

Blueprint for the New Millennium

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This is the final *Journal of AHIMA* issue of the 20th century! That a year can pass so quickly marks not just the passing of time, but the significance of how much we can pack into 365 days. It reflects how much knowledge we acquire and how many activities we take on, results we reap, events we experience, and the inherent changes that come with them.

As we wait for the clock to strike midnight on December 31, 1999, you may not be thinking about AHIMA, but I will be. It will signify the end of my year as president. But it does not mean the end of change. The groundwork prepared by the volunteer Organizational Structure Task Force of 1998-99 has blended with that of the AHIMA Board of Directors and its strategy team to become the Project Steering Committee for Organizational Development. During the next two years, you will hear about their incremental steps to craft a professional association that is poised to meet your membership needs and have a greater impact on the healthcare industry as we enter the 21st century.

New Expeditions

It is predicted that technology will fundamentally realign the component pieces of everything HIM professionals do. I accept this prediction and encourage each of you to join AHIMA on several "expeditions." Let the Association take you in directions you have never gone before. As you do this, remember that those early "medical record librarians" signed up with a fledgling group of colleagues in 1928 to begin an expedition that sought improvements in capturing and documenting patient information—with the ultimate aim of better patient care. We have not, nor should we ever, lose sight of this early, fundamental mission.

Those who study the development and management of associations suggest that tomorrow's association will be a fusion of products, services, and experiences. This will include non-stop interactivity with gateways that lead to more resources and services. Tomorrow's professional association will incorporate key characteristics: learning, discovery, books and journals, trade shows and professional meetings, shared best practices, databases, and support services.¹ This may look like a current blueprint of AHIMA, but the delivery and support of these characteristics hinge on a fluid restructure, complete with an underlying technological infrastructure and rapid prototypes. This means new ways to communicate with each other. Expect information to help you solve problems, stay ahead of new standards, practices, and rules, and lead effectively in your unique work environment. AHIMA members can also look forward to new "practice communities," in which you can link to colleagues who work in similar settings or are interested in specific topics. Into 2000, you will have opportunities to dialogue on this concept, test it, and help AHIMA determine the best strategies to deliver professional support to you.

As Andy Grove, chairman of Intel, put it: "You have to commit yourself to major change, because anything less will condemn your efforts to failure. You have to take action; you can't hedge. Your trajectory has to go from experimentation to total commitment."² I am urging you to commit to change. Obviously, we face perpetual changes in our workplace and within the healthcare industry—although healthcare has been admonished for not changing fast enough. We also know that there is virtue in remembering "the way things used to be." We are sometimes encouraged to change our thinking or try a new practice procedure. Few people like the disruption, the learning curve, and the disorientation. But isn't the feeling of accomplishment satisfying? Isn't it interesting that children and young adults love discovery and change? Where do we lose that ability to adapt quickly? Sometimes we try new things, only to return to the old way. However, our expeditions into new territory usually bring us back with a new twist.

Grove also said, "when you make a big change, things won't go smoothly." Perhaps that's the part adults learn to loathe. We develop patterns that make us happy, strong, and confident. The disruption of these patterns makes us uneasy and less confident. Leaders of early expeditions across the new world in the 17th and 18th centuries realized this and learned to guide their exploration teams by motivating their individual needs for adventure and their collective psyche, while reassuring them of their safety and ultimate rewards. We know through history that there are no guarantees of successful outcomes, nor are any rewards gained when no action is taken. There are always lessons to be learned and new directions to be taken.

Sitting back is not an option. The healthcare industry needs the unique and varied expertise we demonstrate. We are all stakeholders in the growth of AHIMA as a national association of health information professionals. We have the potential for numerous alliances and collaborative possibilities with other industry organizations that can enhance our abilities, strengthen our roles, and enable us to collectively seek improvements in information management. In addition, we have competitors in a variety of practice arenas and competition for our valuable time. AHIMA needs to find new ways to tap your wisdom and your contributions in such a way so as to be rewarding yet not unwieldy. Finally, it is imperative that we focus efforts to better equip the next generation of health information professionals to embrace technology and find new roles in the healthcare industry.

One thing is certain—healthcare delivery will continue in the 21st century. Will AHIMA and its 40,000 members find an enhanced or diminished role in health information management? The turn of a century is a great time to look back and reflect, but an even better time to move forward.

Notes

1. Norris, Donald M. "AHIMA Expeditionary Strategy and Product Development." Lewis and Clark Cooperative: August 12, 1999.
2. Grove, Andy. "Grove Advises Keeping an Eye on Big Picture." *USA Today* (April 28, 1999): 7B.

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