

Inclusive Membership?: AHIMA Weighs Combining Associate and Active Memberships

Save to myBoK

by Jill Callahan Dennis, JD, RHIA

Imagine you're the director of HIM at a large healthcare organization. Your organization is undertaking a large, high-stakes project: converting to an electronic health record (EHR). Now imagine a coworker--it could be an IT professional, a nurse informaticist, or a physician--tells you he or she is interested in the EHR and wants to be involved in the transition. The coworker is ready to help in the task ahead and wants to know if you are willing to work together to achieve the goal of a fully functional record. Would you turn your coworker away, or would you welcome him or her to your project team?

I'm betting most of us would welcome our coworker and continue with the job ahead.

Active versus Associate

There's an important debate going on right now in AHIMA's House of Delegates that boils down to this very issue. For the past two years, participants in Team Talks and the House of Delegates have been considering a more inclusive membership policy, one that would welcome new types of HIM professionals into our active membership category. Right now, active membership is limited to those who have AHIMA credentials. The associate member category is open to those who share our interests and goals but don't share our credentials.

Associate membership has been our fastest-growing member category for several years. EHR implementation--one of AHIMA's key goals--has shone a spotlight on the importance of health information principles. This in turn has driven new interest in AHIMA's purposes as well as new members to our fold. The EHR has captured the attention of the entire nation as we transform how we collect, use, and share health information. But EHR implementation is not the only goal we share with these colleagues. We're finding common ground on broader health IT issues such as data content standards development, data reporting, managing electronic documentation, and promoting the personal health record.

As an association, we've benefited from this infusion of talent and perspective. Associate members have served as faculty for AHIMA workshops and audio seminars. They have been members of practice councils and task forces and have freely shared their expertise on our Communities of Practice. But at the same time, our bylaw restrictions have held us back from tapping the full contribution of these members: associate members cannot vote, nor can they serve in elected office.

At a time when collaboration is more important than ever before, do these bylaw restrictions serve us well? Shouldn't we welcome those who share our goals and our ethics? Wouldn't current members benefit by strengthening our membership team?

Take Part in the Debate

We want to know what you think about combining the active and associate memberships. Visit the State Leaders and House of Delegates Community of Practice to express your opinion and read others' views. Ask questions. Review the background briefing materials and FAQ document. Talk to your delegates.

I believe that broadening our active membership category will pay important dividends for current and future members and will strengthen our association's ability to lead the nation on health information issues. What do you think?

Jill Callahan Dennis (jdennis@healthriskadvantage.com) is principal at Health Risk Advantage in Parker, CO.

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