

Members Test Drive Communities of Practice

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by Jane Jeffries

Your facility needs a procedure for reducing the number of delinquent records. Feel like reinventing the wheel? Probably not. After AHIMA's annual convention in October, you'll be able to log into AHIMA's Communities of Practice (CoP) to learn how other HIM professionals have tackled this challenge-and study policies, best practices, and pitfalls submitted by peers.

AHIMA's CoP are designed to interconnect members around the country via the Internet to answer questions, solve problems, and share solutions in a Web-based forum. But CoP will be more than just a Web site, listserv, or bulletin board. The CoP library will contain documents-policies, job descriptions, case studies, and more-uploaded by members for sharing with other members, plus pertinent Journal articles and other AHIMA resources. News feeds will provide up-to-the-minute information about HIM and healthcare issues. You'll also be able to review a calendar of personal and Association events and check out links to useful Web sites. Plus, on your personal CoP page, you'll be able to store your favorite URLs-from the OIG to the Weather Channel. Suddenly, your job is a lot easier.

Testing 1-2-3

AHIMA's beta communities for APCs, integrated healthcare delivery systems, and members of the ambulatory care specialty group began testing these features and more in February 2001. The beta period allows AHIMA to remedy any software glitches and refine functionality prior to the Association-wide CoP launch in October. Participants-while taking advantage of this early opportunity to interact with members and access information-are also asked to "kick the tires" and offer suggestions for improving the user's experience.

"We want [beta testers] to play around on the communities," says Lynn Kuehn, MS, RHIA, CCS-P, director of operations at Children's Medical Group in Milwaukee, WI, and a volunteer facilitator for the ambulatory care specialty group community. Beta testers are encouraged to provide feedback about their CoP experience on everything from buttons that don't work to a feature that feels counterintuitive. "Now is the time to shape what's going to happen on the CoP," says Kuehn.

So far, the response has been positive and the AHIMA CoP advisory task force, volunteer facilitators, and staff have gained valuable information from the testers and will continue to use member input to refine the CoP through the launch and beyond.

Who's Running This Thing?

Each community will be administered by a facilitator-a volunteer who starts the community, organizes online activities and chats, and oversees operations. Beta testing has shown already that the role of an involved and enthusiastic facilitator is a key ingredient in the success of a community.

As important as they are, however, facilitators will not have to provide all the content or do all the work: online communities need to operate like real-life communities with active participants who contribute ideas and resources. For members of CoP, that will mean responding to other members' queries, uploading helpful documents or forms to the community library, and sharing links that they've found useful in their work life.

"Members need to think about the collective whole and give their community something that they've taken time to find or create that other members would want," says Kuehn. For example, "if somebody's already found a HIPAA road map, you benefit from the time that someone else has already put into locating the resource."

"CoP offers a lot of opportunities for AHIMA members to tap into other HIM professionals' knowledge resources," says Karen Rosendale, RHIA, corporate director of HIM at South Jersey Health System in Bridgeton, NJ, and a member of the CoP advisory task force. "It allows you to find how others are educating themselves, evaluating where they are and where they need to be."

Members will take the lead in starting the majority of new communities. With community creation in members' hands, the CoP will fulfill one of the goals of its advisory task force and the AHIMA board of directors: a fluid forum that can respond quickly and easily to members' needs.

In practice it means that if you or your facility is suddenly facing a challenge you haven't encountered before or you'd like to get and exchange ideas with other HIM professionals about Medicare Conditions of Participation for home health agencies, for example, you can easily form a community for that purpose and start sharing helpful documents and conducting online chats with industry experts.

Communities are also meant to have variable life spans. Some will be important and relevant for several years; others will die out as soon as the particular issues are resolved or regulations are changed. Either way, it's up to the members. CoP is designed to serve members' professional needs in an interactive, user-friendly way. Get ready to join in.

If you'd like to participate in the APC or integrated delivery system beta communities, send your name and e-mail address to info@ahima.org.

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