

Adapt or Disappear: AHIMA's Reality 2016 has a New Mission to Transform the HIM Workforce through Education—or Else

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By Mary Butler

For the dinosaurs it was a giant meteor. For fax machines it was the invention of e-mail. And for HIM professionals who don't adapt to new workforce needs, the paradigm shift that rocks their work roles will be electronic health records (EHRs).

While this may sound alarmist, HIM profession leaders feel the industry has reached a point where loud sirens are necessary to ensure individuals take notice. The EHR has drastically changed healthcare and the HIM profession—in some ways for the better, in some ways for the worse. While the EHR hasn't changed the need or demand for HIM professionals' skills, it has drastically changed the way those skills are applied and has accelerated the need for professionals to add new electronic-based abilities.

Along with the warning alarm is a message of hope. It isn't too late. There is still time for HIM professionals to adapt to the new healthcare environment and prosper in its opportunities. But a failure to adapt, HIM leaders warn, could lead to obsolescence, or at least provide an opportunity for non-HIM professionals to move into traditional and emerging HIM roles and take their place.

The healthcare landscape is changing so dramatically and so quickly that a sense of urgency has hastened health information management (HIM) leaders to examine ways to keep the profession from dipping below the horizon. The rapid adoption of EHRs, the transition to the ICD-10-CM/PCS code set, and intense focus on information and data governance all demand an upgrade of skills across the HIM spectrum.

As Stephanie Drake, MBA, CHHR, chief talent officer at the American Osteopathic Association puts it, HIM professionals must realize and embrace that they are the healthcare industry's gatekeepers. They hold the keys to change and progress.

"Whether it's the coding, which is how everyone gets paid, or being in charge of all of the records, whether it's employee records or patient records—that's huge," Drake says. "If you're sitting there thinking 'I'm going to sit here coding for the rest of my career,' there's no long-term plan on that. You need to think 'what else can I do, what more can I do, how can I be more impactful?'"

Years ago AHIMA anticipated this change and addressed it with Reality 2016, a proposed plan for future HIM education and the new workforce it creates developed by the AHIMA Foundation's Council for Excellence in Education (CEE). Based on the CEE's original 2007 change planning document "[Vision 2016: A Blueprint for Quality Education in HIM](#)," Reality 2016 sets forth a specific strategy for HIM students and educators and seeks to transform the HIM workforce by promoting the development of higher education levels, like master's and doctorate degree programs, thus ensuring HIM doesn't get left behind while the rest of the healthcare industry advances. Reality 2016, which was released in 2012, is currently in the process of being updated and streamlined.

While Reality 2016 addresses the evolution of the workforce, it will take "boots on the ground" work from HIM professionals to make its recommendations a reality. HIM professional buy-in is necessary to change the industry, meaning the AHIMA Foundation and its CEE must convince students and the HIM workforce of just why advanced degrees are needed, what could happen if educational changes aren't made, and explain the growth of opportunities for HIM professionals who do step up to the change challenge. While some in the industry have been slow to change, others aren't waiting. Various healthcare systems have taken the evolution of HIM into their own hands.

Now or Never for HIM Workforce Change

There's a general feeling among many HIM leaders that the HIM workforce needs to advance its skills to stay on pace with other professionals in the allied healthcare field. For example, nurses, pharmacists, and physical therapists all are elevating their minimum educational requirements, says Ellen Shakespeare Karl, MBA, RHIA, CHDA, FAHIMA, academic director at the City University of New York's HIM program. Shakespeare Karl, who chairs the CEE, worries that nurses with bachelor's and master's degrees could out-muscle HIM professionals for traditional and future HIM jobs, such as clinical documentation specialists, informatics roles, and management positions.

"I think that there's a little bit of loss of respect there from those others in the allied health professions and medical fields," she says. "If we're [HIM professionals] not up there on the same educational footing, we might be left behind."

Lisa Rae Roper, MS, MHA, CCS-P, CPC-I, an adjunct HIM instructor, CEO of Roper Healthcare Consulting, and a CEE member, says that jobs typically filled by HIM professionals are growing in scope and depth.

"We are no longer just put in as coders or health information people, we're being put in as the business arm for data management, data governance, Big Data repository," Roper says. "So the skill set needs to match what we're being asked to do in those hospital systems. And it needs to change now because the business of medicine is changing now."

The key to that change is the pursuit of higher level education with a focus on imparting electronic-based skills. To this end, Reality 2016 has proposed four priority areas:

- Encourage HIM professionals to obtain master's level degrees
- Enhance opportunities for individuals with associate degrees through specialized tracks
- Invest in faculty development in research, EHR management, data integrity, and data governance
- Increase the number of graduate-prepared HIM professionals by creating eligible pathways for doctoral- or master's-prepared individuals, including proposed post-graduate certificates

The thought is associate-level degrees will not likely provide enough training to HIM professionals for them to take on new and emerging healthcare roles, such as data analytics positions and enterprise content management and information governance roles.

Roper and Shakespeare Karl say CEE members are looking at ways to bring more technical knowledge into various HIM curricula that will give students more business acumen, statistical and analytical skills, and awareness of accounting and finance. The committee has discussed the possibility of creating an information governance certification, or adding information governance courses to HIM curricula, to help align with AHIMA's goal of taking an industry lead on information governance.

Shakespeare Karl says information governance initiatives would be best led by individuals with an HIM degree, especially as HIM departments are becoming decentralized in large hospitals and health systems. HIM professionals, according to Shakespeare Karl and others, have a better grasp on the IT concerns of information governance than other allied health professionals. They understand privacy and security issues inherent in health information, and they are well equipped to communicate with clinical and financial/business personnel. But more importantly, they can interpret and analyze data.

Soon, she says, it will take someone with HIM skills to maintain the integrity of the overwhelming and growing electronic data and information being generated—sometimes from an enterprise-wide level.

"We have to take a huge lead in that area. The HIM department that we used to know in a hospital is going away. It's becoming the HIM department without walls," Shakespeare Karl says. "So I just think if we can be at the forefront of information governance, that would be a great place for us to be. A lot of the other things that fall under that will still be in our purview."

What is the CEE?

The AHIMA Foundation's Council for Excellence in Education (CEE) is a 12-member group of HIM stakeholders, including educators, practitioners, and industry consultants, seeking to guide the HIM community through improvements in education, coursework, and curricula of associate, baccalaureate, and graduate and doctoral programs.

Additionally, the CEE advises the academic community on making curriculum improvements and works with the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM), an independent accrediting organization. The CEE's input helped define key priorities of Reality 2016, such as encouraging master's degrees and adding specialization tracks to associate and doctoral degree programs.

In 2013, the CEE helped rebuild a new Curriculum Map that HIM educators could use to link cutting-edge HIM skills with updated educational programs. This change heightened the technical level of recommended HIM programs with the hope that by changing education, students would have the additional HIM skills necessary to work in emerging roles like informatics, data analytics, and other health IT-oriented positions.

The group also provided input on AHIMA's HIM Career Map, an online tool that HIM students and professionals can use to explore the education and background experience necessary to advance in their field.

Job Growth Shows Promise

With the healthcare industry making a rapid shift to more technology-focused HIM jobs, Drake says that recruiters will be looking for candidates with more education since this helps ensure their longevity in an organization. She says that having a master's degree—whether it's an MBA, in another technology-related field, or HIM—helps individuals demonstrate to potential and current employers that they are dedicated to learning more. AHIMA has focused on this life-long learning approach for many years by requiring annual CEUs and promoting advanced credentials such as the CDIP, CHPS, and CHPA.

“Yes, hands-on experience is key as well, but you need to understand the theory behind things in order to make better business decisions. So that's why it's so important,” Drake says.

And recent job reports show that healthcare jobs with a technology focus are in increasing demand. A report from Boston, MA-based consulting firm Burning Glass released in summer 2013 found that postings for health informatics jobs have increased 10 times faster than healthcare jobs overall. For the purposes of the report, health informatics positions included jobs that involved the collection, handling, and processing of clinical information—from billing to quality assurance roles, according to the report.

According to a *Healthcare IT News* analysis of the report, emerging jobs in the sector are requiring more advanced clinical and technical knowledge due partially to the growth of Big Data—or the ability to take the mass, unorganized swath of electronic information generated by a single healthcare organization or the industry at large and distill it down into health intelligence and information that improves processes and care. It also noted a decline in jobs for medical record clerks (roles that require less training and education) and an increase in jobs for specialized coding and positions requiring higher certifications.

Roper says that while she thinks and hopes the HIM curricula changes that the CEE is working on will address the need for higher technology requirements in the job market, current HIM practitioners and aspiring HIM professionals need to do self-inventories of their skill sets.

“Are they missing something in that skill set—like they didn't take an advanced statistics course or advanced computer programming classes?” Roper says.

This is something Roper does herself every six months, and recommends others do the same. “I do a six-month job analysis and [look at] my own internal skills, and I see where am I lacking something and I seek it out and go get training. And once a

year I sit down and do an evaluation, so that I can talk to my employers and those I contract work with, or [individuals] I sit on the CEE committee with, and I ask people externally, ‘Do you see in my skill sets something that needs to change, and what would you change so that I’m relevant?’” Roper explains.

HIM professionals can improve their value within an organization by periodically updating their skills and education, Drake says. “Specifically with HIM, it’s all around technology. And if you understand the data you oversee and the power of that data, and how you can help organizations make better patient decisions, business decisions, that’s the key to really looking at your career moving forward,” she says.

HIM Moving from the Horse and Buggy to the Automobile

The health information profession has moved from the horse and buggy to the automobile, and now no one knows the rules of the road. This analogy helps describe how EHRs have radically transformed healthcare and health information management, and also shows how lost the industry is due to EHRs. All of the tried and tested HIM practices of the past don’t always fit in with EHRs, and it has led to health records at times becoming less accurate, less private, and underutilized (i.e., copy/paste fraud issues, data breaches, data errors leading to health IT hazards).

This change has led to the need for strict information governance practices and initiatives—a role that could be taken on by HIM professionals. The transition of the HIM profession into an information governance role is part of the new focus of AHIMA’s Reality 2016 mission. HIM principles, practices, and standards are in high demand, but many in the workforce don’t currently have the right skills to take on the job. Some HIM professionals have remained, to expand on the above analogy, horse tenders who now suddenly have to become auto mechanics. To do this, they will need to become educated in the new HIM skills and obtain higher-education training to thrive in the new electronic environment.

The health information management and technology workforce is rapidly changing, and HIM professionals need new skills to ensure they land the emerging data analytics, information governance, and informatics-based job roles of the near future, AHIMA officials have warned. Reality 2016—the education and industry roadmap developed by AHIMA with the goal to move HIM into the next stage of the profession—is being revamped with a new mission to transform the health information workforce into a graduate-level profession. It is a push to increase the education level of HIM professionals so they can transition into new workforce roles and become the leaders of health information governance in healthcare organizations. After all, if HIM professionals don’t start learning about new systems, somebody else will come along and take their place as the digital custodian of the health record.

Coders Get a Makeover

While HIM educators, practitioners, and recruiters all agree that HIM professionals should constantly be updating their skills and getting more training, it’s universally acknowledged that doing so often is easier said than done. It can be difficult financially for individuals to finance more schooling for themselves, and with hospitals and other providers already stretched they can’t always provide tuition reimbursement.

This makes what the University of Miami Health System is doing, with its roughly 120 coders, all the more remarkable. The university recognized that the ICD-10 transition, with its technology upgrades and integration with multiple EHR systems, would require huge modifications for its coding workforce.

Additionally, the Florida-based system was determined to do two things: attract more coding talent for an anticipated increase in coding activity, and increase engagement among existing coders and give them more opportunities for advancement in their coding careers.

To do this, Loren Blandon, MS, manager of leadership development at the University of Miami’s office of workforce engagement and development, joined forces with colleague Rachel Vital, MS, the manager of professional development, health

Blandon and Vital worked with subject matter experts to reclassify all of the health system's coders. Prior to their project, coders fell into three different buckets—coder, senior coder, and coding manager. However, after completing an analysis of those job descriptions and duties, Blandon and Vital realized the classifications didn't accurately capture the reality of the coding world within the organization. The next step involved reclassifying and changing coder job titles to better reflect a coder's responsibilities, educational requirements, duties, and competencies.

The culmination of this work was the creation of Career Path, an online tool modeled after AHIMA's Career Map, which the health system's coders could use to determine what new skills, certifications, and training they would need if they wanted to advance their job role in the organization.

For example, if an inpatient coder is interested in becoming an outpatient coder, the online Career Path lets them click around a subway-style map that shows them what additional skills and training they need to make the transition.

“And there's cross-functional movement for someone who wants to increase their level of expertise in coding but not necessarily manage folks—they could still grow as an expert in coding as opposed to being a people manager,” Blandon explains.

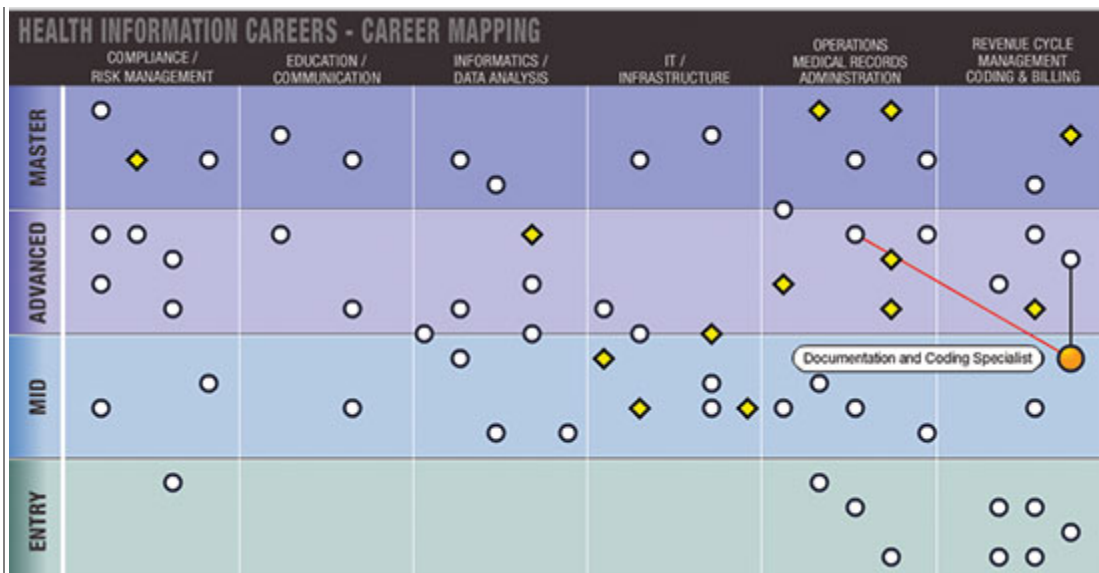
“We're supporting folks to grow an entire career at the university starting from the minute they leave a coding program with no experience, all the way through potential management roles,” Blandon adds. “We really want to not just retain our employees but foster a culture of internal mobility—getting people to be successful here and not want to leave.”

A paradox that plagues the coding industry was also addressed by Blandon and Vital—even some entry-level coding jobs require previous experience, but it's hard to get experience in coding once an individual has just completed the certification process. Their answer was to create a one-year coding apprenticeship program.

The goal of the apprenticeship program, according to Vital, is to build a pathway for people who say “I just graduated from school, I want to go into the medical coding field, but I don't have experience.”

Career Map Plots Growth for HIM Professionals

AHIMA's Career Map is an online interactive and visual representation of job titles and roles that span the entire HIM field. The map, which inspired ICD-10 training planners at the University of Miami Health System to create one of their own, features 54 current HIM roles and 13 emerging roles. The Career Map contains detailed information such as job descriptions, salary estimates, and required experience. Individuals can view how to get from their current position to a more advanced position using the map, which plots various career paths from point A to point B—and gives advice on how to reach the destination. Access the Career Map at <http://hicareers.com/careermap/>.



Source: AHIMA. “Career Map.” Health Information Careers. <http://hicareers.com/careemap/>.

Obtaining Hard and Soft Skills Important

HIM educators and recruiters agree that in addition to having strong technical skills and business acumen, HIM professionals should also be able to demonstrate soft skills, such as critical thinking, traditional “people” skills, and the ability to communicate clearly and effectively. These skills can be obtained on the job or in the classroom, but they are crucial in career growth.

Medical schools have started to work some of these skills into their curriculum, Drake says, so that physicians can improve their management skills and communication with nurses and patients. Likewise, she says coders should feel comfortable approaching physicians with coding questions—though for some this can be intimidating.

Blandon and Vital have incorporated soft skills into their coder development program for this reason as well, hoping to improve workforce engagement. “We offer free of charge to all university employees a ton of formal training courses and online modules and a ton of soft skills, from how to get your team ready for change, how to build a culture, how to communicate better, you name it we offer it,” Blandon says.

It can be more difficult to find new HIM recruits with the necessary soft skills, Roper says, than it is to find candidates with the right technical skills. She says that when she’s interviewing potential job candidates, 99 percent of them have the necessary hard skills—they’re proficient with a computer, know how to create a spreadsheet, and can grasp data governance principles. But it’s the soft skills such as maintaining eye contact, being present in the moment, and communicating clearly that most often needs work, Roper says.

“They need to understand healthcare as a business entity, and they need to understand that we are a business. Healthcare is a business of taking care of people,” Roper says.

Qualified Teacher Shortages Produce Higher Ed Headaches

An ongoing concern among university-level HIM educators is recruiting other seasoned HIM professionals to join their ranks. As the need grows for HIM professionals to achieve higher levels of education, so too does the demand for people with advanced degrees to teach those advanced levels.

This issue has been noted in all versions of the Reality 2016 report, with sections encouraging individuals in the HIM field to go back to school, get higher-ed degrees, and then return as instructors to pass along this knowledge and grow the education level of the HIM industry.

Drake says this is an issue bedeviling many industries, not just HIM. “Maybe we should encourage our leaders to take adjunct positions and learn more,” Drake says. “You’ll probably learn more from somebody who’s been in the field and hands on with everything from coding, to data storage, data mining, and analytics.”

But being an adjunct professor can be a difficult career path for long-time HIM professionals due to the dramatic pay gap between teaching and working in a healthcare system. Roper, an adjunct instructor herself, says she does it for the love of HIM and not the paycheck.

“I basically do it because I love doing it. There is really not a financial incentive for me to be an adjunct,” Roper says. “If someone doesn’t love to teach and they don’t have a passion for it, I’m afraid the industry doesn’t, right now, recognize a lot of those adjunct instructors.”

She adds that unless someone is in the university system or is moving to a tenured position, “it’s really difficult for an advanced HIM person to leave a directorship or a management position in a hospital or clinical situation and go into academia.”

Shakespeare Karl, the academic director at the City University of New York’s HIM program, finds herself frequently recruiting new professors as well as new students. “It’s very difficult because the salaries in education just aren’t what they are if you’re working out in the field as a practitioner,” Shakespeare Karl says. “Adjuncts really do not make a lot per course that they teach. It’s very hard to find full-time faculty in the health sciences.”

She says adjuncts can supplement their incomes with consulting, doing research and writing book chapters and articles, as well as take on other related part-time positions. “The thing about being an educator is that it’s not a 9-to-5 job, Monday through Friday. I have a lot of flexibility,” she notes.

If HIM professionals can adapt to the new electronic healthcare landscape, they will likely thrive. But those who don’t change, HIM experts warn, are expected to be left behind by the fast-paced evolution of healthcare IT.

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