

# Education Accreditation Gets Streamlined

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by Susan Wallace, MEd, RHIA

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*Healthcare organization accreditation is a fact of life. But did you know that HIM educational programs get accredited, too? Here's how the educational accreditation process is streamlining with the times.*

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HIM professionals are well aware of the process of accreditation as it refers to a healthcare organization's periodic quality review by an outside body. But you may not be aware that HIM educational programs also undergo similar accreditation processes—with standards set by AHIMA members.

Like everything else in the rapidly changing healthcare climate, the educational accreditation process continues to evolve. In 1999, it took a step forward with a dramatic redesign. The result, members of AHIMA's Council on Accreditation (COA) believe, is a streamlined and more cost-effective process. By extension, a better accreditation process means improved educational programs that will better provide education to future HIM practitioners.

The improved accreditation process relies on elements familiar to many HIM professionals—including benchmarking, self-evaluation, and on-the-job experience. Here's how it works.

## Seeking to Streamline

AHIMA's COA, a volunteer group of HIM educators and practitioners, establishes, maintains, and promotes appropriate standards of quality for health information administration (HIA) and health information technician (HIT) programs. It also provides recognition for educational programs that meet or exceed the minimum standards. In addition, the COA makes recommendations regarding the accreditation status of educational programs to the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

Graduates of accredited programs are eligible to sit for the appropriate certification exam to become either a Registered Health Information Technician (RHIT) or a Registered Health Information Administrator (RHIA).

Generally, educational programs are accredited for a period of one to eight years. Historically, all programs have been required to produce extensive documentation—a "self-study document"—prior to initial accreditation and before each re-survey. As part of this process, AHIMA staff, two members of the COA, and surveyors review the document, and one or two surveyors conduct a two-day visit to the campus. Site visits generally cost institutions from \$2,000 to \$3,000, in addition to the time spent preparing required documentation.

Like other organizations, accrediting agencies have been encouraged to streamline accreditation processes, enhancing efficiency and minimizing waste as well as cutting costs. In response to these issues, the COA took a critical look at its accreditation processes. The result: a new process.

## A New Process: Report of Current Status

The COA felt that its current processes—including self-study documents and expensive site visits—were not amenable to a philosophy of continued self-improvement. In 1997, the group developed a new accreditation model.

That model became a reality in 1998, when 10 percent of accredited programs took part in a pilot test of a "report of current status." The report focuses on monitoring benchmarks that are indicative of quality education programs. They include:

- program stability
- certification examination outcomes
- program goals and standards
- self-evaluation and action for improvement
- curriculum currency
- employability of graduates

If a program's report of current status is favorable, the program is not required to undergo an on-site survey. However, if questions remain following review of the report, the COA can still request a complete self-study document and on-site visit. This ensures that unfavorable decisions are not made without a more detailed investigation.

Programs that apply for initial accreditation and programs on probation will still need to complete a self-study document and on-site survey. But the majority of AHIMA's nearly 250 programs are eligible for review under the new process.

Based on results from the pilot study, program directors should anticipate spending 20-25 hours compiling the new report, which includes a brief, two-page profile of the program and its students. Programs are also asked to gather copies of documents that should be readily available. These include:

- budgets for the last two years
- new learning resources in the last two years
- number and types of hardware and software used for students
- current goals and standards of the program
- current synopsis of the curriculum
- curriculum changes in the last two years
- syllabi for professional content courses
- professional activities of faculty in the last two years
- credentialing exam results for the last two years
- graduate placement for the last two years
- current college catalog

The narrative section of the report includes:

- key questions related to the program's self-evaluation plan
- program accomplishments relative to the model curriculum and implementation of the most recent domains, subdomains, and tasks (entry-level competencies for new HIA and HIT graduates)
- professional practice activities
- any other aspects of the program that program officials and faculty feel reflect on its current status

Accredited programs that do not require on-site visits will see substantial cost savings. The fee for the report of current status is \$250, compared to \$2,000 to \$3,000 for an on-site visit. Despite the fact that many well-established programs will complete the new report more frequently (every three years rather than eight years) they, too, will save both time and money. With many programs operating on modest budgets, this should be a welcome change. (Annual accreditation fees from AHIMA and CAAHEP will continue to apply.)

Historically, during an eight-year accreditation cycle, required competencies for new graduates and even accreditation standards themselves have gone through multiple changes. The new report focuses on the currency of the program, including its ability to adapt to a changing profession. The COA hopes that this new review process will ensure that HIM educational programs will continuously improve and provide quality education to future HIM practitioners (see "[Overview of the Process](#)," below).

## Looking Within: Program Evaluation, Goals, and Standards

While all standards are important, an educational program's evaluation process, goals, and professional practice experiences are critical components in the process. Recently, the COA has provided further clarification about these components.

A report from the Task Force on Accreditation of Health Professions Education, a group established by the University of California at the San Francisco Center for the Health Professions, states "at its best, accreditation should promote a process of guided self-evaluation and self-improvement. In that sense, the primary value of accreditation lies not in the determinations handed down by accrediting bodies, but in the process of evaluation and program improvement stimulated by peer review."<sup>1</sup>

The COA believes that that HIM educational programs should undergo frequent and consistent program evaluations. These evaluations begin with a plan delineated in terms of the goals and standards of the program.

A "goal" is defined as an outcome reflective of its productivity and excellence. The COA expects program officials to identify student-centered, faculty-centered, and program-centered goals. Once each goal is set, it should have a measurable level of success which achieves or surpasses a standard.

Goals and standards form the basis for program evaluation. Program officials and faculty should compare program performance with goals and identify means by which the program can improve performance. Performance improvement activities may include curriculum revisions, student services improvements, and faculty development activities.

## **The Real World: Professional Practice Experiences**

With the 1997 changes in CAAHEP's Standards and Guidelines for Accredited Educational Programs, educators were given more latitude in developing experiences that allow students to apply their knowledge of HIM procedures. These activities may now be included in courses, may be separate courses themselves, or may be composed of modules or assignments at sites off campus. Program faculty must ensure that these experiences are consistent with the program's goals and standards and that they allow students to master entry-level competencies. To clarify characteristics of suitable professional practice experiences, the COA offers these questions:

1. Does the experience closely parallel actual practice in the professional context? Does it require the student to use common HIM procedures to solve common HIM problems? Does it require the student to manage common practice situations?
2. Does the experience provide the student contact with other HIM professionals or the employees whom HIM professionals supervise? Does it help the student develop professional attitudes for interacting in the healthcare field?
3. Does the experience help the student develop and use a professional practice vocabulary? Does it help the student communicate about practice issues in a professional way?

Individual practice experiences need not meet all three of the above characteristics, although no. 1 should be met in every professional practice experience. A particular program should take care to include experiences that involve all three characteristics. Further, experiences should be founded on the competencies developed in the classroom.

## **Looking toward the Future**

In 2000, the COA will implement the report of current status and will address these issues as well:

- pilot testing the master's program approval process
- continuing to streamline efforts and implementation of performance measures to ensure that all COA processes are routinely evaluated
- developing a process, procedures, and implementation plan for candidacy status for new HIM programs
- investigating the feasibility of approving coding programs

AHIMA members are encouraged to share comments or concerns regarding these initiatives by contacting a representative of the council (see "[Current COA Members](#)," below).

The COA will continue to work toward a vision of better HIM education, and it believes that these are steps toward making that vision a reality.

## **Notes**

1. Gelmon, Sherril B., Edward H. O'Neil, James R. Kimmey, and the Task Force on Accreditation of Health Professions Education. *Strategies for Change and Improvements: The Report of the Task Force on Accreditation of Health Professions Education*. San Francisco, CA: Center for the Health Professions, University of California at San Francisco, 1999.

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Commission on Accreditation of Allied Health Education Programs. *Strategic Plan Overview*. Chicago: CAAHEP, 1999.

### *current coa members*

Susan Wallace, MEd, RHIA—  
Chair,  
HIT educator

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Lisa Paige, RHIA  
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Donna Slovensky, PhD, RHIA  
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Valerie Watzlaf, PhD, RHIA  
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Patricia Elliott, MEd, RHIT  
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Robert L. Garrie, MPA, RHIA  
AHIMA staff liaison to COA;  
director, education and accreditation

George Payan  
AHIMA staff, accreditation  
specialist

### *overview of the process*

- Programs will be phased into the report of current status at the end of their current accreditation cycle. This means that while some programs are beginning the new cycle this year, other programs may not be affected until 2006.
- Programs are notified that a report of current status is due. They are given three months to complete the report, with all reports submitted on either November 15 or April 15.
- Program directors submit mailing labels for currently enrolled students and advisory committee members. Subsequently, AHIMA staff mail surveys directly to these groups.
- AHIMA staff receives and reviews the report of current status as well as surveys from students and advisory members. Following this review, the program director may be asked to provide additional information to further clarify a particular area of concern.
- The report and accompanying analysis are forwarded to an AHIMA site surveyor for additional review and insight. They are then forwarded to a pair of COA members for further review.
- The program is placed on the next COA agenda for presentation.
- The program is notified of either:
  1. recommendation to CAAHEP for continuation of accreditation, with the next report of current status due in three years, or
  2. request for on-site visit to be conducted during the following academic year. Current procedures for on-site visits will

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then apply, with accreditation being  
granted for a maximum of two years.

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