Skurka served as AHIMA's board chair and president in 2000. She says AHIMA has done a great job of maturing with the profession. "One thing that hasn't changed is a true sense of volunteerism that comes from our members," Skurka says, adding that Rita Finnegan, another former board chair and CEO of AHIMA, instilled this sense of volunteerism through her leadership. "She said it's not an option, it's an obligation."

Skurka says AHIMA's profile has risen in part due to its increased presence and influence in health policy through its office in Washington, DC—which opened in 1989. She attributes this growth to the leadership of AHIMA member Linda Kloss, RHIA, FAHIMA, who served as AHIMA's CEO from 1995-2010, and as AHIMA's board chair and president in 1984-85.

AHIMA Milestones of the Last 90 Years

- IN 1912, FIVE women serving as medical record clerks in Boston, MA-area hospitals, including AHIMA Founder Grace Whiting Myers, met at Massachusetts General Hospital to study clinical records; they called themselves the Club of Record Clerks.
- The Association of Record Librarians of North America (ARLNA) is founded in 1928; Myers is elected as president.
- Certification starts up at AHIMA in 1933, with the establishment of the Registered Record Librarian (RRL) credential. In 1939, AHIMA—then known as the Association of Medical Record Librarians—first issued credentials for registration for nine schools.

• In 1938, the Association of Medical Record Librarians renamed itself the American Association of Medical Record Librarians. In 1960 association membership reaches nearly 4,500.

- In 1962, the association offered correspondence courses for medical record staff in the pre-internet era. The Foundation of Record Education (FORE), now known as the AHIMA Foundation, was also incorporated in 1962.
- The association experienced its third name change in 1970, switching from the American Association of Medical Record Librarians to the American Medical Record Association (AMRA).
- In 1975, continuing education requirements were first established for Registered Record Administrators (RRAs) and Accredited Record Technicians (ARTs).
- In 1978, membership surpasses 23,000.
- To more effectively interact with the federal government and advocate for their members, AHIMA established its Washington, DC office in 1989.
- AHIMA changed the names of its RRA and ART credentials in 1999, switching to the more descriptive Registered Health Information Administrator (RHIA) and Registered Health Information Technician (RHIT).
- In 2003, AHIMA celebrates its 75th anniversary.
- In 2012, AHIMA membership reaches 65,097 members.
- In 2018, AHIMA membership reaches 79,767.

The Future of AHIMA

Kloss's tenure at AHIMA came during a time of rapid change in health IT and HIM, including the implementation of HIPAA and the beginning of a period that saw healthcare providers rapidly adopt EHRs and participate in health information exchanges. Although she has retired from AHIMA leadership roles, she is still a member, first joining in 1968. Kloss continues to serve on the National Committee on Vital and Health Statistics, an advisory committee to the Secretary of the US Department of Health and Human Services. This helps ensure that the field of HIM has a voice at the highest levels of government and policymaking. She also serves as a consultant, advising providers and senior healthcare leaders on information governance.

Kloss says that when she first began working in HIM, the profession offered a set career path with well-understood standards of practice across the profession. Many who went into the profession aimed toward becoming a HIM director within a traditional HIM department. But technology has accelerated the rate of change in the industry, she says, which now offers a much more diverse path forward in a variety of HIM roles and healthcare areas.

Reynolds, from the University of Tennessee, notes that for many years HIM professionals have been planning for the era of "HIM without walls." Now that era has arrived and HIM professionals have been dispersed even more widely to all corners of healthcare. Their primary mission, however, has stayed the same—maintain data integrity. This is evident, Reynolds says, from the types of jobs new HIM graduates are finding. "We're seeing a greater demand for graduates that have those data analytics skills," Reynolds says.

Over the last several years AHIMA has been working on a strategy to help HIM professionals and educators better prepare for a future in which reimbursement is driven by quality and decisions are made on longitudinal data. The result of this work is "HIM Reimagined," a framework for advancing the profession through an emphasis on higher education levels, curriculum changes that include a focus on data analytics and informatics, and specialization through credentialing.

Kloss says she is confident that HIM professionals of the future will need to be fluent in the language of data and information governance. "I think the focus will be on data and content management, including data integrity management, and the full range of stewardship of information across not only healthcare enterprises, but across communities because of information exchange," Kloss says.

In studying AHIMA's founding and in reading Myers's autobiography, Land says he's most inspired by Myers's creativity, whether she was supervising the clerks that worked under her at Massachusetts General, or devising home-grown systems to better categorize diseases.

Future HIM leaders would do well to cultivate their creativity to help the profession survive the inevitable technology shifts. Equally important is remembering who HIM professionals serve. "AHIMA has always viewed the patient as the important one in the healthcare equation, therefore AHIMA has always championed the patient's story," Land says. "Those who are credentialed by our organization must serve as guardians of the patient story."

That's a legacy you can carve in granite.

Historical AHIMA Photos of Note



This 1952 photograph of the First International Congress on Medical Records, in London, England, is from the very first meeting of what is currently known as the International Federation of Health Information Management Associations (IFHIMA). AHIMA is a long-time supporter of IFHIMA.



The Chicago, IL staff of the American Medical Record Association (AMRA) poses for a photo in the 1980s. AMRA changed its name to AHIMA in 1991.



The seminal textbook Manual for *Medical Records Librarians*, written by Edna K. Huffman, had its first edition published in 1941. Huffman was later named the editor of the *Journal of AAMRL* and was the association's sixth president.



AMRA outgrew its home in the American Dental Association building on Chicago's Michigan Avenue in 1970, and the decision was made to move its headquarters to the John Hancock Center at the end of 1970. When the building was completed in 1968, the Hancock Center was the second tallest building in the world, and the tallest outside of New York City.



This undated photo shows a hospital medical records department in the 1960s.



Claire Dixon-Lee, PhD, RHIA, CPH, FAHIMA, (center) a former AHIMA president and CEO of the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM), looks on as HIM professionals perform coding and clinical documentation improvement on patient floors at a hospital in Elgin, IL, in 1998.

Notes

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