# Who We Are: Findings from the 2002 Member Survey

Save to myBoK

*by Paul Wing, DEngin; Margie Langelier, MS; Tracy Continelli; and David Armstrong*

---

*What does AHIMA's membership look like as a whole--and how will it look in the future? Early findings from the Association's work force study paint a diverse and dynamic picture?*

---

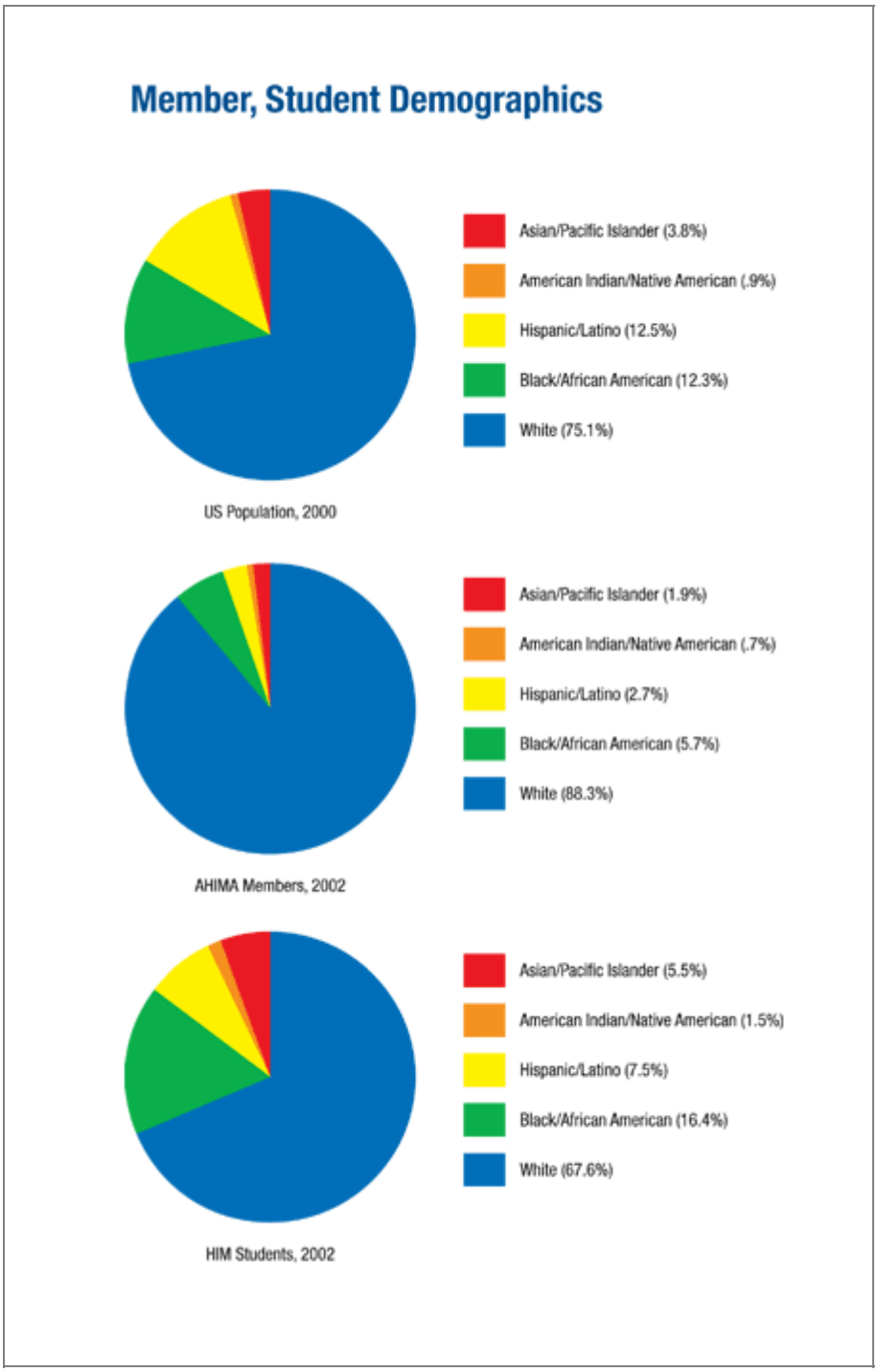
Health information management is a fascinating set of professional disciplines, roles, and functions that revolve around information about current and former patients in the healthcare system. The tasks are as diverse as collecting, organizing, codifying, analyzing, and protecting information that is critical to effective and efficient healthcare delivery. The survey of AHIMA members completed in 2002 as part of the Association's landmark work force study is an important lens through which to view and understand this important field.

This is not the first time membership data has been scrutinized. In fact, since 1996, four different analyses of the AHIMA member database have been conducted. The 2002 survey, however, offers a much more comprehensive view of the membership. Indeed, members are the underlying motivation for the work force study of which the 2002 member survey is a part. The profession is in a whirlwind of change and stakeholders want to know how this is affecting the professionals in the field. What's more, how will HIM change in the future? There is widespread agreement that HIM will be an increasingly important part of the healthcare system of the future, but there is little consensus about the specifics of how HIM will evolve and who will be responsible for different aspects of the changing discipline. The 2002 member survey spotlights these details.

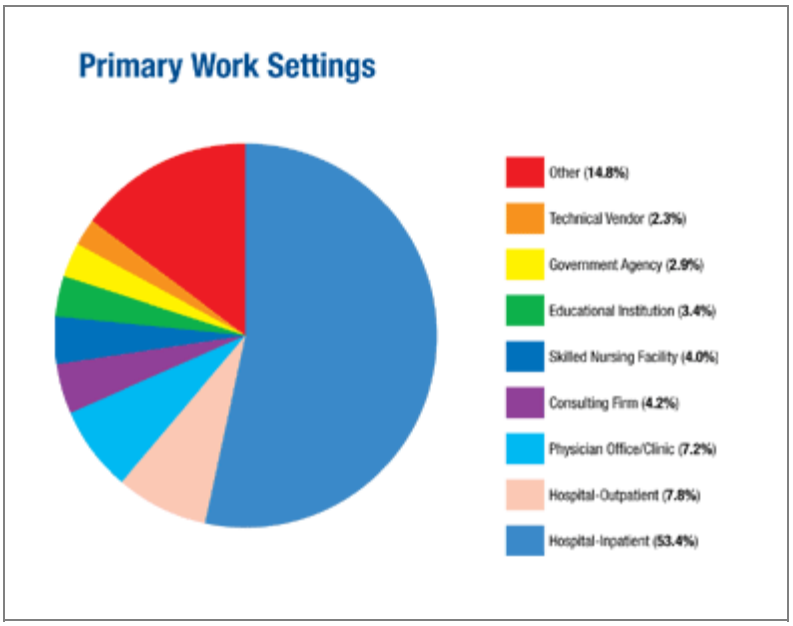
This article presents a partial picture of the AHIMA membership that can help stakeholders, including AHIMA members, corporate planners, and government policy makers, to understand where HIM is today and where it may be tomorrow. We will focus on describing employment patterns of AHIMA members, including job titles, HIM competencies, job opportunities, and salaries. Several follow-up studies and reports will pursue in more detail the causes and effects of the patterns noted here.

## Changing Demographics

Interesting changes are under way in the demographic composition of AHIMA members and students. "Member, Student Demographics" show that the racial-ethnic diversity of AHIMA members is less than that of the population at large. However, the diversity of HIM students, based on the exit survey conducted in 2002, is significantly greater than AHIMA members and somewhat greater than the general population.




## Where and How We Work




**Work Settings**

Hospitals continue to be the most common work setting for AHIMA members, with 53.4 percent of survey respondents indicating their primary work setting is a hospital, inpatient/acute care, and another 7.8 percent indicating hospital, outpatient/ambulatory. These percentages are roughly comparable to those of previous years, although the categories in the survey are slightly different than those in the member database.

The remaining respondents were scattered across nearly 40 different settings, none with as much as 8 percent of respondents. Among the larger settings, physician offices (7.2 percent), consultants (4.2 percent), and technical vendors (2.3 percent) increased their share of members somewhat over 2000 percentages. The "other" settings in which members work include mental and behavioral health facilities and providers, home health and hospice organizations, correctional facilities, peer review and accrediting organizations, and corporate entities. (See "Primary Work Settings" for more information.)

**Valued Competencies**

"Rankings of Competency Areas" presents two sets of rankings of 13 different HIM competency areas by members, based on their involvement in the competency area in their primary position and the value of knowledge about the competency area in their primary work location. Although the correlations between involvement and value are greater than 0.5 (and statistically significant, $p<0.05$) for all three credential categories, there are some differences in the two rankings that deserve mention. In particular, the competency "Organization, Management, Supervision" was rated significantly lower in value to the organization than it was for involvement, especially by RHIAs. The fact that competencies in which members are heavily involved are perceived as being not valued as highly by their organization is reason for concern. The differences in the "involved in" and "valued for" rankings is even greater for "Quality Improvement/Performance."

The opposite inconsistency—that is, the perceived value to the organization exceeds the level of involvement—is shown for "Clinical Classification Systems," "Reimbursement Methodologies," and "Health Information Services Management." This occurs when members are not heavily involved in activities that they perceive as valuable to their organizations, another reason for concern. Both of these inconsistencies suggest that there are opportunities for HIM professionals to adjust their behaviors (or their perceptions) so they "fit" better into their respective work environments.

## rankings of competency areas

| | Relationship | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Involved In | | | Valued For | | | Difference in Ranks | | |
| HIM Competency Area | RHIA | RHIT | CCS/ CCS-P | RHIA | RHIT | CCS/ CCS-P | RHIA | RHIT | CCS/ CCS-P |
| Organization, Management, Supervision | 1 | 4 | 2 | 6 | 6 | 5 | -5 | -2 | -3 |
| Healthcare Information, Requirements, Standards | 2 | 1 | 3 | 1 | 1 | 2 | 1 | 0 | 1 |
| Legal and Regulatory Issues, Including Privacy | 3 | 3 | 8 | 4 | 5 | 6 | -1 | -2 | 2 |
| Health Information Services Management | 4 | 7 | 9 | 2 | 3 | 3 | 2 | 4 | 6 |
| Quality Improvement/Performance | 5 | 2 | 4 | 9 | 9 | 9 | -4 | -7 | -5 |
| Health Data Content and Structures | 6 | 5 | 6 | 7 | 8 | 7 | -1 | -3 | -1 |
| Healthcare Information Systems | 7 | 8 | 5 | 10 | 10 | 8 | -3 | -2 | -3 |
| Information Technology | 8 | 6 | 10 | 8 | 7 | 10 | 0 | -1 | 0 |
| Clinical Classification Systems | 9 | 10 | 7 | 3 | 4 | 4 | 6 | 6 | 3 |
| Quantitative Methods, Statistics, Research | 10 | 11 | 11 | 11 | 11 | 11 | -1 | 0 | 0 |
| Reimbursement Methodologies | 11 | 9 | 1 | 5 | 2 | 1 | 6 | 7 | 0 |
| Healthcare Delivery Systems | 12 | 12 | 12 | 12 | 12 | 11 | 0 | 0 | 1 |
| Biomedical Research Support | 13 | 13 | 13 | 13 | 13 | 13 | 0 | 0 | 0 |
| Correlations between "involved in" and "valued for": | | | | 0.64 | 0.53 | 0.73 | | | |

NOTES: 1. Ranks for topics "involved in" are based on a composite scoring of question E.1. 2. Ranks for topics "valued for" are based on a composite scoring of question D.4. 3. Both sets of rankings (i.e., "involved in" and "valued for") are based on responses by all survey respondents.

**Educational Attainment**

"Highest Education Level and Primary Position" provides some insight into the relation between education and primary position/title. The table shows clearly that much higher percentages of members with executive and senior management positions hold graduate degrees than do other HIM position groups, except educator. Members in executive positions have chosen or found it necessary to seek graduate education in other areas as part of their career development plan because there is no HIM credential available at the graduate level.

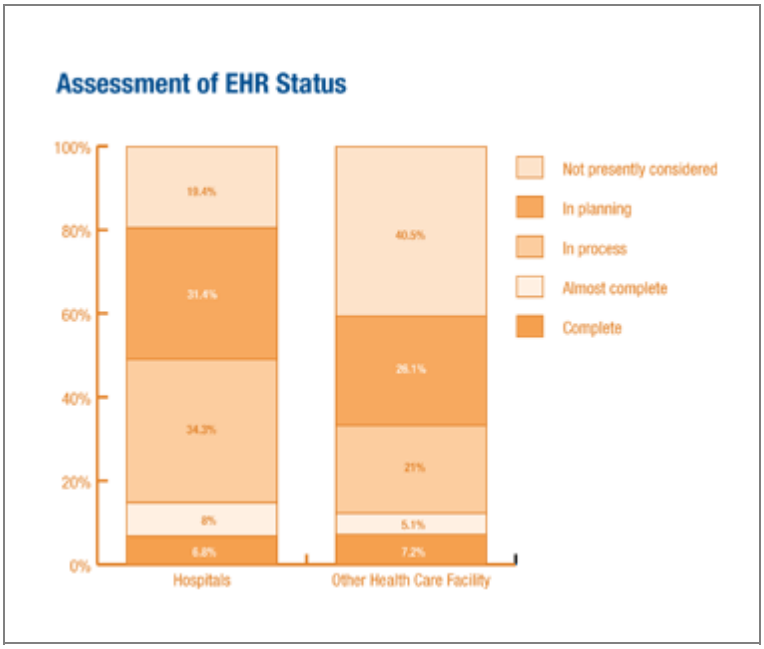
Not surprisingly, more than half of members who are educators hold graduate degrees. It is interesting that nearly half of educators do not hold graduate degrees and more than 15 percent do not hold at least a bachelor's degree. Responses to the survey of HIM education program directors suggest that most of the educators not holding graduate degrees are affiliated with RHIT programs at community colleges, which often have less stringent educational requirements for their faculty.

## highest education level and primary position

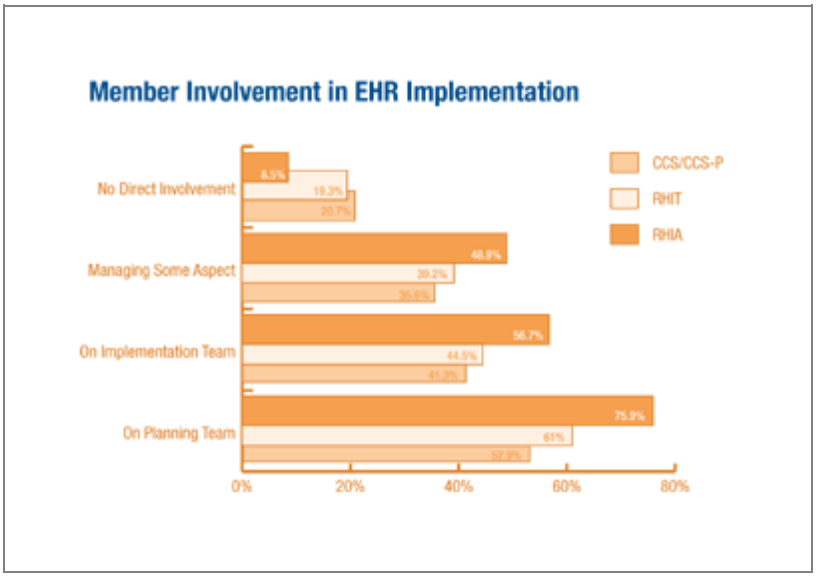
| | | Highest Education Level | | | |
|---|---|---|---|---|---|
| Primary Position Group | N | High School Diploma | Associate Degree | Bachelor's Degree | Graduate Degree |
| Executive | 136 | 10.3% | 12.5% | 43.4% | 33.8% |
| IS/IT | 121 | 7.4% | 24.0% | 47.9% | 20.7% |
| HIM Management | 1,651 | 14.2% | 29.4% | 44.8% | 11.6% |
| Other HIM | 2,498 | 14.7% | 46.8% | 33.0% | 5.5% |
| Educator | 144 | 5.6% | 9.7% | 33.3% | 51.4% |
| Alternate Settings | 560 | 11.8% | 25.5% | 45.5% | 17.1% |
| **Total** | **5,110** | **13.7%** | **36.4%** | **38.8%** | **11.2%** |

## Technology: An Important Ally

The two figures below reveal interesting insights about the current status of the electronic health record (EHR) and AHIMA members' involvement in its development and implementation. "Assessment of EHR Status" shows the EHR is far from a reality in the primary healthcare work settings of survey respondents. Members indicate that nearly one of five hospitals and two of five other healthcare settings in which they work are not presently considering the EHR. Even in settings where implementation is being considered, many facilities are still in the planning phase. If, as is anticipated in the healthcare industry, the EHR is to be universal within a decade, these findings suggest that there will be many opportunities for HIM professionals who are properly educated and positioned to work with the electronic health record.

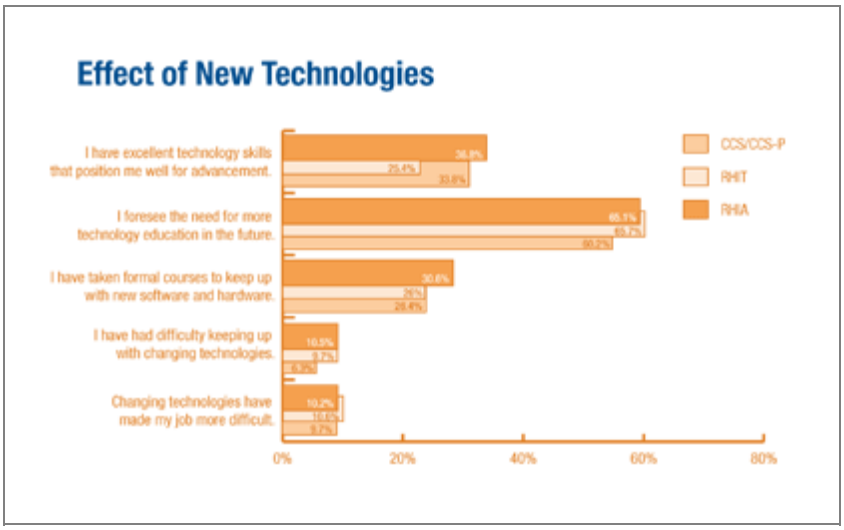



"Member Involvement in EHR Implementation," presents a mixed picture. The majority of members are involved in EHR planning teams, but fewer are part of EHR implementation teams. Fewer still are involved in managing some aspect of the EHR, which is not entirely surprising given that many organizations are not using it. This reflects an important opportunity for the profession to become more involved in the transition to the EHR, which will likely be a central feature of all HIM in the future.




Another perspective on technology in the HIM field is presented in "Effect of New Technologies", which summarizes member assessments of how new technology is changing the profession. The chart suggests that while most members feel that new technologies have not created major problems for them, only about one third of members believe they have excellent

technology skills that position them well for advancement, and nearly two-thirds foresee the need for more technology education in the future.

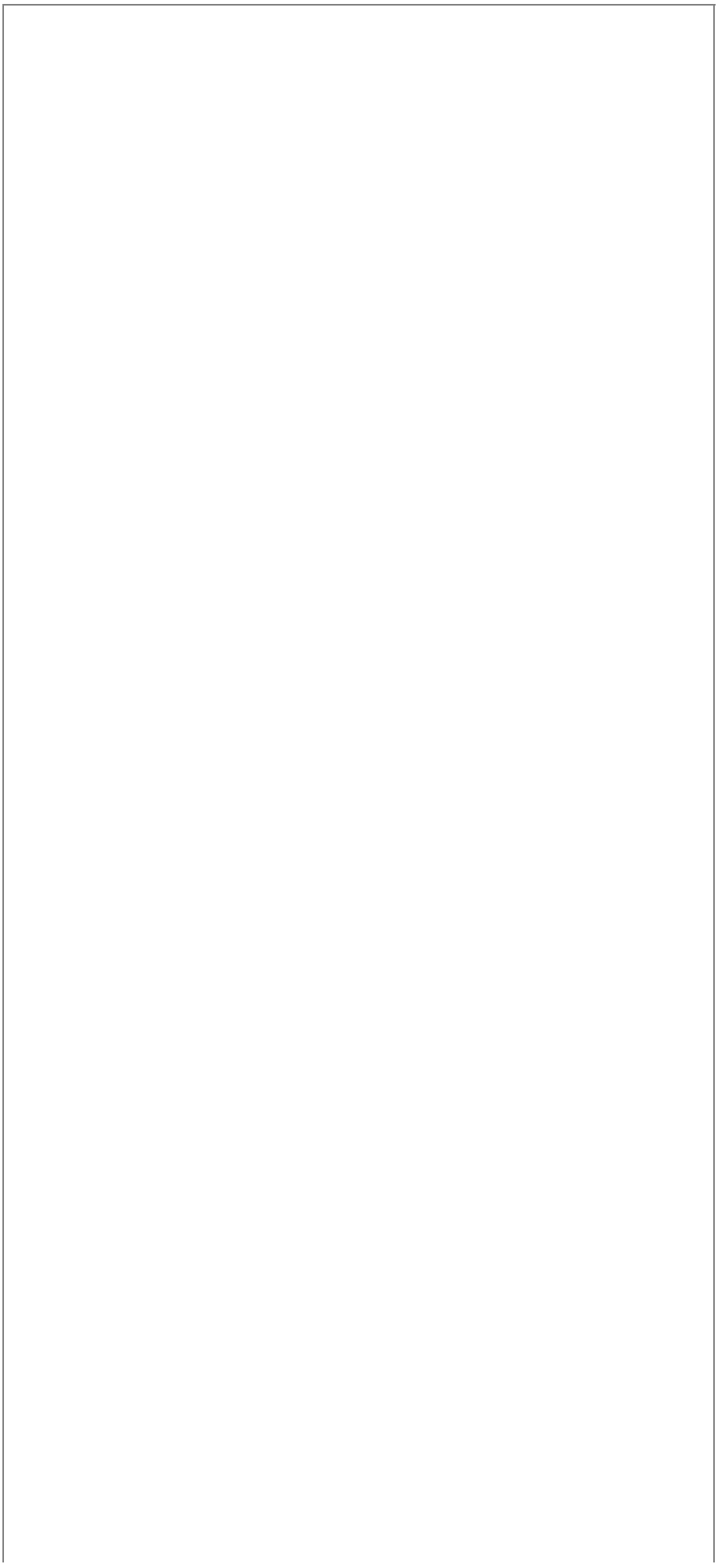



Discussions with a number of employers of HIM professionals suggest that these responses are consistent with the trends toward greater use of technology and automated HIM processes in the future. The e-HIM initiative by AHIMA is an important opportunity for HIM professionals to position themselves to take advantage of these trends as they progress in their careers.

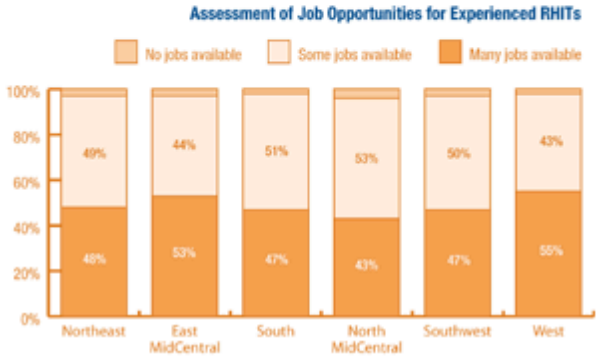
## Job Opportunities in Abundance

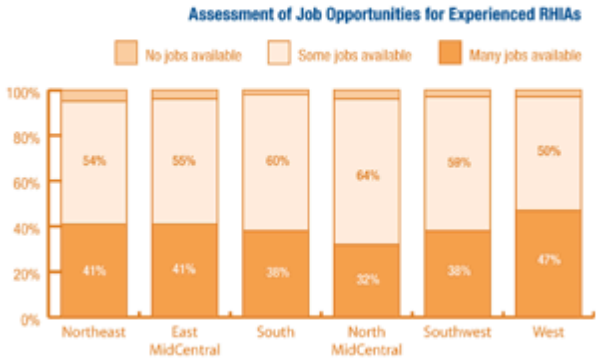
The 2002 member survey asked several questions about the job market for HIM professionals. "Assessment of Job Opportunities for Experienced Credentialed Professionals" summarizes assessments by all respondents about job opportunities for experienced HIM professionals with RHIA, RHIT, CCS, and CCS-P credentials in each of six regions in the country. The responses reveal very strong job markets for experienced people with any of the four credentials, with more than 90 percent of respondents reporting many or some job opportunities in all six regions. The most favorable assessments were generally in the West, followed by the Northeast.

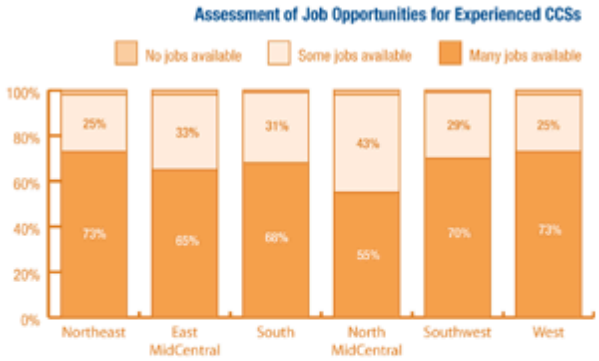
Similar assessments were requested for new (that is, inexperienced) RHIAs, RHITs, CCSs, and CCS-Ps. The patterns of job availability for newly credentialed professionals were reported to be very similar to those for experienced credentialed professionals, although somewhat larger percentages of survey respondents reported no job openings for new, inexperienced professionals in all regions. The only category in which more than 10 percent of respondents reported "no job opportunities" was new RHIAs in the Northeast (at 11 percent of respondents).

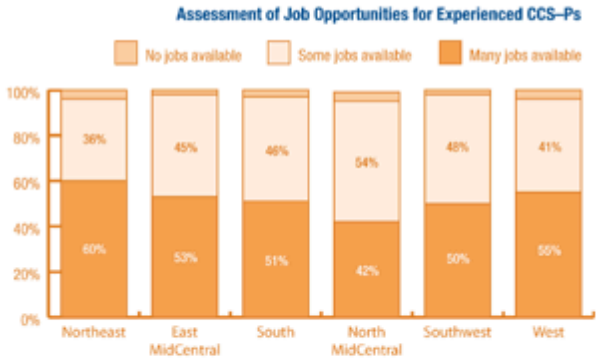


## Assessment of Job Opportunities for Experienced Credentialed Professionals



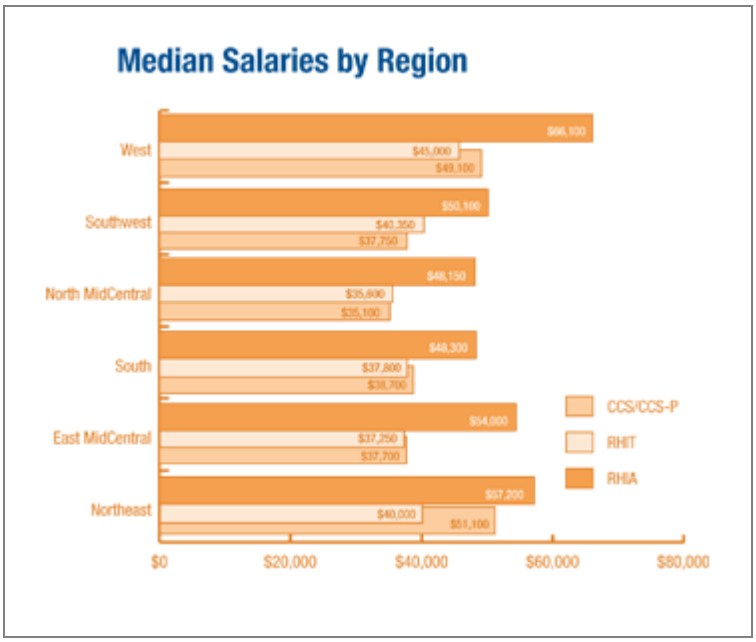

Northeast region comprises ME, NH, VT, MA, RI, CT, NY, NJ; East MidCentral comprises PA, MD, DE, DC, VA, WV, OH, KY, IL, IN, MI, MO; South comprises NC, SC, TN, GA, FL, AL, MS, AR, LA; North MidCentral comprises WI, IA, MN, ND, SD, NE, KS, MT, WY, ID; Southwest comprises OK, TX, CO, NM, UT, AZ; West comprises WA, OR, CA, NV, AK, HI.

## Salaries Linked to Credentials

Plans are in place for a thorough analysis of the salary data collected in the survey, but this article would not be complete without some mention of this critical topic. The following salary estimates are for respondents who reported working at least 30 hours per week at their primary employment position. The median salary of members with the highest credential of RHIA ($54,700) was higher than those of either RHITs ($39,100) or CCS/CCS-Ps ($42,500).

"Median Salaries by Region" presents median salaries for three different AHIMA credentials and six geographic regions of the country. The figure shows that:

- Median salaries for RHIAs and RHITs are higher in the West than in the other five regions, and median salaries for CCS/CCS-Ps in the West are a close second to those in the Northeast
- Median salaries for CCS/CCS-Ps are very close to those for RHITs in four regions and higher than those for RHITs in the Northeast and the West




"Median Salaries by Setting, Credential, and Title" displays median salaries for members in different job titles with different AHIMA credentials in three broad groupings of primary employment settings. (The figures in italics are for categories with four or fewer respondents, so these estimates should be used with caution.) The table reveals several interesting patterns and relationships:

- Although there are exceptions for a few positions/titles, the median salaries for RHIAs were on average more than 30 percent greater than those for RHITs as of 2002. In hospital settings, the difference was 40 percent
- The median salaries for members with only coding credentials (CCS/CCS-P) were also greater than those of RHITs, although the difference was much smaller than between RHIAs and RHITs
- The median salaries of members in nonhealthcare settings (which includes consulting firms, vendors, education institutions, insurance companies, and other nonhealthcare organizations) were higher than in either hospitals or other healthcare settings for RHIAs, RHITs, and CCS/CCS-Ps. Median salaries at hospitals were higher than those in other healthcare settings
- Median salaries of members in coder/clinical data specialist, clinical data analyst, coordinator/registrar, and release of information coordinator positions (which represent a third of the respondents) are among the lowest reported by AHIMA members in both hospitals and other healthcare settings

## median salaries by setting, credential, and title

| | Primary Work Setting | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Hospital | | | Other Healthcare | | | All Other Settings | | |
| Primary Title/Position | RHIA | RHIT | CCS/ CCS-P | RHIA | RHIT | CCS/ CCS-P | RHIA | RHIT | CCS/ CCS-P |
| CEO/COO/President | *$73,450* | *$98,100* | | *$148,950* | *$75,800* | | $133,000 | *$79,000* | *$81,600* |
| CFO/Finance VP | | *$65,100* | | *$65,700* | | *$84,800* | | *$55,500* | *$51,700* |
| CIO/Information VP | *$77,600* | *$61,600* | *$58,100* | | | | *$171,200* | | |
| Other Patient Care Executive | $97,500 | *$68,900* | *$67,100* | *$97,550* | *$75,800* | *$45,200* | *$150,700* | | |
| President/VP | *$79,700* | *$176,050* | | | | | $99,800 | *$78,100* | |
| Clinical Data Analyst | $44,150 | $36,800 | *$32,900* | *$42,150* | *$34,300* | | $55,800 | $30,550 | $55,900 |
| Coder/Clinical Data Specialist | $36,700 | $34,900 | $35,800 | $34,500 | $33,500 | $29,800 | $50,850 | $39,100 | $33,200 |
| Compliance Officer | $74,250 | $50,600 | *$63,300* | $56,300 | *$40,800* | *$73,700* | $68,800 | $59,000 | $76,200 |
| Consultant | $69,700 | $74,300 | *$51,250* | *$37,300* | $50,950 | *$89,700* | $78,400 | $57,400 | $61,900 |
| Coordinator/Registrar | $39,300 | $38,400 | *$26,800* | $38,600 | $30,200 | *$51,900* | $36,600 | $37,550 | |
| Data Quality Manager | $55,850 | $50,100 | *$73,800* | *$68,400* | *$43,450* | | $66,100 | $41,400 | |
| Database Administrator | *$55,700* | $46,750 | | | *$29,500* | | *$50,500* | *$48,300* | |
| Division Manager | $63,000 | *$50,500* | | *$61,850* | *$52,700* | *$186,600* | $83,600 | $51,150 | *$66,600* |
| Director/Asst. Director | $65,600 | $54,000 | $50,300 | $51,200 | $39,000 | *$57,000* | $58,300 | $47,400 | $77,800 |
| Educator/Instructor | *$51,050* | $45,400 | *$45,400* | *$100,800* | *$30,800* | | $51,600 | $42,150 | *$51,900* |
| HIM Supervisor/Manager | $49,550 | $43,000 | $56,100 | $43,400 | $37,700 | $43,350 | $44,400 | $37,350 | *$60,900* |
| Information System Specialist | $57,150 | $46,850 | *$33,800* | *$52,800* | *$32,700* | | $69,850 | $58,900 | |
| Privacy/Security Officer | $53,800 | *$61,300* | | | *$69,300* | | $73,900 | *$64,900* | |
| Project Manager | $71,600 | *$43,600* | | *$72,100* | $58,850 | *$42,600* | *$106,000* | *$96,900* | |
| Release of Information Coord. | *$39,300* | $26,300 | | *$26,900* | *$25,600* | | $73,900 | $63,800 | *$83,500* |
| QI/UM | $47,800 | $44,800 | | $46,100 | $43,000 | *$61,000* | $56,500 | $45,100 | |
| Vendor Representative | | | | | | | $73,300 | $58,100 | |
| Other, HIM | $44,800 | $34,800 | $36,900 | $38,900 | $29,300 | $39,300 | $48,700 | $39,850 | *$82,150* |
| Other, Not HIM | $60,000 | $39,800 | *$47,750* | $41,400 | $32,800 | $58,200 | $51,900 | $27,800 | *$40,100* |
| **Group Total** | **$55,050** | **$39,300** | **$39,900** | **$45,400** | **$36,150** | **$37,700** | **$58,000** | **$42,300** | **$51,700** |
| **Total N** | **1,016** | **1,558** | **177** | **178** | **334** | **52** | **484** | **469** | **69** |

NOTES:
1. Estimates are medians for respondents reporting employment of more than 30 hours per week.
2. Estimates in italics are based on four or fewer respondents.
3. Hospital settings include: hospital inpatient, hospital outpatient, and rehab hospitals.
4. Other Healthcare include: nursing homes, home health agencies, physician offices, and HMO/MCOs.
5. Figures exclude respondents who did not report salary, work setting, or title/position.
6. Coders include only those who had only a coding credential.

## The Bottom Line

We can draw several broad conclusions from the survey results:

- HIM continues to be a diverse profession with dozens of job titles, settings, functions, and roles. This diversity is both an advantage and a drawback: HIM professionals clearly have many employment options available to them in the workplace, yet this variety of roles confounds efforts to build a unified image and definition of the profession
- The EHR offers a valuable opportunity for AHIMA members to participate in important strategic and operational activities in most healthcare settings. These opportunities are consistent with AHIMA's strategic directions and

initiatives
- Employment opportunities for HIM professionals exist all over the US. The strongest job market reported by members is related to coding, but many jobs are available for experienced HIM professionals with any AHIMA credential. Many job opportunities are also available for new HIM professionals, although the demand is not as great as for experienced workers
- Opportunities for advancement into senior management and executive positions are clearly related to though not totally dependent on advanced education. Advanced education is also strongly related to higher salaries
- HIM positions are ripe for change. There is subtle evidence in the survey responses, which is supported by findings from other parts of the larger work force study, that greater technological competence will support professional advancement and career development in HIM

Using this snapshot of the profession, each member can shape his or her professional future. What skill or education do you need to meet your goals? How can you best position yourself for success? How can you prepare for the inevitable—the increased use of technology, a shortage of skilled professionals, and a wealth of patient information growing in size and complexity every day? Start here—and start now.

## What Comprises AHIMA's Work Force Study?

In fall 2001, AHIMA contracted with the Center for Health Workforce Studies at the University at Albany to conduct a major HIM work force research study. After an initial planning phase in 2001, work shifted in 2002 to gathering data to help understand the current status of AHIMA, education programs accredited by AHIMA, and employers of HIM professionals, and to help assess future directions of the HIM work force. Central to this work were three surveys:

- A survey of the directors of AHIMA-accredited education programs to learn about their programs and the job market for their graduates
- A survey of students about to graduate from AHIMA-accredited programs in spring and summer 2002 to learn about their educational experiences and their search for employment
- A survey of a random sample of AHIMA members, with three components:
  - basic information about members and their work
  - attitudes of members about their profession
  - information about members who are also employers or supervisors of other HIM professionals

This article is based on the responses to the basic information component of the AHIMA member survey. In addition to these surveys, the University at Albany team began a series of case studies at several employers of HIM professionals. Already, the team has visited Rockford Health System in Rockford, IL, VISN 2 of the VA System in upstate New York, Partners HealthCare in Boston, MA, Healthcare Corporation of America (HCA) in Nashville, TN, and Maimonides Medical Center in New York City. The team is planning to visit several more employers in 2003 before preparing a summary report.

Finally, in addition to reports on each of the surveys and the case studies, the research team will prepare several papers and articles that will explore selected topics (for example, HIM salaries, career paths in HIM) in more depth and share insights with interested stakeholders.

The Work Force Assessment Study is funded through the Foundation of Research and Education (FORE) and is supported in part with generous gifts from 3M Health Information Systems, MedQuist Inc., AHIMA's component state associations, and individual members.

## Our Credentials

In the tables and charts presented in this article, the term "credential" refers to "highest credential." Thus, RHIA includes anyone who also holds a CCS or CCS-P credential and RHIT includes anyone who also holds a CCS or
CCS-P credential. The number of respondents in each category is shown in "Highest Credentials of Members," below.

It is clear from the survey responses that AHIMA members who hold only a CCS or CCS-P credential are not simply "coders." As a group they have clearly progressed into important positions in the HIM field and in their respective organizations.

### Highest Credentials of Members

| | Highest Credential | | | |
|---|---|---|---|---|
| **Credential Combination** | **RHIA** | **RHIT** | **CCS or CCS-P** | **Total** |
| RHIA only | 1,830 | — | — | 34.4% |
| RHIA and CCS or CCS-P | 231 | — | — | 4.3% |
| RHIT only | — | 2,482 | — | 46.7% |
| RHIT and CCS or CCS-P | — | 422 | — | 7.9% |
| CCS or CCS-P | — | — | 349 | 6.6% |
| **Total Number** | **2,061** | **2,904** | **349** | **5,314** |
| **Percentage** | **38.8%** | **54.6%** | **6.6%** | **100.0%** |

## Survey Methodology

AHIMA's eight-page member survey was sent to a random sample of 10,010 of the approximately 43,000 members on the AHIMA membership rolls as of June 1, 2002. To save both time and resources, the initial set of surveys was sent electronically to the approximately 5,935 members in the sample who had e-mail addresses in the member database. An e-mail message was sent to each of these members in mid-July and to non-respondents in early and late August. At the conclusion of the electronic component of the survey, 2,131 responses had been obtained.

In early September the first of three rounds of paper surveys were sent to the 4,075 members who had not provided an e-mail address, plus the 3,804 who had not responded to the e-mail survey. This mailing to the e-mail non-respondents was the last effort to obtain a response from this group. This was followed by additional mailings to non-respondents in early October and mid-November.

The net result of this survey process was the collection of 5,332 usable responses (2,131 electronic and 3,201 paper). Although this is less than the target response rate of 60 percent, it is a respectable rate for a questionnaire of this size. After reducing the counts by non-respondents with invalid mailing addresses and by respondents who are not presently employed or who are retired, the final adjusted response rate was estimated at 55 percent.

The authors are grateful for the time and effort devoted to completing the questionnaire. The resulting data set will be the source of many important insights that will help to shape the future of AHIMA and the HIM profession more generally.

## For More Information

A more complete summary of the survey responses can be found in a companion report, which is available on the AHIMA Web site at www.ahima.org. Readers interested in mining the member survey data more thoroughly should contact AHIMA. The data file will be made available later in 2003 for studies addressing research questions of interest.

## References

McKenzie, Steve. "AHIMA Membership: The 1997 Portrait." *Journal of AHIMA* 68, no. 9 (1997): insert following page 112.

"The Changing HIM Landscape: An AHIMA Member Profile." *AHIMA Advantage* 1, no. 1 (1996): 1.

Wing, Paul et al. "Responses from the 2002 HIM Student Exit Survey." March 2003. Available online at www.ahima.org.

Wing, P., C. McCormick, and M.H. Langelier. "Report on Responses to the 2002 HIM Education Program Director Survey." March 2003. Available online at www.ahima.org.

"Workplaces, Salaries, and More: Where Do You Fit In?" *AHIMA Advantage* 2, no. 3 (1998): 1.

"You Are Here—Annual Membership Survey Marks the Spot." *AHIMA Advantage* 4, no. 4 (2000): 1.

***Paul Wing*** *is deputy director,* ***Margie Langelier*** *is senior research associate, and* ***Tracey Continelli*** *and* ***David Armstrong*** *are graduate research associates of the Center for Health Workforce Studies, School of Public Health, University at Albany (http://chws.albany.edu).*

**Article citation**:
Wing, Paul, et al. "Who We Are: Findings from the 2002 Member Survey." *Journal of AHIMA* 74, no.5 (May 2003): 22-30.