

Bridging the HIM Present and Future

Save to myBoK

By Lynne Thomas Gordon, MBA, RHIA, FACHE, CAE, FAHIMA, chief executive officer

“What does the future of HIM look like?” We have been asking this question as long as our association has existed. In recent memory, our work to answer this question unfolds from “Vision 2006” to “Reality 2016.” The latest iteration is “[HIM Reimagined](#),” a report developed by educators and practitioners in conjunction with the Council for Excellence in Education.

“HIM Reimagined” presents a vision of the profession based on observed changes in the workforce, education trends, and the healthcare environment in general. It makes four core recommendations for ways the HIM profession and HIM education must change.

“The future success of the HIM profession will depend on how responsive the profession can be with regard to changes in the delivery of healthcare and the ability to respond to the 4 Ps of medicine: preventative, personalized, predictive, and participatory,” the authors write.^{[1](#)}

The report was circulated to members in draft form this summer and a final version is expected to be published by early 2017. It’s important because “reimagining” is a critical step in our ongoing evolution. I encourage you to read the report and recommendations, available online at www.ahima.org/himr, and discuss them with your colleagues.

One Eye on the Future

More than ever, environmental changes, new technology, and the increasing movement from inpatient to outpatient care are placing the importance of accurate information for decision making and reimbursement in the spotlight. That’s great news and visibility for HIM and the importance of the work we do.

At the same time, the rapid pace of change should serve as a sign that we must do our jobs with an eye to what our work might become in the future, be it clinical documentation improvement (CDI), analytics, or something else. We must update our skills so we can better turn data into knowledge.

Along these lines, for the first time the *Journal of AHIMA* is focusing on outpatient and physician coding.

This month’s articles address the breadth of the issues outpatient and physician coding professionals face. In our cover story, “[Don’t Leave Money on the Table](#),” Mary Butler explores strategies physician coding professionals should use to ensure they meet value-based and quality-based measures, as well as how to improve documentation and work with physicians to ensure money is not being left on the table.

Kelly Whittle discusses best practices in leveraging computer-assisted coding technology for clinical documentation improvement teams in “[Winning the Coding Trifecta](#).” Susan Carey and Sally Beahan call on the industry to stop relying on print-outs of electronic records in “[Pain at the Printer](#).” And Barry Herrin offers an attorney’s view on common release of information misunderstandings and pitfalls in “[Release of Information: When to Call a Healthcare Compliance Attorney](#).”

If you are a coding professional—in the inpatient, outpatient, physician office, or other setting—we welcome you and want you to have a professional home at AHIMA. We can learn from, and help, each other as we continue to imagine the future.

Note

^[1] AHIMA and Haugen Consulting Group. “HIM Reimagined.” Draft report, July 2016. www.ahima.org/himr.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.