

# HIM After Retirement: No Needlepoint for These Retirees, Who are Finding New Ways to Contribute to the Profession ... On Their Own Terms

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By Lisa A. Eramo

When Sherry Doggett decided to retire in 2013 after a 30-year career in HIM, the first thing she did was try to figure out how she was going to spend her time. Doggett, who spent her last year of work as the corporate director of transcription at the University of Cincinnati (UC) Academic Health Center assisting with a year-long electronic health record (EHR) implementation, says it seemed daunting to transition from such an intense project to this new—and slow-paced—chapter of her life.

“Because I was so passionate about my job, I had friends who were worried about me and what I was going to do in retirement,” says Doggett, who also served as the past president of the Association for Healthcare Documentation Integrity (AHDI). “But I think I’ve approached retirement with the same passion I had for my job and the same passion I have as a mother and a wife.”

Doggett, who admits she has few hobbies, looked forward to the idea of volunteering and staying active in the HIM profession on her own terms and at her own pace. “For me, [work] is relaxing. I don’t knit or do needlepoint. I love to cook, but I’m not crafty. Work is my knitting,” she says.

This is an attitude that many HIM retirees adopt as the rapidly changing profession increasingly looks to retirees for their continued help and support on special projects, volunteering opportunities, and in the classroom teaching the next generation.

## Finally Time for Pet Projects

Since retirement, Doggett has found various activities to keep her busy. Last fall, she chaired a 17-member task force with AHIMA and AHDI during which she and others created a toolkit to help organizations monitor clinician-created documentation in the EHR. “It was great to lead this because I could devote a lot of time to it,” she says.

Her experience at UC Health Center played a big role in her involvement with the toolkit. Unlike other transcription departments that report to HIM, Doggett’s department reported to IT. Because of this reporting structure, she was able to involve transcriptionists in all aspects of EHR implementation, including front-end speech recognition training for physicians, patient portal support, application interface support, and quality assurance for clinician-created documentation.

Doggett also serves on an AHDI task force to address best practices for transcriptionist compensation. Other activities include speaking engagements at AHDI regional conferences, serving as communications chair for the northeast region of AHDI, and performing webinars for a dictation and transcription vendor. A longtime AHIMA and AHDI member, Doggett is excited that she gets to stay involved in a profession that she is very passionate about. “The best part is that I can do it now and not worry about my job,” she says. “I can have fun doing it. There’s no pressure.”

## Retirees Reap Benefits of Networking

Susan Pincus, CPC, CPC-I, CHC, also knows the plight of facing retirement after a busy and fulfilling career. “This type of work gets in your blood,” she says. “It’s hard to just stop it. You meet so many people through this profession, and you have this camaraderie.”

Pincus, who worked in coding for 28 years, began her career filing insurance claims for a multi-specialty clinic in Baton Rouge, LA. In just five years, the clinic expanded from 12 physicians in five specialties to 70 physicians in 29 specialties. Pincus taught herself how to code and eventually became certified through the AAPC in 1991.

While working at the clinic in Baton Rouge, she initiated a charge capture program in which physician coders stationed in the hospital setting coded physician services, including surgeries, hospital visits, and consultations. They obtained information directly from the hospital health record while the patient was in the hospital. Pincus eventually moved to Atlanta, GA to work at Emory University Department of Medicine and initiated the same charge capture program there. Later, she helped establish the Office of Compliance Programs at Emory, and most recently served as its director of billing compliance.

When Pincus retired in 2005, she moved to West Palm Beach, FL where she did some auditing and training for several local physician offices. She also got involved with the local chapter of AAPC. It was through these connections that she met an attorney who notified her of an opportunity to serve as an Independent Review Organization (IRO). This led her to come out of retirement and go back to work—but on her own terms. As an IRO, Pincus performed audits of an organization that had been placed under a Corporate Integrity Agreement with the Office of Inspector General.

Pincus also performs webinars and has recorded compliance training sessions. She attributes many of these opportunities to her involvement in AAPC at both the national and local levels. “Because I had so many years in the profession, people call me. I’m very lucky in that respect,” she says.

Although she considered officially retiring before the ICD-10-CM/PCS implementation wave hit the industry, Pincus says she instead decided to make the decision independent of the new coding system. She took some ICD-10 courses and passed a proficiency assessment shortly thereafter. Today, she continues to work with a large consulting company performing coding audits—an opportunity she came across while networking at a regional Health Care Compliance Association conference.

## Teaching After Retirement

Teaching is a common thread among many newly retired HIM professionals. This is exactly the path that Rita Scichilone, MHSA, RHIA, CCS, CCS-P, followed after she retired from AHIMA in 2013 following 14 years of service with the association. Throughout her 40 plus-year career in healthcare-related positions, Scichilone worked in coding and reimbursement, clinical data management, and healthcare compliance and served as a director/manager of HIM for hospitals, an HIM consultant for healthcare organizations, and an adjunct educator.

Most recently, Scichilone served as the senior advisor of global standards at AHIMA, a role in which she expanded AHIMA’s representation in Health Level Seven (HL7), the American Medical Informatics Association (AMIA), the Healthcare Information and Management Systems Society (HIMSS), the World Health Organization (WHO), the International Federation of Health Information Management Associations (IFHIMA), and the International Health Terminology Standards Development Organization (IHTSDO).

“It has been a wonderful profession,” she says. “I never could have dreamed of the places I would travel to or the work I would have done, particularly with AHIMA when it started its global work. It was just a fabulous experience all around.”

When Scichilone retired, she knew she wasn’t ready to leave the profession entirely. Having most recently taught bachelor’s-level HIM courses as an adjunct faculty member at the College of St. Scholastica, she decided she would continue to teach as a way to give back to the profession. She currently teaches a graduate course on medical vocabulary and classification systems at St. Scholastica. Teaching these courses allows her to capitalize on her experiences working with AHIMA to advance the association’s global presence.

“I would encourage people who are still very active and who want to contribute to the profession to teach,” Scichilone says. “There is a significant shortage of people to teach at the baccalaureate level and definitely at the master’s level. We need teachers at all levels.”

In addition to teaching, Scichilone helped the College of St. Scholastica develop a free Massive Open Online Course about SNOMED CT based on IHTSDO’s starter guide. This course, which included more than 1,200 students, took place from April to June 2014. Due to personal matters, she planned to officially retire at the end of 2014. “My husband has been retired for

more than three years. We both want to travel and be more involved with our seven grandchildren,” she says. “The HIM profession is rapidly changing and adapting to new challenges. In my case, now is the time to let someone else do this work.”

## Some Not Ready for Professional Isolation

Although many individuals enjoy the freedom associated with an escape from the daily HIM grind, others find that it can be socially isolating if not well planned.

“I was financially ready at age 65 to retire, but I wasn’t psychologically ready,” says Shirley Eichenwald-Maki, MBA, RHIA, FAHIMA, who spent most of her 40-plus-year career in HIM education, including serving as the director of education and accreditation at AHIMA and subsequently as the first director of the HIM graduate program at the College of St. Scholastica.

Although she retired in 2012, Eichenwald-Maki has continued to serve as an academic advisor for several master’s-level students who are completing their thesis projects on topics such as improving patient portal usage, reevaluating an EHR in a small clinic, establishing a telemedicine framework in a nephrology clinic, and developing a continuity of care program between a small rural hospital and clinic.

These topics appeal to Eichenwald-Maki’s long-time interests in EHRs, health information technology, and data analysis. While at the College of St. Scholastica, she was the project director for an eight-year effort to integrate an electronic health record into the college’s six health professions’ curricula. During this project, she worked with faculty across each of the health sciences programs to teach students in the school’s physical therapy, nursing, occupational therapy, exercise physiology, and health information management programs how to document into the EHR. HIM students learned how to document in and use an EHR in their respective workflows to support decision making, and learned how to build electronic assessment and documentation tools as well as manage data in an electronic environment.

Making the transition to retirement has been a slow process, she says. For Eichenwald-Maki, this process began by serving as a mentor for a younger faculty member. “I decided that I was going to involve her in as many things as possible. This really helped me let go. As I saw her develop, I thought, ‘This place is going to be just fine without me,’” she says. “I’m sure they would have been fine anyway, but I think psychologically I was letting go through my relationship with her.”

Eichenwald-Maki says it’s important to make these connections as one retires. “I think you have to envision how things will be as you depart; knowing you have trust in the people who are left behind to carry on,” she says. She also stays connected with many of her colleagues and students through social media. “I don’t feel isolated from these important people,” she says.

Continuing her membership with AHIMA has allowed her to maintain connections as well. She continues to receive publications, can vote in association elections, and is able to track industry progress.

## Financial Planning Very Important to Sustain Retirement

A financial plan for retirement is just as important as having a social plan, says Nicole Mayer, of RPG-Life Transitions Specialists, a financial planning and wealth management company that assists individuals through various life transitions. Today’s retirees face many challenges when determining the timing of retirement and whether they can afford it, she says.

“Not only are they trying to help their kids, but they’re also helping their aging parents,” says Mayer. “They’re in a tough spot because they have these two generations to help. Figuring out when to quit working is not easy.”

The first step is to work with a financial planner to determine whether you’re on track to retire or whether you need to make changes in terms of investments or savings. Mayer says retirees typically spend 100 percent of their current income during the first seven years of retirement. This amount decreases by 10 percent every few years after that. Although lifestyle expenses may decrease over time, medical expenses actually increase.

“Unknown medical expenses are a big concern,” Mayer says. “Another fear is outliving one’s money. One of the hardest things for people is to not have money going into their account but then constantly taking it out.” Mayer suggests living on a practice retirement budget for three to six months to see how feasible it is. Ask yourself how much money you typically spend

on a Saturday. “Every day during retirement is a Saturday,” she says. “A lot of the time, you’re going to spend the same if not more... especially during those first few months.”

Individuals must think things through and not make a hasty decision out of fear or unhappiness at work, she adds.

## How to Stay Involved After Retirement

There are plenty of opportunities at AHIMA for those who want to stay involved in the profession after retirement, says Carolyn Guyton-Ringbloom, MBA, CAE, senior director of volunteer leadership development at AHIMA. Although some opportunities require specific expertise, many simply require only an active AHIMA membership and an interest in the project.

Consider the following volunteer opportunities:

- **Committees.** Review applications for awards; help plan the next AHIMA convention; assist in maximizing membership engagement; provide oversight for virtual labs and lesson development; work to enhance ethical guidelines; help grow the fellowship program, and more.
- **Practice councils.** Serve in a year-long position on one of the following councils: Clinical terminology and classification; enterprise information management; health information exchange; and privacy and security.
- **Task forces.** Opportunities require a few hours per week or month, depending on the project. Most projects require a three-month commitment that includes conference calls and independent work. Task force topics include consumer engagement, clinical documentation improvement, care coordination, data and information analysis, and standards.
- **AHIMA and AHIMA Foundation Board of Directors.** Terms are three years starting January 1 following the year selected.
- **AHIMA Foundation Council for Excellence in Education work groups.** Guide the academic community, assess and address workforce needs, develop a strategy for building research in HIM and HIT, and more.

Retirees can also work with students, write articles for the *Journal of AHIMA* and AHIMA newsletters, or actively advocate for HIM issues like ICD-10. Guyton-Ringbloom says many retirees take advantage of these and other opportunities at AHIMA. “It’s their way to continue to give back,” she says. “People who are working might not have time. A retiree does have the time and wants the interaction.”

Individuals who have served in leadership positions or who have performed strategic planning can continue to provide valuable input for developing content for state and national association annual meetings, Guyton-Ringbloom says.

“Retirees know what the HIM field really needs in terms of the future,” she says. “A lot of the states are looking for officers, so I think that’s also a great way for people to stay involved.”

It may be helpful to consider how one’s HIM skills in project management and facilitation can be put to good use in other settings. “You can take these skills and translate them to volunteer opportunities in the community,” says Doggett, who serves as a facilitator for a discussion group at her synagogue. “For me, it’s about helping people see something in a different light and be open to new ideas,” she says. “It’s also an opportunity to meet new people.”

### Link List of AHIMA Volunteer Opportunities

<http://engage.ahima.org/VolunteerOpportunities>

To learn more about volunteer opportunities at AHIMA, visit <http://engage.ahima.org/VolunteerOpportunities> or e-mail [volunteer.services@ahima.org](mailto:volunteer.services@ahima.org).

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