

Name Game: Updating Our Credential Titles

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by Claire Dixon-Lee, PhD, RRA

In October, the 1999 AHIMA House of Delegates will consider a proposal to officially change the name of two AHIMA credentials. The proposal is the result of several years of analysis, member input, and review of more than 1000 potential certification titles, as well as the work of consultants and focus groups. Ultimately, it comes down to a decision to change titles or leave them as they are.

Why is this happening? When the 1991 House of Delegates changed our professional association name from the American Medical Record Association (AMRA) to the American Health Information Management Association (AHIMA), our credentials immediately became inconsistent. This spring, AHIMA's Board of Directors and Council on Certification proposed the titles of "registered health information administrator" (RHIA) and "registered health information technician" (RHIT).

The goal of the new titles is to positively affect the standing of HIM professionals in the workplace. In researching our options, we relied on the input of people who frequently employ our members. Many of them believed current titles did not sufficiently represent the skill sets and roles of today's HIM professionals. They said the use of "health information" in certification titles seemed more compatible with the current direction of the profession and the industry.

(It's worth noting that, during the years that this discussion has taken place, creation of a new credential was explored—and a process that would require us all to pursue continuing education and validate our abilities by taking a new examination. Many of you made it clear that this was a less palatable process than the current proposal.)

What is a credential? For our purposes, a credential is earned by successfully passing a national examination reflecting mastery of the entry-level competencies stipulated by the awarding organization. Two of our credentials, "accredited record technician" (ART) and "registered record administrator" (RRA), require completion of a formal academic curriculum at the associate and baccalaureate degree levels, reflecting the entry-level competencies of a health information (formerly medical record) generalist.

Once they have their credentials, recipients must maintain them through a mandatory continuing education program. Many practitioners further specialize their career expertise by seeking additional credentials or advanced academic degrees.

Our credentials have never been a "lifetime" certification but rather a title that continues to be earned through lifelong learning. This year, reconsidering the titles means considering whether our core competency focuses on the medical record or on health information.

How Can We Be Resources?

To answer this question, we need to know who we are today and where we want (and need) to be tomorrow. I have heard that the image of a health information management professional and the new titles of our departments can be confusing to the public. Consumers, for example, want directions to the department that holds their medical records.

But maybe this is an opportunity. Maybe we should be sought out as providing "health information," including medical records and the trend data, accurate wellness reports, and reference resources that can help today's healthcare consumer make informed decisions. Internet resources for consumer information are multiplying rapidly. Healthcare facilities publish wellness newsletters and offer educational programming. Pharmaceutical firms are touting "resource centers," interactive assessment tools, disease-specific newsletters, and support groups. This is all health information, and we ought to be there. Our skills and expertise are needed, but are we being called?

It is often said that businesses that learn how to effectively manage information—instead of just using it—will be the ones to succeed. One article suggests that healthcare organizations could shave millions of dollars off administrative costs if only they

would better measure the integrity of their data and organize that data with an eye toward the entire organization. One recommendation is to study the effective management of healthcare information horizontally, across the organization, instead of in self-contained units.¹ Do our current credentials reflect the implication of the "self-contained unit" or the horizontal management of health information?

What's in a Name?

With a significant change in our credential names come the many issues of marketing our image, administrative costs to change job descriptions, business cards, etc., as well as the confusion a change in identity brings. Like some of our membership, I experienced the change from "registered record librarian" to "registered record administrator." I had just passed my certification exam, received my credential certificate (beautifully hardwood-mounted), and was ready to practice.

At that time, I was moderately upset that the change had occurred, but I was equally eager for anything that would help me find a good job. Somehow, the Association successfully orchestrated the marketing of that name change, as my colleagues and I found the marketplace ready and accepting. My beautiful plaque still reads "RRL" and I'm proud of it—but I grew to like the new credential name.

Another issue is timing. Several years ago, I changed my last name. It was difficult to choose the best time to publicly use a new name without the resulting confusion interfering with my career. After all, over the years, as my identity became more defined, my body of writing and work became known through my name. And networking depends on people remembering you. I eventually chose a significant point in time to do so: I stopped using my old name on January 1 the year after my graduate degree was conferred.

As we enter the 21st century, AHIMA will be launching an extensive image campaign to promote HIM professionals' expertise and skills. Perhaps the timing is right.

Launching a new image campaign to our employers, the industry, and consumers will be a major AHIMA initiative next year, with or without a credential name change. It is a necessary step that you have asked for and the profession greatly needs. We all must assess ourselves in relation to the practice skills and expertise needed in today's marketplace. Regardless of our name or the image of our profession, each of us personally has to deliver on our abilities and actions.

While we have discussed all sides of this proposal, we welcome more viewpoints and encourage you to dialogue with each other through the AHIMA Web page (www.ahima.org), in your workplace, and directly with your state officers and delegates before October 1.

Notes

1. Roberts, Catherine, "Information Management Key to Cutting Health Costs," *Rochester Business Journal* 9, July 1999, p.22.

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