HIM Reimagined
Transformation starts with you.

AHIMA
Table of Contents
Health Information Management Reimagined (HIMR) Foreword: ...................................................... 3
HIM Reimagined (HIMR): Executive Summary ..................................................................................... 6
HIM Reimagined: A Framework for Transforming Health Information Management ................................ 10
Scanning the Healthcare Landscape .................................................................................................... 12
Preventative ....................................................................................................................................... 13
Predictive ........................................................................................................................................... 15
Participatory ...................................................................................................................................... 16
Personalized ..................................................................................................................................... 18
Trends in Higher Education ............................................................................................................... 19
Government Initiatives ....................................................................................................................... 21
Certifications ..................................................................................................................................... 21
Apprenticeships .................................................................................................................................... 22
Recommendations .................................................................................................................................. 24
1. Increase the number of AHIMA members who hold relevant graduate degrees, e.g. HIM, Health Informatics, MBA, MD, MEd, etc. to 20 percent of total membership within 10 years 24
2. Build a mechanism to ensure availability of research that supports health informatics and information management ..................................................................................................................................... 24
3. Increase specialization across all levels of the HIM academic spectrum ................................................. 25
4. RHIA credential recognized as the standard for HIM generalist practice and the RHIT (+Specialty) as the technical level of practice .............................................................................................................................................. 26
Supporting Rationale ........................................................................................................................... 27
Rationale for Recommendation 1—Increase the number of AHIMA members who hold graduate degrees, e.g. HIM, Health Informatics, MBA, MD, MEd, etc., to 20 percent of total membership within 10 years .................................................................................................................................................. 28
Rationale for Recommendation 2—Build a mechanism to ensure availability of research that supports health informatics and information management ............................................................................................................................. 34
Rationale for Recommendation 3—Increase specialization across all levels of the HIM academic spectrum ............................................................................................................................................... 35
Rationale for Recommendation 4—RHIA credential recognized as the standard for HIM generalist practice and the RHIT (+Specialty) as technical level of practice .................................................... 40
References .............................................................................................................................................. 46
Health Information Management Reimagined (HIMR) Foreword:

This document is the result of the hard work, commitment, and forward thinking of a team of passionate and dedicated HIM professionals who spent hundreds of hours assessing the current and projected future landscape of the healthcare industry and higher education systems. HIMR is a national initiative and does not make recommendations that are applicable outside of the United States. Using the knowledge gained from this assessment, the team has proposed recommendations for consideration. This iteration is the first of several anticipated releases in a process that draws in ever-widening input from HIM and healthcare leaders who are equally as passionate as the HIMR team about the future of the HIM profession. As an invited reader for this first iteration of HIMR, your open and thoughtful commentary is requested. As comments are received, they will be addressed by the HIMR team and documented. Revisions will be made as indicated by the review and comment process.

HIMR is, by design, future-focused and likely does not reflect what many readers are currently observing in their workplace settings. The recommendations in this document are bold and ambitious and at the same time hold promise for future advancement of the HIM profession. Because of the significant nature of these recommendations, a 10-year, phased implementation plan is proposed. Those reading this document will appreciate the significant and progressive change initiatives that must accompany these efforts to ensure the HIM profession is prepared to take advantage of the many opportunities and challenges facing us as we move toward the ambitious goals outlined in this document.
A final and important consideration is the need for readers to combat personal fears and concerns and replace them with personal actions that can move both individuals and the profession forward. After all, transformation starts with you!

With sincere appreciation and grateful acknowledgement of:

**HIM Reimagined (HIMR) Primary Taskforce Members**
- Ryan Sandefer, MA, CPHIT, Chairperson HIMR, Chair & Assistant Professor, The College of St. Scholastica
- Marcia Sharp, EdD, RHIA, Co-Chairperson HIMR, Associate Professor & Graduate Program Director, UT Health Science Center
- Kelly Abrams, PhD, CHIM, Vice President, Canadian College of Health Information Management
- Sheila Carlon, PhD, RHIA, CHPS, FAHIMA, Health Information Management Department Chair, Regis University
- Ann Chenoweth, MBA, RHIA, FAHIMA, AHIMA Board Liaison, Senior Director, Industry Relations, 3M Health Information Systems
- MaryBeth Haugen, MS, RHIA, Consultant, Haugen Consulting Group
- Alexandra Krafft, RHIA, Student, University of Pittsburgh
- Desla Mancilla, DHA, RHIA, Senior Director, Academic Affairs, AHIMA
- Kyle McElroy, MS-HSA, RHIA, AVP, Health Information Management, IASIS Healthcare
- Connie Renda, MA, RHIA, CHDA, Associate Professor and Program Director, San Diego Mesa College
- Linda Sorensen, RHIA, CHPS, Department Chair, Davenport University

**Council for Excellence in Education (CEE)**
- Michelle Millen, MScPM, RHIT, Chairperson
- Susan Fenton, PhD, RHIA, FAHIMA, Chair-elect
- Ryan Sandefer, MA, CPHIT, Past-chair
- Dilhari DeAlmeida, PhD, RHIA
- Neisa Jenkins, EdD, RHIA
- Kelly Miller, MA, RHIA, CPHIMS
- LisaRae Roper, MHA, MS, CCS-P, CPC, CPC-I, PCS
- Beth Shan Holtzer, MAEd, RHIA, FAHIMA
- Marcia Sharp, EdD, RHIA
- Julie Shay, RHIA
- RoseAnn Webb, MNM, LHRM, RHIA, CHPS, FAHIMA
- Bonnie Wilkins, MHIM, RHIA

**CEE Ex-Officio Members**
- Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA
- Melissa Martin, RHIA, CCS, CHTS-IM
- Kay Merriweather, RHIA, CHDA, CDIP, CCS, CCS-P, CPC-H
Invited First Iteration Reviewers and Commenters

AHIMA Board of Directors
CCHIIM Board of Directors
AHIMA Foundation Board of Directors
AHIMA Staff Leadership
AHIMA HIM Credentialed Staff
CAHIIM Board of Directors
AHIMA House of Delegates and CSA Leader Representatives
Assembly on Education/Faculty Development Institute Attendees
HIM Educators
Leadership Symposium Attendees
Workforce Representatives (special invitations to selected members of CHIME, HFMA, HIMSS)
The Health Information Management (HIM) profession is at a crossroads and the path to choose is not an easy one. Either choice involves risk and reward. Because what is ahead is never as clear as what is in the past, this decision has to be made based on the best information available. HIM Reimagined is a future-focused initiative and proposes bold recommendations to ensure the continued relevance of the HIM profession in a rapidly changing healthcare environment.

Those who have been in the HIM profession have come to know that employers recognize and value the skills and abilities of Registered Health Information Technicians (RHIT) and Registered Health Information Administrators (RHIA). The HIM profession is likely best known for its expertise and leadership in the coding arena. In addition, HIM professionals lead the way in healthcare privacy matters. These two primary skills areas are those that set us apart from other healthcare professionals. The longtime role of the HIM professional as the bridge between the clinical, financial, technology, and other areas is facilitated by the broad content included in the existing HIM curriculum.

This broad education has led HIM practitioners to roles in almost every operational area of traditional healthcare (hospital) settings including quality improvement, risk management, contract management, financial management, data analysis, project management, information technology, administration, and others. Beyond hospitals, HIM professionals are found in almost every setting imaginable. Outpatient, vendor, pharmaceutical, research, and government are just a few of the settings in which HIM professionals are practicing today. The HIM profession and its RHIT and RHIA credentials are well known, HIM program graduates are getting jobs, and current practitioners are finding opportunities in a wide variety of roles and settings.

At this point, readers may question why there is any choice to be made and what crossroad we are encountering. The response to this question stems from a future focused analysis of the changing healthcare environment. HIMR outlines the anticipated changes in healthcare and how those changes will impact the HIM profession. For example, preventative, predictive, participatory, and personalized approaches to medicine, increased automation, and aging of the population will all have significant impact on HIM operations and what employers will need of HIM professionals in the future. To be prepared for these changes, the HIM profession must work diligently now to be ready for when these anticipated changes are more fully emerged.

Back to the crossroads: what are the choices? The first choice is the easier one to make and the one that many may be comfortable with given what is seen and done today in the practice of HIM. The profession can choose to not make any significant change in its scope or curriculum content. The continued focus on coding as a core of the HIM profession will ensure some HIM professionals will have leadership roles in areas related to coding and its importance across the healthcare spectrum. Given a changing world in which technology rules, there will be fewer direct coding and coding-related jobs available. AHIMA membership data suggests nearly half of HIM professionals who enter the profession do so in a coding related role. This means that choosing this path would lead the profession to less opportunity for entry-level positions.
The alternate choice is far more difficult, in part because the anticipated changes arising from increased automation and other healthcare environmental factors have not yet been seen or experienced. This choice leads the HIM profession to a place where it is valued for new and emerging skills, and at two distinct levels. The technical HIM professional level (associate degree) will be more focused, or specialized, bringing awareness to the employer community that associate degree-educated HIM professionals have a deep knowledge in a specific area of HIM practice (for example, privacy, auditing, coding, data analysis, etc.). The goal is to prepare practitioners that will focus on operational support in healthcare and healthcare related organizations. At the baccalaureate and master’s level, HIM professionals will practice at a broader level, assimilating data from multiple sources, creating knowledge, and leading healthcare organizations to use their health data assets to their best advantage for the benefit of the organization, patient, and population. To this end, what follows are the recommendations proposed in HIMR. See the full HIMR document for the references, data, information, and research that have led to these recommendations.

Recommendations

1. Increase the number of AHIMA members who hold relevant graduate degrees, e.g. HIM, Health Informatics, MBA, MD, MEd., etc., to 20 percent of total membership within 10 years.
   A. Increase funding of academic scholarships to foster access to higher levels of HIM education to members.
   B. Increase the number of faculty qualified to teach HIM and related graduate education.
   C. Implement graduate-level health informatics curriculum competencies to improve the value and increase demand for health informatics graduate education. These competencies have been developed and are anticipated to be ready for school adoption by 2017 to assist in supporting this goal.

2. Build a mechanism to ensure availability of research that supports health informatics and information management.
   A. Provide competitive research grants on an annual basis aimed at promoting health informatics and information management practice.
   B. Provide competitive dissertation scholarships to doctoral candidates conducting research on HIM-related topics.

3. Increase specialization across all levels of the HIM academic spectrum.
   A. Curriculum revisions to support specialization at the associate level (timeline: new curriculum available for use by August 2019 or earlier).
      i. Condensed HIM core at associate level with extensive specialization opportunities at student and program level. The core will include content from all domains, and the number of competencies in the nonspecialty content area is to be significantly reduced.
ii. Align HIM accredited academic specialty tracks with existing/future HIM-related credentials; consider gainful employment regulations to ensure anticipated salaries are sufficient to repay financial aid received for education attainment and encourage higher level education to achieve higher salaries.

iii. Focus effort on creating tracks at two-year program level with a potential emphasis on Certified Health Data Analyst (CHDA), Certified in Healthcare Privacy and Security (CHPS), Clinical Documentation Improvement Practitioner (CDIP), Auditing, Outpatient, and Non-acute care healthcare settings, Consumer Engagement and Advocacy, and other emerging specialties as indicated by employer need.

Program accreditation continues, as does the associate level degree, but it is based on a condensed set of HIM core content and deeper specialty content. Each school determines an appropriate specialty track or the appropriate number of tracks for their program and their regional market needs.

B. Broader HIM core at baccalaureate level

i. Align core HIM competencies with requirements for HIM credential maintenance.

C. Condensed core at Master’s Health Informatics and Health Information Management with specialization opportunities at program level.

4. RHIA credential recognized as the standard for HIM generalist practice and the RHIT (+Specialty) as the technical level of practice.

A. Transition the RHIT credential to a specialty focused associate level over a multi-year, multi-phased approach.


ii. Ongoing transition support for RHITs who want to transition to the RHIA credential will be provided (2017–2027). For example, consider a new opportunity for RHIA certification through a proviso approach that would allow individuals with a baccalaureate degree, who are also currently RHIT certified, to take the RHIA exam for a specified period of time from 2017–2027.

iii. August 2021–December 2026. Transition of RHIT credential from RHIT to RHIT+ (Specialty Designation).

a. Develop materials to communicate this transition to the market.

b. January 2027: RHIT credential no longer issued and retain the Specialty designation permanently.

B. Ensure clear pathways exist between associate and baccalaureate HIM programs to encourage existing HIM professionals and new entrants to the HIM profession to earn a baccalaureate degree and a RHIA credential.

i. 40 percent of the current technical level membership will advance to a minimum of a baccalaureate degree by 2027.
ii. Curriculum must be designed to allow seamless transitions from the associate level to the baccalaureate and from the baccalaureate to the master’s degrees.

iii. Focus efforts on recruitment to illustrate the value of higher academic preparation.

iv. Provide support to education institutions to transition programs, as appropriate and when possible, from associate level to baccalaureate level and from baccalaureate to master’s degrees.

C. Align certification processes with industry and education needs.

i. Ensure certification examination process supports the ability of HIM to be more quickly aligned with future industry needs.

ii. Align CEU requirements with future-focused employer needs that ensure the recognition of the HIM profession.

The Vision 2016 white paper, released in 2007, proposed some similar recommendations, although the HIMR recommendations have been refocused based on new knowledge that has emerged since that time. The conclusion of the Vision 2016 white paper included a call to action, citing that it was “time to reach a consensus and take steps to advance HIM education and develop more qualified faculty is now. If we further delay, it will pass us by.” This call to action was loud, yet stopped short of making the important connection between education and the HIM profession as a whole. In retrospect, the progressive tone of Vision 2016 at the time was probably too early for many to “see” the world that was envisioned. Major distinctions from the previous Vision 2016 initiative and its successor, Reality 2016, and HIMR are noted. One such distinction is that the passage of time has made it clear that technology is rapidly advancing to the point where current HIM roles will be performed by computers in the future. This is an important observation that supports the need for the changes outlined herein.

AHIMA, as a professional association will continue to support and encourage its members to build from their knowledge and couple it with additional skills that will prepare them for the future. Further, the role that AHIMA plays in policy and advocacy will always remain strong. However, with awareness that the number of currently held entry-level positions will decrease in the future, AHIMA strives to outline areas for potential advancement to ensure the continued relevance of the HIM profession. This change will not occur because AHIMA says so. It will occur because individual practitioners see the open doors ahead and are willing to prepare to enter those new spaces.

The education community is central to the success of this plan. More baccalaureate and master’s programs are needed to transition the profession from the predominant current workforce of associate-educated professionals. Associate-level education will remain strong for programs already in existence as they focus on specialization options and on preparing students for more seamless transitions to baccalaureate level programs. An emphasis needs to be placed on program growth at the baccalaureate and graduate level to move the profession to a higher level of education rapidly. The immediate goal is to demonstrate recognition for specialty expertise that meets current industry needs, and over the long term fosters a dynamic and adaptive framework for addressing health information management challenges.
HIM Reimagined: A Framework for Transforming Health Information Management

“Vision 2016: A Blueprint for Quality Education in Health Information Management” was published in September 2007 and highlighted the need for Health Information Management (HIM) education to move toward a more evidence-based curriculum. The purpose of the report was to ensure the HIM profession “would be able to further sustain and lead amidst a rapidly changing healthcare delivery system.” The report focused on three priority areas—(1) transformation of HIM to a graduate level profession by 2016; (2) realignment of HIM associate degrees by 2016; and (3) preparation of an effective HIM faculty by 2016.

Since 2007, considerable work has been done to address these three priority areas. Five HIM graduate programs have been accredited by CAHIIM and others are currently in candidacy for accreditation as of this writing (June, 2016). Regarding realignment of associate degrees, the Council on Excellence in Education (CEE) has created optional specialty tracks that can be adopted by associate degree programs. The specialty tracks focus on health data analysis, coding, cancer registry, documentation improvement, and privacy and security. Finally, considerable work has been conducted to assist in the effective preparation of HIM faculty. The Faculty Development Institute (FDI) and the Assembly on Education (AOE) have been redesigned and now, for example, include specialty tracks with deep content in data analytics and informatics that recognize faculty training needs for expanding curriculum content areas. Scholarship programs have been created by the AHIMA Foundation to support educational attainment, and additional webinars and workshops have been instituted to provide timely training on various topics. A large volume of work has been conducted to meet the objectives of Vision 2016; however, it remains a challenge for accredited HIM educational programs to meet the changing needs of the healthcare industry. While the HIM profession has graduate programs,
currently less than 12 percent of AHIMA’s membership holds a graduate degree (AHIMA, 2016). AHIMA has long supported the need for graduate level education and continues to do so.

While specialty tracks at the associate degree level have been created, they are optional and have yet to be widely adopted by programs. In fact, a recent survey of HIM programs revealed that only 30 percent of accredited associate degree programs were considering implementing the specialty tracks. Finally, there are nearly 400 HIM programs that are currently accredited, or in the process of accreditation, and the challenge of recruiting and retaining effective faculty to teach ever-changing content is more difficult than ever.

In addition to the changing nature of healthcare and HIM generally, the environment of higher education is rapidly transforming. The cost of higher education continues to make headlines, and the focus on education has shifted to value and competencies. Technology continues to change the way faculty teach and students learn, and the use of online education has increased tremendously in higher education and in accredited HIM programs since 2007. Accreditation standards and practices are continuously changing, and HIM competencies have been almost completely revamped since Vision 2016 was published. During this time, the breadth and depth of the HIM profession has also continued to grow, resulting in an even more expansive curriculum.

There have been several drivers of the need to revisit Vision 2016 and broaden its vision, scope, and recommendations. The passage of the Affordable Care Act (ACA) has resulted in numerous initiatives to deliver care using innovative models and reimbursement systems, the workforce and workplace have advanced tremendously in the use of technology, and educational institutions have more varied approaches in how to respond to new demands of the digital learner while responding to changes in the workplace and workforce. Higher education funding sources,
state budgets, and gainful employment rules are also changing the landscape of higher education today, with an impact on HIM programs at all academic levels.

This report, by a task force of the Council for Excellence in Education, uses current knowledge, literature, research, and environmental scan data to articulate a comprehensive and future focused vision of the HIM profession that is based on several key areas:

- Changes in the workforce
- Education trends
- Changes in the healthcare environment in general

As a foundation for this effort, the task force focused on a few seminal works from reputed healthcare experts that culminate in recommendations for the future of the HIM profession within the ever-changing future healthcare market and workplace.

**Scanning the Healthcare Landscape**

Since 2007, the healthcare landscape—including delivery systems and reimbursement models—has changed dramatically. There have been advancements in diagnostic tests, drug treatments, genetics, and technologies that minimize invasive surgeries, reduce lengths of stay, and alter how patients (which refers to all healthcare consumers) access medical care with the use of mobile devices, social media, and telecommunication tools. The Affordable Care Act, passed in 2010, continues to have a significant impact on healthcare delivery—how care is accessed and paid for—including options for health insurance exchanges.

The Deloitte Centre for Health Solutions, part of Deloitte UK, recently generated a research document titled “Healthcare and Life Sciences Predictions 2020: A bold future?” (Deloitte Center for Health Solutions) that offers insight into the future of healthcare. Their predictions
center on the increased use of big data, the changes in the healthcare consumer’s needs, and the
effects of digitized medicine on regulatory compliance and healthcare delivery systems. Of
primary importance in this report is the ever-changing scope of healthcare delivery. With the
widespread implementation of electronic health records and related applications across the
nation, patients are able to view their health information electronically and are becoming more
educated consumers of healthcare services. With greater patient-driven healthcare, it has become
more critical than ever to be aware of the P-4 Medicine concepts. P-4 Medicine refers to
healthcare and medicine that is:

- Preventative
- Predictive
- Participatory
- Personalized

These P-4 concepts demonstrate the shift to patient-driven healthcare, where patients are
more involved with their healthcare decisions. The Deloitte report echoes this, stressing the
importance of a greater movement towards patient-centered care in 2020 and beyond. The idea
that medicine should be preventative, predictive, participatory, and personalized and will have a
profound impact on the future delivery of healthcare and will eventually drive the healthcare
value proposition.

**Preventative**

There are many facets of illness and disease, but the more that is known about the
incidence and a patient’s susceptibility, the more focused diagnosis and treatment can be. Many
Americans and global citizens suffer from chronic disease. The Centers for Disease Control &
Prevention (www.CDC.gov) has a vision similar to the Deloitte Report that identifies risk behaviors that may be mitigated by preventive strategies. The CDC lists many social determinants of health including tobacco use, poor diet, physical inactivity, excessive alcohol consumption, high blood pressure, and hyperlipidemia as those behaviors that contribute most to chronic disease in the United States. Additionally, the Public Health sector, through its many population health initiatives, focuses on controlling acute outbreaks of infectious disease and immunizations for school children and older adults or those traveling to disease-susceptible countries or environments.

Concentrating on prevention in 2020 and beyond involves the collaboration of not only organizations such as the CDC and Health Departments, but the patient-centered healthcare delivery system and the informed patient. Advances in technology can assist in the patient and the provider’s approach to preventing illness and disease. New wearable devices help monitor blood pressure, glucose, fitness and activity, BMI, and heart rate. In addition, wearable devices and increases in services such as patient-provider telecommunication and fitness and wellness programs offered by communities will allow for further prevention of illnesses and diseases.

Similarly, the ACA focused efforts on preventative medicine by expanding coverage of preventative and pre-screening services across populations. The Act also recommended a broader range of health professionals, such as nurse practitioners and physician assistants, to be available for delivering care. Additionally, the Act contains measures intended to increase the use of information technology and tools, including decision support, alerts, reminders, and reporting requirements.
The emphasis on prevention impacts future HIM professionals in numerous ways. For instance, the collection, transmission, use, and access to information pulled from wearable devices relates directly to the HIM professional. The increase in data used from wearable devices is also associated with information governance and information security issues, which will become more relevant to HIM professionals as the profession expands. Additionally, research associated with this data, including identifying healthcare trends and preparing reports that might aid in healthcare decision making, could be performed by HIM professionals in the future. HIM professionals are well suited to fill new positions related to educating or advocating on behalf of patients to leverage their personal health information to achieve improved health outcomes at the individual and population health levels. In addition to the ability to prevent illness and disease, a similar ability to predict disease will continue to evolve as technology advances beyond 2020.

Predictive

The healthcare landscape is rapidly changing toward a data-driven and quality outcome-focused delivery system. HIM professionals remain at the forefront of this change as the adoption of electronic health records (EHRs) becomes ubiquitous. The next chapter of information management is information governance within the current data-rich environment. The succeeding wave of health information skills will largely focus on managing and interpreting data versus simply producing data. Predictive healthcare is based on new achievements in science that assist in preventing development of disease prior to the appearance of symptoms with the goals of increasing life expectancy and improving quality of life (Sadkovsky et al., 2014). The advancement of health information technologies leading to predictive healthcare, along with industry demands, will further pressure the ability to provide meaningful education related to predictive healthcare.
The exponential growth of data will allow many aspects of healthcare to be more predictive. Benchmarks will be established, reducing healthcare variance with increased use of best practices. The trend in personalized medicine contains branches of preventive measures including diagnosis, drug therapy, genomics, holistic health, patient records, IT systems, technology, and patient outcomes (Sadkovsky et al., 2014). These trends are dependent on healthcare data and processes associated with the collection, analysis, and storage of data. Essentially, predictive data will drive expanded evidence-based medicine and clinical practice.

The concept of P-4 Medicine will play a principal role in driving a more predictive environment, eliminating unnecessary costs, and improving patient care as well as the patient experience. Predictive data will support this position by reducing readmission rates, identifying existing fraud and abuse, ensuring consistency of reliable big data, continuing to reshape payment reform, generating increased transparency on quality outcomes, and highlighting consumer awareness around value-based healthcare decision making. The concepts related to predictive medicine, as well as the increased focus on participatory care concepts, will help provoke valuable discussion within the HIM academic arena surrounding future curriculum development.

**Participatory**

In order to stay up-to-date with the healthcare revolution and the focus on systems medicine, big data, and patient involvement in care, the HIM profession must be able to support these driving forces in our practices (Hood & Auffray, 2013). Societal and technological challenges must be addressed through combining systems medicine and big data to fuel a participatory healthcare system. Analytics tools, networks, and use of personal data clouds will
be necessary to accomplish these tasks. According to Hood and Auffray (2013), there are several factors that need to be addressed related to participatory medicine. Many of these factors involve HIM principles and include privacy and security, IT tools, education, digital devices, and data cloud integration. Patient-driven care and collaborative interdisciplinary teams are the trends in healthcare that are leading the way for healthcare professionals.

According to Swan, patient-driven healthcare involves greater flow of information, collaboration, and customization. The trend in the use of health social networks, personalized medicine, and self-tracking can help lead to improved healthcare (2009). Health social networks are being used for patient emotional support and information sharing. This information needs to be current, reliable, accurate, protected, and easy to share. Personalized medicine includes the collection and storage of detailed individual biological characteristics which allow therapies, drugs, and treatments to be individualized. Consumers may take part in the collection and synthesis of their own data and help to manage their own healthcare. Quantified self-tracking is possible due to being able to capture, manipulate, and store data easily. These trends indicate a shift to patient-driven healthcare.

Healthcare delivery is becoming more collaborative. Current challenges for healthcare organizations and providers are to provide better care, improve population health, and reduce costs. A suggested solution for these challenges is to produce healthcare workers that work collaboratively across the various disciplines (Kirch & Ast, 2015). The education of healthcare professionals must reflect these challenges and address barriers to interprofessionalism to ensure the inclusion of all disciplines and appropriate sharing of information between all disciplines. Information systems need to use a process-oriented approach to ensure the availability of information for all. Information systems need to support patients as well as professionals in order
to support quality care (Wachlander, 2015). Team-based models of patient care require the
appropriate sharing of data and patient information. The HIM professional should play a
supporting role in information sharing and interdisciplinary clinical teams, according to a study
carried out by Sibbald, Wathen, Kothari and Day, (2013).

These identified participatory trends in healthcare are changing the way we deliver
healthcare in our country. The healthcare delivery team now consists of clinical and financial
care professionals, representing patient care teams, consumers, patients, professionals from HIM,
and financial operations all working together.

**Personalized**

In addition to the transition toward more participatory care, there is an increased focus on
healthcare that is more personalized. Reimbursement models are changing to place a greater
emphasis on team-based and coordinated care, which aims to provide care that is based upon a
holistic view of the patient. Accountable Care Organizations, Patient Centered Medical Homes,
and Hospital Value-Based Purchasing all emphasize the role of putting the patient and their
particular needs at the center of the care process. By prioritizing the patient’s needs and
preferences as part of the care process, the goal is to improve quality and decrease cost.

The shift to patient-centeredness is evident with statistics that show 30 percent of a
hospital’s Total Performance Score under the Hospital Value-Based Purchasing Program is
associated with patient experience of care (Medicare Hospital Compare, 2016). The Electronic
Health Record Incentive Program also illustrates the focus on personalized care. While the
program promotes the adoption and use of patient-centered technologies (such as patient portals
and secure email) and personal health information management (such as after-visit summaries
and electronic access to discharge instructions), the program also required the collection of
patient-specific communication preferences and the provision of patient specific educational
resources (EHR Incentives and Certification, HealthIT.gov). The programmatic requirements
indicate that healthcare is moving toward a more personalized approach to information collection
and use.

Technology advances are also allowing for healthcare treatment to be tailored based upon
an individual’s genome. The number of personalized treatments and products increased nine-fold
between 2006 and 2014, and the cost of genetic sequencing has reduced dramatically over the
past decade—the cost of a sequenced genome is around $1,000 (The Cost of Sequencing a
Human Genome, National Human Genome Research Institute, 2016). As the cost of genetic
sequencing continues to fall and the awareness of the benefits continues to rise, the adoption of
personalized medicine for treating different conditions will expand greatly. Abrahams and Silver
suggest it is estimated that 17,000 strokes could be prevented per year if a genetic test was used
to prescribe warfarin. Similarly, it is estimated that more than $600 million could be saved if
colorectal cancer patients received a genetic test for the KRAS gene prior to treatment (2009).

**Trends in Higher Education**

Since the 2016 Vision report, the penetration of online learning in higher education has
significantly increased and has dramatically impacted the industry. Due to improved access to
higher educational offerings through distance-based delivery methods, prospective students have
the opportunity to attend programs without the barriers of geographic space, work-related
sacrifices, and others that have historically put higher education outside the reach of many
Americans.
Although there has been tremendous growth in higher education in the United States, there has also been a reduction in state appropriations and an increase in tuition rates (See figures 1 and 2). As state funding decreases, colleges and universities must raise tuition costs to produce sufficient income, posing a problem for the average American. Studies have shown that the cost of college tuition has increased dramatically relative to inflation rates and the median household income (Oliff et al., 2013). In addition to being an issue for students looking to attend college, reduction in federal and state financial aid has caused public colleges and universities to cut faculty positions, eliminate course offerings, reduce library services, and, in some cases, close campuses. This results in diminished access and quality, a significant dilemma in the world of education (Mitchell et al., 2014).

In an effort to alleviate the pain of high-priced tuition and reduced state funding, other models of education are being used. One such model is a cooperative education program which offers extensive on-the-job experience and training. Other colleges are implementing a one-course-at-a-time model to ensure students can afford their courses. A third model that is quickly gaining momentum is a competency-based education (CBE) approach (Mints, 2014). This form of education allows students to advance based on their ability to master a skill or competency and focuses on learning outcomes rather than class times (Gruppen et al.). To further reduce tuition costs, adult students with work experience may be able to receive academic credit for knowledge and skills acquired in their former careers. Many of these CBE programs offer industry-recognized certificates or credentials and align their curriculum with nationally recognized standards (“The Competency-Based Education Ecosystem Framework,” 2016).
Many colleges and universities see a potential to deliver unique educational opportunities and experiences through such competency-based programs. As they accept this timely model, the number of online learners continues to grow (“Online Report Card—Tracking Online Education in the United States”). As we move forward in the development of an academic vision for health information management programs, the CBE model and other areas impacting higher education will be explored and analyzed to determine the best course of action for the HIM profession as a whole. **Government Initiatives**

Federal and state initiatives related to education and workforce have a direct impact on students, educators, and practitioners. There are many such initiatives currently underway or in development that have the potential to significantly influence education program development, delivery, access, and, ultimately, employability. In considering a future academic and professional vision, it would be remiss to ignore government or quasi-government initiatives involving certification, paid internships, apprenticeships, and competency-based education. **Certifications**

Many industries have a unique body of knowledge that can be gained through formal education, work experience, or other methods. To ensure those practicing in any given industry have the required body of knowledge, a certification process is often used for validation. Employers look to certifications offered by reputable associations, for-profit companies, vendors, and others to ensure the individuals they are hiring have the skills and abilities required for the role.

Concerns related to value, changes in formal continuing education delivery systems, and advancing technologies have caused the government to espouse the need to ensure that
certifications can be measured for value. The concept of the value proposition is as much rooted in the age-old doctrine of “buyer beware” as it is in the open market concept upon which the United States economy is built. Too often there are people who spend hard-earned money taking courses and programs that will lead to a certification and then learn far too late that the certification is not valuable or recognized in their industry. For these reasons, the government is expending considerable resources in order to better understand how certifications can benefit both the certificate holders and employers. Ultimately, a process that allows individuals to demonstrate workplace competence through stackable, latticed, portable, and competency-based methods is in demand (Ganzglass, 2014). Each of these terms provides guidance about what educators and others providing content leading to certifications should consider as they build their curriculum and knowledge delivery models.

Finally, the ability to truly measure learning at a competency level is critical. Current employer concerns voiced about job readiness of college graduates conflicts with the value statement of academic-based certifications (Jaschik, 2015). Methods to assess skills-based learning in addition to age-old testing are necessary inclusions in education redesign as it relates to certifications and validation of learning outcomes. In addition, the concept of how students can be recognized for lifelong learning through work and other experiences is critical. It is inefficient and expensive for individuals to pay to take courses to learn material in which they are already proficient. To decrease the probability that this will occur, there must be a way to measure what individuals already know. This issue is one that private and public entities are jointly seeking to solve to achieve the goal of appropriate recognition of knowledge and skills, regardless of the source.

Apprenticeships
A current initiative receiving great emphasis and financial support from the government is the development of apprenticeship programs. These programs provide opportunities for working learners to build or expand their knowledge and receive payment for doing so (Bureau of Labor Statistics, 2013). Apprenticeship programs have many types, styles, and methods of delivery. With their roots in manufacturing and unionized jobs, apprenticeship programs are now being implemented in other types of settings and are intended to bridge the gap between what is learned in post-secondary education programs and the skills needed on the job. Education alone is not always the answer to preparing job-ready individuals. Apprenticeships are being examined as a way to quell employer concerns about individuals who come straight from education programs but do not have work experience outside the classroom. Should this trend continue, there will be a need for increased collaboration between schools and employers to ensure the education component of the apprenticeship program effectively prepares the apprentice to meet employer demands.

These are but a few of the many ways the actions of the government directly impact the academic community. The current focus on meeting employer needs is likely to continue to drive change. Academia has long fought against the perception of the ivory tower syndrome and clearly must collaborate more effectively with employers to meet their rapidly changing needs. Teaching and assessment methods must ensure the required learning outcomes are skills-based, competency-based, and aligned with employer needs.

Now is an exciting time for the HIM profession. The dramatically changing landscape of healthcare and education over the last 10 years, in conjunction with the analysis of trends in this document, affords our profession the opportunity to make bold changes today to ensure our
professionals remain at the forefront of governance of information, compliance, data analytics and the integrity of health data in the future.

The draft recommendations contained in this document are designed to provide a foundation for the HIM profession and build educational strategies and pathways for career advancement.

**Recommendations**

1. **Increase the number of AHIMA members who hold relevant graduate degrees, e.g. HIM, Health Informatics, MBA, MD, MEd, etc., to 20 percent of total membership within 10 years.**

   A. **Increase funding of academic scholarships to foster access to higher levels of HIM education to members.**

   B. **Increase the number of faculty qualified to teach HIM and related graduate education.**

   C. **Implement graduate-level health informatics curriculum competencies to improve the value and increase demand for health informatics graduate education. These competencies have been developed and are anticipated to be ready for school adoption by 2017 to assist in supporting this goal.**

2. **Build a mechanism to ensure availability of research that supports health informatics and information management.**

   A. **Provide competitive research grants on an annual basis aimed at promoting health informatics and information management practice.**
B. Provide competitive dissertation scholarships to doctoral candidates conducting research on HIM-related topics.

3. Increase specialization across all levels of the HIM academic spectrum.

A. Curriculum revisions to support specialization at the associate level (Timeline: new curriculum available by 2018).

i. Condensed HIM core at associate level with extensive specialization opportunities at student and program level. The core will include content from all domains, and the number of competencies in the non-specialty content area is to be significantly reduced.

ii. Align HIM accredited academic specialty tracks with existing/future HIM-related credentials; consider gainful employment regulations to ensure anticipated salaries are sufficient to repay financial aid received for education attainment and encourage higher level education to achieve higher salaries.

iii. Focus effort on creating tracks at two-year program level with a potential emphasis on Certified Health Data Analyst (CHDA), Certified in Healthcare Privacy and Security (CHPS), Clinical Documentation Improvement Practitioner (CDIP), Auditing, Outpatient, and Non-acute care healthcare settings, Consumer Engagement and Advocacy, and other emerging specialties as indicated by employer need. Program accreditation continues, as does the associate level degree, but it is based on a condensed set of HIM core content and deeper specialty content. Each school determines an appropriate specialty track or the appropriate number of tracks for their program and their regional market needs.
B. Broader HIM core at baccalaureate level

i. Align core HIM competencies with requirements for HIM credential maintenance.

C. Condensed core at Master’s Health Informatics and Health Information Management with specialization opportunities at program level.

4. RHIA credential recognized as the standard for HIM generalist practice and the RHIT (+Specialty) as the technical level of practice.

A. Transition the RHIT credential to a specialty focused associate level over a multi-year, multi-phased approach.


ii. Ongoing transition support for RHITs who want to transition to the RHIA credential will be provided (2017–2027). For example, consider a new opportunity for RHIA certification through a proviso approach that would allow individuals with a baccalaureate degree, who are also currently RHIT certified, to take the RHIA exam for a specified period of time from 2017–2027.

iii. August 2021–December 2026. Transition of RHIT credential from RHIT to RHIT+ (Specialty Designation).

a. Develop materials to communicate this transition to the market.
b. January 2027: RHI-T credential no longer issued and retain the Specialty designation permanently.

B. Ensure clear pathways exist between associate and baccalaureate HIM programs to encourage existing HIM professionals and new entrants to the HIM profession to earn a baccalaureate degree and a RHIA credential.

i. 40 percent of the current technical level membership will advance to a minimum of a baccalaureate degree by 2027.

ii. Curriculum must be designed to allow seamless transitions from the associate level to the baccalaureate and from the baccalaureate to the master’s degrees.

iii. Focus efforts on recruitment to illustrate the value of higher academic preparation.

iv. Provide support to education institutions to transition programs, as appropriate and when possible, from associate level to baccalaureate level and from baccalaureate to master’s degrees.

C. Align certification processes with industry and education needs.

i. Ensure certification examination process supports the ability of HIM to be more quickly aligned with future industry needs.

ii. Align CEU requirements with future-focused employer needs that ensure the recognition of the HIM profession as one that is current and meaningful.

Supporting Rationale
Rationale for Recommendation 1—Increase the number of AHIMA members who hold graduate degrees, e.g. HIM, Health Informatics, MBA, MD, MEd, etc., to 20 percent of total membership within 10 years.

The advancement of professions is not a new concept. This has been a focused concern in areas such as nursing, dental hygiene, and education in the recent past and present. If we consider a profession to be an entity that constantly increases its body of knowledge, functions independently in development of policy, and upholds high standards related to conduct and achievement, then advancement in the health information profession is inevitable (Boyleston & Collins, 2012). As other healthcare professions expand and mature, there is an expectation for highly trained professionals in these areas. HIM is no exception. The rigor of HIM programs has steadily increased to meet changes in the environment, and entry into practice needs to reflect these changes. Professions such as physical therapy and physician assistants have advanced their educational models to reflect advances and trends (Boyleston & Collins, 2012). Because healthcare is interdisciplinary and relies on data, healthcare professions need to advance simultaneously.

Boyleston and Collins (2012) cite a June 2002 multidisciplinary Institute of Medicine (IOM) summit that spoke to health professions not being sufficiently prepared to meet the changing healthcare system needs. Although the committee addressed clinical education and curriculum, it also included informatics in its recommendations. The concept of using core competencies to advance entry-level education of clinicians has been suggested and implemented for professions such as physical therapy, nursing, occupational therapy, respiratory therapy, and physician assistants (Boyleston & Collins, 2012). Following suit, HIM needs to reform entry-level practice models to keep pace with the changing healthcare environment.
Darby (2009) indicates that many health professions are now at the graduate level due to advances in technology, knowledge, and new scientific evidence. In addition, there exists a need to avoid curricula that surpass credit and time limits for a baccalaureate degree and to award a degree that is appropriate to the challenging academic preparation and intricacy of practice (Darby, 2009). This applies to the profession of HIM as well as clinical professions. According to Darby (2009), practitioner models that include specialty graduate degrees have been able to improve patient access to primary care. The Monthly Labor Review (December 2013) published by the Bureau of Labor Statistics suggests that from 2012–2022, occupations requiring a master’s degree for entry are expected to grow to 18.4 percent. Patient access to care must be supported by the roles of HIM professionals, and this requires a greater number of professionals who hold a graduate degree.

At present, less than 12 percent of AHIMA’s total membership hold an advanced degree of any type (see figure 1). Advanced degrees are more commonly held by RHIA’s than any other credential—44 percent of AHIMA’s advanced degree holders hold an RHIA, followed by CCS (21 percent), and RHIT (11 percent). At present, 11.7 percent of the total AHIMA membership hold master’s level degrees or higher, while 1.7 percent of AHIMA’s total membership holds a doctoral degree (e.g., MD, JD, PhD, etc.). More than half of all AHIMA members hold an associates degree or less as their highest degree. To meet the challenges of an increasingly complex healthcare system, the current HIM profession education level must also increase.
Other Professions

Several other health professions have instituted higher educational standards to advance their professions. The American Physical Therapy Association (APTA) indicated in its Vision 2020 that by the year 2020, physical therapy will be delivered by therapists who hold a doctorate in physical therapy. The American Occupational Therapy Association (AOTA) helped move the profession from that of aides to programs with educational standards and a transition to separate standards for the two entry-level degrees of master’s and doctoral. In physician assistant programs, the move towards the entry-level master’s degree began in the 1980s due to a desire to have well-educated candidates, rigorous curriculum, and to follow other health professions that moved toward a master’s level profession. Nursing has moved from a hospital-based training program to suggesting the minimum standard be at the baccalaureate level. The Tri-Council for Nursing in 2010 called for nurses to advance their education to the baccalaureate level and
beyond (Boyleston & Collins, 2012). AHIMA’s Vision 2016 recommended a transition to entry-level master’s in HIM. While a laudable goal, HIM’s historical academic attainment levels did not support the ability to achieve this goal. The number of HIM professionals with advanced degrees necessary to teach in master’s programs was an insurmountable hurdle. With dedicated effort, the number of HIM professionals who hold advanced degrees has increased from 8 percent to 12 percent since Vision 2016 was released; this is not yet sufficient for recommending an entry-level master’s in HIM at this time.

**Reasons for Advancement**

Too much information exists related to the profession of HIM to include it in one entry-level curricula. According to Darby (2009), this is the case with dental hygiene as well. It is not possible to accomplish all there is to learn by adding it to the existing associate or baccalaureate level degrees, and because of the importance of the content for professional practice, it is not acceptable to rely on potential continuing education to meet standards. Other healthcare professions aforementioned have progressed to advanced or specialized roles using graduate degree programs (Darby, 2009). According to Darby’s 2009 article, there are seven main categories that justify the need for an Advanced Dental Hygiene Practitioner at the master’s level. Five of these categories can be directly applied to the Health Information Management profession as well. The first is the complexity of the profession. The scope of practice has expanded so greatly that the entry-level competencies can no longer be covered at the associate level, or perhaps even the bachelor’s level. This is related to the second category of curriculum creep, or trying to fit too much into entry-level curricula. Adding more to an associate or bachelor’s degree program is not the answer, yet as new jobs emerge related to new content, the temptation to add it to the curriculum is great. Next is the level of responsibility associated with
higher-level skills. Asking a practitioner to know and perform these skills should be at an appropriate level and associated with the appropriate degree. In addition, collaborative practice is necessary in healthcare today and HIM professionals need to collaborate with physicians and other master’s- and doctorate-level professionals. Lastly, HIM professionals need to be in executive positions to be represented at the policy table. Government and institution policy boards that make decisions about healthcare should include HIM professionals; individuals are more likely to be included if they possess a master’s degree or higher (Darby, 2009).

Technology has made a huge impact on healthcare. For example, as a result of the EHR and the ONC initiatives to improve quality and access, the role of HIM professionals has evolved. Access to information, interoperability, improved security, and improved quality of care have broadened the role and knowledge necessary. Escobedo, Kirtane, and Berman (2013) support the need for health information technology as a path to improved care transitions. The need to leverage technology and use core knowledge of EHRs will improve patient and practitioner involvement in healthcare. Escobedo, Kirtane, and Berman (2013) encourage the involvement of health professionals, providers, and consumers to invest in and integrate technology to support healthcare, which is another area where HIM professionals need advanced knowledge to support healthcare. Similarly, Goddard et al. (2004) indicates that a transition has taken place from merely providing data to providing information or knowledge, which will allow for improved decision making and emerging roles for HIM such as data stewards, analysts, and others.

Globalization and advances in the communication of information have made an impact on healthcare. Sharing health information globally allows access to new knowledge that can improve healthcare. Telehealth, interoperable EHRs, and telecommunication expand healthcare
and promote the health of all (Abbott & Coenen, 2008). HIM professionals need to expand their skills and knowledge in order to support all aspects and all health professions.

HIM curricula have expanded to include six primary domains and 32 subdomains. According to AHIMA’s membership database, advanced degrees held by AHIMA members only increased 1 percent from January 2014 to January 2016. Master’s degrees held by AHIMA members increased during the same time period from 9.32 percent of membership to 10.08 percent of membership (a less than 1 percent increase). Vision 2016 discussed broader professional roles, including new tasks and knowledge requirements for HIM, as well as a more global vision. This is supported by the literature, and if we are to continue on this path, advanced degrees are necessary for professionals in order to obtain the necessary knowledge.

Despite the projected growth of HIM professionals over the next decade, there is an underlying challenge facing the profession, which is finding qualified faculty to teach. As of June 2016, a brief Internet search reveals 69 health informatics and information technology faculty openings. All across the nation, higher education is faced with faculty shortages. A recent report from the Association of Academic Health Centers (AAHC) reveals that 94 percent of the 31 reporting CEOs declared faculty shortages as a problem in health profession schools. In addition, Vice President and Dean of the School of Health Professions, University of Texas Medical Branch at Galveston, Elizabeth Protas, reports her “biggest challenge is an inability to accommodate the enormous demand for student programs due to a shortage of faculty in all of the disciplines.”
Data from previous white papers on HIM education (1986, 1999, Vision 2016) reveals faculty shortages as a major issue (Vision 2016). Most HIM programs include a wide range of specific content grouped in the domains of health information data management, clinical classification systems, information technology and systems, and organization leadership. As the field advances with the implementation of the EHR and more complex organizational structures and information technologies, the breadth and depth of training for the HIM professional expands even further. The faculty expertise needed to teach these varied and complex topics must be drawn from a number of specific disciplines, as well as from HIM practitioners. Finding faculty who have the content expertise, the willingness to apply that expertise to HIM academic programs, and advanced academic degrees at the master’s and doctoral levels is challenging (Vision 2016).

Doctoral-prepared faculty to teach in graduate HIM programs continues to be an issue. Currently, there are 2,563 HIM credentialed professionals that indicate their primary place of employment is an educational setting. The total number of AHIMA members that hold an advanced degree (master’s or higher) is 8,341. Clearly, many HIM professionals with advanced degrees are working in practice based settings rather than in educational settings. In addition to increasing the number of HIM professionals with advanced degrees, there is also a need to create an appealing pathway to attract competent and academically prepared HIM professionals to higher education as a career.

**Rationale for Recommendation 2—Build a mechanism to ensure availability of research that supports health informatics and information management.**
In order to advance any profession to a “discipline” a significant body of knowledge and research must exist. In the future, if a doctoral degree in HIM is proposed, it must be established as a research-based discipline in order to be recognized as worthy of doctoral education.

Increasing support for research for publications and contributions to the HIM body of knowledge is critical and also a way to advance the membership and encourage master’s and doctoral-level research.

*Rationale for Recommendation 3—Increase specialization across all levels of the HIM academic spectrum.*

Two primary factors motivate this proposed recommendation. First is employer demand for in-depth, specialized skills and more foundational skills in communication, teamwork, and other factors contributing to workplace success. According to Jaschik, “Application of knowledge and skills in real-world settings, critical thinking skills, and written and oral communication skills are areas in which fewer than 3 in 10 employers think that recent college graduates are well prepared” (2015). In a survey conducted by The Economist Intelligence Unit, a disconnect between academia and industry was noted, and employer expectations for student graduating with critical thinking, collaboration, communication, and technical skills associated with the job are not being met (2014). Dissatisfaction with the performance of new college graduates is echoed in a study by internships.com that revealed “nearly 1 in 4 employers say recent college grads are unprepared for entry-level positions, with 37 percent of employers finding it difficult or very difficult to find qualified candidates” (2014). Findings such as these are indicative of the need for increased focus in academia on job-specific skills and the need to ensure students have the time to appropriately develop critical thinking, communication, collaboration, and other valuable career skills.
Coupled with the widening breadth of scope of the HIM profession as a whole, the ability of HIM educational programs at the associate level to effectively meet employer demands is endangered. A primary benefit of the generalist nature of the existing HIM curricula is that students can potentially find employment in a wide variety of roles. However, associate degree students are not obtaining the requisite employer desired skills due to the breadth of competencies currently required in the associate curriculum. The expansion of the curricula requirements has been a growing concern in the HIM academic community as well, with educators lamenting their inability to cover all the content requirements in the limited time they have with students.

The challenge of balancing the dichotomies that exist between industry and education is significant and not contained to the formal education process, but extends also to certification mechanisms used to validate learning. AHIMA’s strong specialty certifications offer the opportunity to ensure students exiting associate programs have the ability to demonstrate their specialized skills. Alignment of the certification exams to meet employer needs is another important factor in this discussion. Looking toward the future, employers are interested in certification testing that validates specific rather than general knowledge attainment and assesses critical thinking, communication, collaboration, and other career success skills. This is a prime opportunity to ensure specialty exam alignment with the curriculum and employer needs and at the same time to increase awareness of the value of specialty certifications in the marketplace.

Associate degrees will continue to be in high demand; however, the current generalist structure can no longer provide the level of competency required to meet the demands of the rapidly changing market. Knowledge workers are at a higher demand, and transitioning HIM to a knowledge worker level, which is defined as “Employees such as data analysts, product
developers, planners, programmers, and researchers who are engaged primarily in acquisition, analysis, and manipulation of information as opposed to in production of goods or services,” (Drucker) are at reduced risk of this automation replacement. Transitioning HIM to a knowledge worker level is critical for the advancement of the HIM profession.

In 2013, Frey and Osborne studied the susceptibility of various occupations to computerization. Of note are the additional relationships observed in this study related to wages and off-shoring of work in various occupational settings. The results of this study suggest that Medical Records and Health Information Technicians (the standard occupational classification (SOC) where health information coders are classified) are at 91 percent risk of computerization. While a unique SOC for informatics professionals did not exist at the time this study was conducted, automation for these types of roles would likely be far less since these roles typically fall into a knowledge worker level. Finally, for SOC 11-9111, which represents Medical and Health Services Managers, and where many RHIAAs are classified, the susceptibility of the job to computerization is less than 1 percent (0.73). AHIMA data suggests that nearly 43 percent of RHITs work in HIM Technician roles (e.g. coding) and over 15 percent of RHIAAs fall into this
same category (see figure 2).

Future jobs with a focus on growing need areas in ambulatory settings, or those where application of specialized and deep knowledge is used to create actionable information from data, are the growing areas of need (Sandefer, Marc, Mancilla, Hamada, 2015). While the future cannot be foreseen, we can certainly look to strong predictors to be prepared for whatever it may hold. There is a plethora of supporting evidence noted in the introductory section of this paper.
that suggests healthcare is expected to become more preventive in nature. Prevention starts in a
patient’s home, and at an individual level where outpatient and ambulatory settings are the venue
of choice to achieve the goals of increased prevention. These transitions occurring in healthcare
will create new opportunities for appropriate management of health information in settings where
HIM professionals can further demonstrate their expertise. Having the ability to specialize
through curricula that is more flexible and responsive to changing industry needs will allow
educators and students to be prepared to fill these new roles.

The baccalaureate level of HIM education is also not immune to the need to become
more specialized. A notable difference at this level of education is that there is almost double the
amount of time to prepare students to meet curricula competencies. In addition, during a
baccalaureate level program there is additional (and often state mandated) focus on many of the
skills that employers are identifying as current areas of weakness. For example, additional
coursework in oral and written communications is often required at a baccalaureate level of
education. Since the types of work-related positions that require a baccalaureate degree are often
managerial and leadership focused, the HIM core content should be broader than what is found
in the associate level. Managers and leaders must have this broad core to be able to effectively
function in settings that are becoming far more interdisciplinary and cross collaborative.

As curricula redesign is conceived in the future, the challenge will be to ensure
appropriate differentiation between the academic levels and clear content for specialization.
Knowing the significant impact that curricula revisions have on educators and students, a careful
and thoughtfully planned approach is necessary. Curricula redesign work will begin very early in
the HIMR proposed timeline. Frequent communication, requests for input, accreditation and
certification alignment, and an overall change and communication strategy will be followed. The
important work done in the 2014 curriculum revision process has placed HIM well ahead of the demand for programs based on measureable student competencies. This same competency focus will continue to expand as the result of state and federal initiatives to ensure learning is relevant, transferable, and measureable.

**Rationale for Recommendation 4—RHIA credential recognized as the standard for HIM generalist practice and the RHIT (+Specialty) as technical level of practice.**

Health information technology (HIT) is a significant factor influencing the future of the HIM profession. On the one hand, technology is transforming the way in which data is collected, stored, managed, and used across the healthcare continuum, thus opening the door for additional opportunities for HIM professionals. On the other hand, health information technology has the potential to automate a significant portion of the traditional work of HIM professionals. Computer-assisted coding is one area of particular concern, given the large proportion of HIM professionals who report coding as their primary role. According to an analysis conducted by Frey and Osborne (2013) that investigated the susceptibility of 702 occupations to automation from computer technology, the probability that medical record technicians roles will be automated is 0.91. That is, many HIM roles are at great risk of being automated over the next decade, and this automation will have a significant impact on the HIM profession as a whole. The study also finds that there is a strong, negative relationship between education level and wages and the risk for automation. In other words, those with higher levels of education are at a lower risk of automation—the future of HIM must be associated with knowledge workers with high degrees of specialization.
The healthcare industry is necessitating an increased level of specialization and different skills associated with education. A recent study assessing the perceived market readiness of college graduates suggests a schism between perceptions of academicians and employers related to entry-level preparedness. While 96 percent of academics reported confidence related to producing professionals with entry-level competence, only 11 percent of employers reported the same confidence. For example, while the healthcare industry is calling for greater skills in data analytics, and based upon AHIMA’s recently published workforce study noting that HIM professionals recognize data analysis as the top needed skill in the future, currently only 280 individuals hold the CHDA credential (see figure 3).

Of CHDA holders, 54.8 percent also hold an RHIA credential, 15.4 percent also hold an RHIT credential, and 39.4 percent either only hold the CHDA or also hold an AHIMA credential other than the RHIA or RHIT. Figure 4 displays the top 30 AHIMA credentials and credential
combinations. This reflects that AHIMA continues to recruit a great proportion of noncredential holders to sit for specialty credentials, and that work needs to be done to continue to train and prepare current credential holders to obtain the specialty credentials. This recommendation will work toward that goal.

Figure 4

AHIMA’s 2014–2017 Strategic Plan reflects this transition by advocating for central focus on information governance (IG) with a high degree of reliance on informatics, data analysis, and information technology. If IG is the future of HIM, and IG is characterized by specialized skills to support an “organization-wide framework for managing information throughout its lifecycle and supporting the organization’s strategy, operations, regulatory, legal, risk, and environmental requirements,” the future of HIM, including its educational
underpinnings, must be adaptive to the specific skills and content knowledge to meet this growing demand.

Instituting a bachelor’s degree requirement for the generalist HIM credential will position RHIA to have more visibility at higher levels within healthcare organizations. According to the results of the 2013 RHIA Job Analysis conducted by KNAPP & Associates and prepared for AHIMA, nearly half of all respondents holding the RHIA credential were in a management or director-related position, whereas the RHIT job analysis (prepared by Pearson) results indicate that approximately 18 percent of respondents holding an RHIT credential reported working in a management or director-related position. More than 75 percent of all respondents holding an RHIT credential reported currently working in an HIM technician role (i.e., coding or transcription). According to the results of the RHIT job analysis, only 8.4 percent of RHIT credentialed respondents reported plans to earn the RHIA credential. Career progression and advancement will be easier to obtain with clear pathways to higher degree levels.

Clear pathways for academic progression are of critical concern. Currently, the Commission on Accreditation for Health Informatics and Information Management (CAHIIM) accredits (or is in the process of accrediting) 378 HIM academic programs. The vast majority of these academic programs are associate degree programs (80 percent). Baccalaureate programs account for 18 percent of the total programs. For this academic transition strategy to be successful, emphasis must be paid to creating curriculum that effectively and efficiently transfers between associate and baccalaureate programs, and there is need for additional baccalaureate programs generally.
We recognize the significance of the technical degree base of the HIM profession. At the same time, changes in future market needs motivate us as a profession to advance our education base as quickly and efficiently as we can. The recommendations outline specific methods to encourage specialization and to promote baccalaureate and master’s level education. There are needs related to advancing the education levels for both existing professionals and future entrants into the HIM profession. While specialization will provide more significant opportunity for individuals with associate degrees, we must also attract people into the profession at the baccalaureate level to meet future job needs emerging at a higher level as well.

Conclusion

The future success of the HIM profession will depend on how responsive the profession can be with regard to changes in the delivery of healthcare and the ability to respond to the P-4 Medicine concepts—Preventative, Personalized, Predictive, and Participatory—by addressing the HIM competencies inherent in each of the following four pillars: data analytics, entrepreneurship, patient advocacy, and IG—as well as the privacy and security of the data in these four pillars.

The recommendations in this document also seek to respond to the changes and demands in the workforce by focusing education on skills, abilities, and leadership needed to advance the HIM profession, streamlining educational pathways, and providing opportunities for HIM professionals to advance at every level.

A key difference in the ability to operationalize these recommendations from Vision 2016 is the ever-increasing availability of online programs offering certificates and degrees specific to HIM and the growing informatics field. These offerings will likely continue to expand and grow.
as technology continues to advance in the delivery of education and healthcare delivery. This educational delivery mechanism is particularly useful to career changers and those advancing from associate to baccalaureate levels and from baccalaureate to master’s levels.

This is an exciting time for HIM professionals as we pave the way for a future of HIM professionals to serve healthcare in ways that are more relevant and contributory than ever before.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2769975/

Academic Health Center Say Faculty Shortages Major Problem


Bureau of Labor Statistics. Earn while you Learn. 2013. Available online at:
https://docs.google.com/document/d/1z5OH3b254rte68nr5STuCa3drq92nG3PrNfw-JG6i4/edit
Closing the Skills Gap: Companies and Colleges Collaborating for Change. March 2014. The Lumina Foundation. Available online at:

https://www.luminafoundation.org/files/publications/Closing_the_skills_gap.pdf


The cost of sequencing a human genome, national human genome research institute


EHR Incentives and Certification. HealthIT.gov. Available online at:

https://www.healthit.gov/providers-professionals/meaningful-use-definition-objectives

Faculty shortage, demand for programs proves biggest challenge for allied health professions.

https://www.utsystem.edu/blog/2013/08/21/faculty-shortage-demand-programs-proves-biggest-challenge-allied-health-professions


Medicare Hospital Compare, available online at: https://www.medicare.gov/hospitalcompare/data/total-performance-scores.html


Other Online References:

http://www.cbenetwork.org/competency-based-education/


http://www.cbpp.org/sites/default/files/atoms/files/5-1-14sfp.pdf

http://www.changemag.org/Archives/Back percent20Issues/2014/March-April

percent202014/Principles_full.html

http://www.changemag.org/Archives/Back percent20Issues/2015/July-August

percent202015/competency_full.html

http://edglossary.org/competency-based-learning/

http://www.educause.edu/library/affordability

http://www.highereducation.org/reports/losing_ground/ar2.shtml


The American Health Information Management Association (AHIMA) is the premier association of health information management (HIM) professionals worldwide. Serving 52 affiliated component state associations and more than 103,000 health information professionals, it is recognized as the leading source of “HIM knowledge,” a respected authority for rigorous professional education and training. Founded in 1928 to improve health record quality, AHIMA has played a leadership role in the effective management of health data and medical records needed to deliver quality healthcare to the public.

Haugen Consulting Group (HCG) is committed to providing a collaborative approach to consulting, education, and auditing. Our consulting services are focused on HIM, patient access, and project management with an emphasis on workflow optimization, assessments, interim management, and information governance. Our educational offerings for coding, patient access, and HIM utilize a variety of methods including classroom instruction, web-based training, and webinars. Our auditing services encompass ICD-10 and CPT for facility and professional fee coders with attention on coder education. Our solutions are customized for each organization’s unique requirements.
AHIMA
233 N. Michigan Ave., 21st Fl.
Chicago, IL, 60625 | USA
312.233.1100 | ahima.org
1730 M Street, NW, Suite 502
Washington, DC, 20036 | USA
202.659.9440 | ahima.org

Haugen Consulting Group
1873 S Bellaire Street
Denver, CO 80222 | USA
720.502.7690 | thehaugengroup.com