

# Inclusive Membership: What's in It for You?

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*by Jill Callahan Dennis, JD, RHIA*

In October the House of Delegates will vote on a proposed change to AHIMA's bylaws that would establish a more inclusive membership policy. The change would welcome new types of professionals interested in HIM into our active membership category. Right now, active membership is limited to those who hold AHIMA credentials, and the associate member category is open to those who share our interests and goals but not our credentials.

If you are currently an active member, you might wonder how this proposed change benefits you.

## Greater Awareness, Influence

The proposal seeks to raise the industry's awareness of AHIMA and its members. We anticipate that active AHIMA membership would be more attractive to professionals with a variety of backgrounds working in HIM-related positions; it thus would help acquaint a broader audience with the expertise within our membership.

If you've ever felt that HIM is the best-kept secret in healthcare, you probably can relate to the value of greater awareness. And if you've ever felt that the profession isn't fully appreciated, you may already understand the value of strengthening our partnerships with other healthcare and IT professionals.

A key reason we're discussing this is the growing interest in implementing health IT. HIM positions are growing as well. This is good news for all of us-but we can't fill all those positions with AHIMA-credential holders because there simply aren't enough of us. This is leading to an influx of lateral entrants into HIM-related positions.

I think our current credential holders are better served by an association that is perceived as the definitive source for HIM standards, including certification standards. If we want our credentials to continue to be preferred and sought after, the broadening industry has to know about them and respect us as the source.

## Strengthening Our Reputation

Welcoming a broader community of professionals strengthens our association's reputation and influence as the definitive source for HIM practice standards. If the HIM field is represented by multiple associations with multiple voices, our ability to effectively advocate for our professional standards, certifications, and ethics could be diminished because we would represent an increasingly smaller segment of the field.

Caryl Greaves, RHIA, sums it up well in a post to the AHIMA Community of Practice: "This is a very exciting time for us. The evolution of the EHR and the advancement in technology (including medical technology) has expanded our horizons by leaps and bounds and has created an environment that requires us to partner strategically with various other types of professionals. These partnerships are not only occurring at the association level but at our places of work.

"These other professionals bring experience, knowledge, and passion to our profession; however, they miss the expertise of the HIM profession. What better way to educate them and ensure that they include HIM concerns, expertise, and knowledge in their environments than to include them in our association? Issues concerning credentialing can be handled with special requirements in our bylaws; they should not be the reason why we bury our head in the sand and miss the opportunity to be the organization of choice in this ever-expanding environment."

The debate is still under way. Visit the Communities of Practice to read others' views, ask questions, review the background briefing materials and FAQ document, and talk to your delegates.

Would you benefit from a stronger and more diverse membership team? Let me hear from you.

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