

# HIM Reimagined Outlines Bold New Future for HIM Profession

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No matter what data one reviews, there is near-universal agreement that the health information management (HIM) profession is radically changing and will continue to do so for quite some time. This change is a result of innovation in technology that has revolutionized the methods of collecting, accessing, maintaining, and destroying health information. The change is also a result of new realities of how healthcare organizations are owned and structured, as well as how they operate.

Health-related policies have transformed how healthcare services are reimbursed. In addition, “information” is not owned by any one specific group or entity anymore, and every individual working in a healthcare organization must have skills in information management. This is a significant change in practice due to transitions over a long period of time. There are many factors associated with the new reality of HIM, and it’s clear that the future of HIM will be much different than the current environment. The question is: What do we, as HIM professionals, do about it?

## AHIMA Board, CEE Set a Strategy

Given the rate of change, the American Health Information Management Association’s (AHIMA’s) Board of Directors gave the Council for Excellence in Education (CEE) a charge to develop a new educational strategy to ensure current and future professionals are prepared for the future of HIM in the rapidly changing environment, resulting from changes in healthcare, technology, and education. Educational strategies are not new to AHIMA. In fact, AHIMA has had an educational strategy since 2007 (it was called Vision 2016), and considerable work has been done to address the three priority areas noted in the previous strategy.

In an effort to address the AHIMA Board of Directors’ charge, the CEE created a task force to develop a new educational strategy for the profession. The task force consisted of representatives from all levels of HIM education (associate, baccalaureate, and master’s degree programs), health informatics education, and the HIM industry. Members of the task force used an extensive process of collecting information and drafting a white paper and recommendations, which included a review of the literature, data analysis, and key informant interviews. The initial draft recommendations were reviewed by a variety of stakeholder groups prior to their release, including AHIMA affiliate organizations (i.e., CCHIIM, CAHIIM, and the AHIMA Foundation), component state associations and House of Delegates (HoD) leadership, external healthcare organizations (i.e., HIMSS, HFMA, and CHIME), and the AHIMA Board of Directors. The final draft recommendations were released for comment at the AHIMA Leadership Symposium in July 2016, where two breakout sessions were held to obtain feedback and encourage comments. The recommendations were also presented at the 2016 Assembly on Education conference. The comment period closed in August 2016.

The task force reviewed the comments and revised the recommendations. The revised recommendations were presented in a breakout session at the AHIMA House of Delegates meeting in October 2016. Based upon the HoD and AHIMA Board of Directors recommendations, a second comment period was initiated from October 2016 to December 2016. The task force then reviewed the comments and finalized recommendations as part of the HIM Reimagined (HIMR) initiative—those final recommendations are presented in the sidebar below.

### HIM Reimagined Recommendations

**1. Increase the number of AHIMA members who hold relevant graduate degrees (i.e., HIM, health informatics, MBA, MD, MEd, MPH) to 20 percent of total AHIMA membership within 10 years.**

- A. Increase funding of academic scholarships to help members access higher levels of HIM education.
- B. Increase the number of faculty qualified to teach HIM and other related graduate-level education.
- C. Implement graduate-level health informatics curriculum competencies to improve the value of and increase demand for health informatics graduate education. These competencies have been developed and will be adopted by schools to assist in supporting this goal.

**2. In collaboration with other health and health-related organizations in the public and private sectors, build a mechanism to ensure availability of research that supports health informatics and information management.**

- A. Provide competitive research grants on an annual basis aimed at promoting health informatics and information management practice.
- B. Provide dissertation scholarships to HIM and health informatics professionals conducting research in doctoral programs.
- C. Focus on research to support the value of HIM skills and the need for data analytics to manage and massage data for strategic, fiscal, and population health purposes.

**3. Increase the opportunities for specialization across all levels of the HIM academic spectrum through curricula revision, while retaining a broad foundation in HIM and analytics.**

- A. Curriculum revisions to support specialization at the associate level (Timeline: new curriculum available for use by August 2019 or earlier, although required implementation date will likely be 2021 or later).
  - i. Condense HIM core at associate level and incorporate specialization opportunities at student and program level. The core will include content from all domains, and the number of competencies in the non-specialty content area is to be significantly reduced.
  - ii. Align HIM accredited academic specialties with future HIM-related credentials; consider and encourage higher level education to achieve higher salaries.
  - iii. Focus effort on creating tracks at two-year program level based on emerging specialties as indicated by employer need (and to be determined by market research planned for 2017). Program accreditation continues, as does the associate-level degree, but it is based on a condensed set of HIM core content and deeper specialty content. Each school determines an appropriate specialty track or the appropriate number of tracks for their program and their regional market needs.
- B. Broader HIM core at baccalaureate level. Align core competencies with requirements for HIM credential maintenance.
- C. Condense core in master's of health informatics and HIM programs, with specialization opportunities at program level.

**4. RHIA credential is recognized as the standard for HIM generalist practice and the RHIT (+Specialty) as the technical level of practice.**

- A. Transition the RHIT credential to a specialty-focused associate level over a multi-year, multi-phased approach.
  - i. January 2017 – July 2021: Current and new RHITs (those who receive the RHIT designation by July 2021) permanently retain RHIT credential.
  - ii. Ongoing transition support for RHITs who want to transition to the RHIA credential will be provided (2017 – 2027). For example, consider a new opportunity for RHIA certification through a proviso approach that would allow individuals with a baccalaureate degree, who are also currently RHIT certified, to take the RHIA exam for a specified period of time consistent with the recommendations of the HIMR Task Force and CCHIIM approval.
  - iii. August 2021 – December 2026: Transition of RHIT credential from RHIT to RHIT+ (Specialty Designation).

- a. Develop and distribute materials to communicate this transition to the market.
- B. Ensure clear pathways exist between associate and baccalaureate HIM programs to encourage existing HIM professionals and new entrants to the HIM profession to earn a baccalaureate degree and a RHIA credential.
  - i. Work to increase the number of technical level members with a minimum of a baccalaureate degree from the existing 26 percent to 40 percent by 2027.
  - ii. Curriculum must be designed to allow seamless transitions from the associate's level to the baccalaureate level—as well as transition from a baccalaureate to a master's degree.
  - iii. Focus efforts on recruitment to illustrate the value of higher academic preparation.
  - iv. Provide support to educational institutions to transition programs, as appropriate and when possible, from associate's level to baccalaureate level and from baccalaureate to master's degrees.
- C. Align certification processes with industry and education needs.
  - i. Ensure certification exam process supports the ability of HIM to more quickly align with future industry needs.
  - ii. Align CEU requirements with future-focused employer needs that ensure the recognition of the HIM profession.

## HIM Reimagined Recommendations Fall into Three Categories

The recommendations can be summarized into three main categories—advanced education, specialized education, and evidence-based practice. The focus on advanced and specialized education is driven by employer expectations and changes in healthcare practice. One doesn't need to look too far into the past to see what happens to industries and professions that fail to maintain relevance in a changing environment. Disruptive technologies act as catalysts in evolving industries, moving those willing to adapt forward and leaving those who don't behind.

There are countless examples of organizations and professions unwilling to evolve to new realities. Many of the disruptions that led to the demise of these organizations and professions happened quickly. The recommendations developed by the CEE in the HIM Reimagined initiative push for a higher proportion of HIM professionals to hold advanced and baccalaureate degrees in the next decade, and for associate degree programs to be aligned with specialty credentials driven by employer demand. Similarly, the recommendations push for research that can be the driving force behind HIM practice and education.

The choice to significantly change the HIM education process is challenging. It is complicated by the fact that many of the anticipated changes arising from increased automation and other healthcare environmental factors have not yet been fully seen or experienced. The goal for this new educational strategy is for HIM professionals to be valued for new and emerging skills. The technical HIM professional level will be specialized, bringing awareness to employers that HIM professionals with an associate's degree education have a deep knowledge in a specific area of HIM practice grounded by a solid core foundation of general HIM knowledge and skills. At the baccalaureate and master's level, HIM professionals will practice at a broader level, assimilating data from multiple sources, creating knowledge, and leading healthcare organizations to use their health data assets to their best advantage for the benefit of the organization, patient, and population.

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 need for specific competencies. The recommendations presented in HIMR seek to respond to the changes and demands in the workforce by focusing education on skills, abilities, and leadership needed to advance the HIM profession, streamlining educational pathways, and providing opportunities for HIM professionals to advance at every level.

## Market Research to Vet Recommendations

The recommendations called for in this paper are being implemented with forethought and planning. The first step in the process is to conduct market research, which has been approved by the AHIMA Board of Directors and a request for proposal (RFP) has been developed and distributed. The foundational market research must identify the skills needed by

employers in the future. In addition, understanding employer preferences for specialization and how to best implement them is an important part of the work ahead. If the market research results do not support the HIMR recommendations, then additional revisions will be made to address the concerns in contemporary HIM education.

At the root of the situation, curriculum competencies must be relevant to meet workforce needs. The processes that have been in place for years to ensure that curriculum competencies are informed by research will continue, though the HIM industry must get better at preparing for future changes in a timely manner. Given the changes noted in HIMR related not only to healthcare but also to education and credentialing, academic program design features must also be revised. Simply stated, HIMR recommends both curriculum and program design revisions.

## Plant the Seeds for the Next HIM Generation

This is an exciting time for HIM professionals, as work is done to pave the way for a future of HIM professionals to serve healthcare in ways that are more relevant and contributory than ever before. This excitement may be accompanied by fear of the unknown. The profession needs to move forward together and provide the healthcare workforce with the HIM professionals of tomorrow. An anonymous Greek proverb says, "Society grows great when old men plant trees whose shade they know they shall never sit in." HIM professionals are proud of their heritage and need to do all that can be done to plant the seed for the next generation.

*The authors of this article are members of the AHIMA Council for Excellence in Education's HIM Reimagined Task Force. Each author has contributed to the HIMR effort through research and ongoing dialogue with peers and colleagues about the future of the HIM profession. The broader Council for Excellence in Education (CEE) has also supported this effort from its conception and throughout its development.*

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