Part I
Health Data Management
Chapter 1
Introduction

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**Learning Objectives**

- To understand the development of the health information management profession from its beginnings in 1928 until the present
- To understand how professional practice must evolve to accommodate changes in the healthcare environment
- To understand the responsibilities of healthcare professionals
- To become familiar with the purpose and structure of the American Health Information Management Association
- To understand the certification processes of the American Health Information Management Association

**Key Terms**

Accreditation
American Association of Medical Record Librarians (AAMRL)
American College of Surgeons (ACS)
American Health Information Management Association (AHIMA)
American Medical Record Association (AMRA)
Association of Record Librarians of North America (ARLNA)
Certification
Commission on Accreditation for Healthcare Informatics and Information Management Education (CAHIIM)
Communities of Practice (CoP)
Council on Certification
Introduction

Health information management (HIM) has been recognized as an allied health profession since 1928. The Association of Record Librarians of North America (ARLNA) was formed only 10 years after the beginning of the hospital standardization movement. The association’s original objective was to elevate the standards of clinical record keeping in hospitals, dispensaries, and other healthcare facilities.

The first annual meeting of the professional organization was held in Chicago in 1929. Since then, the organization and the professionals affiliated with it have been advocates for the effective management of clinical records.

The name of the organization has changed several times throughout the years to reflect the changing healthcare environment. Today, the association is known as the American Health Information Management Association (AHIMA). Still, the association’s underlying purpose remains the same: to ensure the accuracy, confidentiality, and accessibility of health records in every healthcare setting.

This chapter provides an introduction to the history of the HIM profession. The chapter offers insights into the current and future roles and functions of health information managers. The mission of the original organization is no less important today than it was in 1928. In fact, the role of HIM professionals is even more important in today’s information- and technology-driven healthcare environment.

Those entering the HIM profession benefit from the commitment and hard work of previous visionaries in the field, who understood what it takes to develop and maintain a profession. Thus, to carry on with this legacy, today’s HIM professionals must be equally committed to the original goal of “elevating standards for clinical records” as well as fulfilling the obligations of healthcare professionals.

Theory into Practice

How can healthcare organizations effectively use the Internet to support the delivery of services? What can HIM professionals do to help? In a recent article published in the Journal of the American Health Information Management Association, Julia Holland (2000, 50–53) describes effective strategies for using the Internet in healthcare. She begins by saying:

Make no mistake, the Internet is keeping us all racing to stay up to date with new technologies, regulations, advances, and opportunities. But after all of the excitement has died down, the questions for healthcare remains: how can we use the power of the Internet to reengineer and support care delivery? And how does health information play a role in this process?
The healthcare industry will be working to answer these questions in the coming years, and HIM professionals are ideally positioned to lead the charge. HIM professionals have been designing and redesigning processes for decades. They are the logical and most appropriate choice to help determine how, when, and what health information will be used in the electronic healthcare world. This chapter explores what some organizations are already doing along these lines and how HIM professionals can get involved.

What is health information anyway? The answer depends on who is answering the question:

- For HIM professionals, health information is information that has traditionally been stored in a paper chart, whether it is housed in a hospital, physician’s office, clinic, health department, or any other facility that provides patient care.

- For healthcare consumers, who take a broader view, health information is anything related to any healthcare encounter they have experienced in their lives, including insurance payments, physician’s office visits, and prescription records.

- For insurance companies and other organizations that pay for healthcare services, health information is the coded data submitted to support billing, plus any miscellaneous information required to further explain diagnoses and treatments.

The list goes on and on. Sooner or later, someone will need all the information accumulated along the entire continuum of patient care. The trick has always been to determine who should access what information and how to make it appropriately available in a cost-effective manner.

Vendors have touted the electronic medical record for years, but many organizations are still seeking a fully functional product that meets their information demands, not to mention the need to become more efficient and economical. Although traditional vendors understand the many relationships that complicate the healthcare information environment, their advances in technology are falling behind the lightning-fast pace of the demands that HIM professionals face.

Why use the Internet? The pros and cons of this question are still being debated. From a technology and traffic standpoint, the Internet is the only single medium available capable of handling the estimated 30 billion transactions per year healthcare generates (Gardner 2000, 67). These transactions include payments, treatment approvals, prescriptions, laboratory orders, and reports of test results. In addition, an increasing number of people are using the Internet either daily or intermittently to become familiar with navigating and gathering information. Add the ease with which a person can potentially access his or her own or family health information without having to make an appointment, take off from work, get in the car, fight traffic, and wait to see the doctor, and the Internet appears to be the perfect solution. But is it?

For the HIM professional, the Internet presents exciting opportunities for process reengineering in support of care delivery. Think about all the information that is manually passed through an HIM department on a daily basis, and then consider the effect of automating that information. With all these issues covered, the HIM department’s cost to the organization would decrease significantly, and service and customer satisfaction would increase.
For example:

- Maintaining a large staff of file clerks would no longer be necessary because all the information would be generated and stored electronically.
- Most traditional release of information processes would be transformed. Most insurers would likely use the Internet to request and receive the information needed to support rapid and accurate billing and reimbursement if they were confident that the information was secure.
- Multifacility organizations and off-campus offices would no longer present the problems associated with chart tracking and chart transportation. These problems have plagued the HIM profession for decades and limited the ability of healthcare organizations to operate efficiently and provide high-quality services.
- Electronic authentication would shorten chart completion turnaround time, thereby lowering the number of delinquent records, which is frequently an issue for accreditation.

The HIM professional must become an ally to the leaders making Internet and technology decisions. The potential opportunities are endless. For instance, HIM professionals can address issues of data quality such as legibility, completeness, timeliness, and accuracy, to name a few. They can contribute to the success of many consumer-related endeavors such as personal health records. And HIM professionals’ skills will continue to be in demand in areas such as developing organizational health information policies and interpreting regulations and accreditation standards.

**Early History of Health Information Management**

Today’s HIM professionals are the benefactors of the wisdom, insight, and fortitude of pioneers whose untiring commitment is reflected in today’s dynamic profession. The history of the HIM profession is witness to how a small group of dedicated individuals can come together and make a difference for decades to come.

The early history of the health information profession was summarized by Edna K. Huffman in an article appearing in the March 1941 issue of the *Bulletin of the American Association of Medical Record Librarians* (Huffman 1941). Three distinct steps influenced development of the profession. These included the hospital standardization movement, the organization of records librarians, and the approval of formal educational processes and a curriculum for medical record librarians.

**Hospital Standardization**

Before 1918, the creation and management of hospital medical records were the sole responsibility of the attending physician. Physicians in the early twentieth century, like many physicians today, often disliked doing paperwork. Unless the physician was interested in medical research, the medical records in the early twentieth century were “practically worthless and consisted principally of nurses notes” (Huffman 1941, 101).

Medical records of that time did not contain graphical records or laboratory reports. Because there was no general management of medical record processes, the incomplete
records were often filed as received on discharge of the patient. Hospitals made no effort to ensure that the deficient portions were completed. Furthermore, no standardized vocabulary was used to document why the patient was admitted to the hospital or what the final diagnosis upon discharge was.

In 1918, the hospital standardization movement was inaugurated by the American College of Surgeons (ACS). The purpose of the Hospital Standardization Program was to raise the standards of surgery by establishing minimum quality standards for hospitals. The ACS realized that one of the most important items in the care of any patient was a complete and accurate report of the care and treatment provided during hospitalization. Specifically, the standard required the following (Huffman 1941, 101):

Accurate and complete medical records [must] be written for all patients and filed in an accessible manner in the hospital, a complete medical record being one which includes identification data; complaint; personal and family history; history of the present illness; physical examination; special examinations such as consultations, clinical laboratory, x-ray and other examinations; provisional or working diagnosis; medical or surgical treatment; gross or microscopical pathological findings; progress notes; final diagnosis; condition on discharge; follow-up; and, in case of death, autopsy findings.

It was not long before hospitals realized that to comply with the hospital standards, new medical record processes had to be implemented. In addition, new staff had to be hired to ensure that the new processes were appropriately carried out. Furthermore, hospitals recognized that medical records must be maintained and filed in an orderly manner and that cross-indexes of disease, operations, and physicians must be compiled. Thus, the job position of medical record clerk was established.

Organization of the Association of Records Librarians

A nucleus of 35 members of the Club of Record Clerks met at the Hospital Standardization Conference in Boston in 1928. Near the close of the meeting, the Association of Record Librarians of North America (ARLNA) was formed. During its first year, the association had a charter membership of 58 individuals. Members were admitted from 25 of the 48 states, the District of Columbia, and Canada (Huffman 1985). The ARLNA was the predecessor of the American Health Information Management Association (AHIMA).

Approval of Formal Education and Certification Programs

Early HIM professionals understood that for an occupation to be recognized as a profession, there must be preliminary training. They also understood that such training needed to be distinguished from mere skill. That is, it needed to be intellectual in character, involving knowledge and, to some extent, learning. Therefore, work began on the formulation of a prescribed course of study as early as 1929. In 1932, the association adopted a formal curriculum.

The first schools for medical record librarians were surveyed and approved by the ARLNA in 1934. By 1941, 10 schools had been approved to provide training for medical record librarians. This formal accreditation process of academic programs was the precursor to the current accreditation program still sponsored by AHIMA today under the auspices of the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM).
The Board of Registration was instituted in 1933. The founders of the profession recognized that the existence of unqualified workers in the field lowered the standards of their profession. Therefore, they organized a certification board so that there would be a baseline by which to measure qualified medical record librarians. The Board of Registration established criteria for eligibility for registration. The board also developed and administered the qualifying examination. Today, the role of the Board of Registration is played by AHIMA’s Council on Certification (COC).

Development of the HIM profession coincided with the professionalization of other healthcare disciplines such as nursing, x-ray technology, and laboratory technology. All these disciplines established registration and/or training programs around the same time.

The professional membership of the association of HIM professionals grew steadily over the subsequent decades. Although the names of the association and the credentials have changed several times during the past decades, the fundamental elements of the profession—formal training requirements and certification by examination—have remained the same.

**Evolution of Practice**

The various names given to the medical record association and its associated credentials reveal a lot about the evolution of the profession and its practice. In 1928, the organization’s name was the Association of Record Librarians of North America (ARLNA). In 1944, Canadian members formed their own organization, and the name of the organization was changed to the American Association of Medical Record Librarians (AAMRL). In 1970, the organization changed its name again to eliminate the term librarian. The organization’s name became the American Medical Record Association (AMRA). The organization underwent another name change in 1991 to become the American Health Information Management Association (AHIMA).

The organization’s title changes in 1970 and 1991 reflected the changing nature of the roles and functions of the association’s professional membership. In 1970, the term administrator mirrored the work performed by members more accurately than the term librarian. Similarly, in 1991, association leaders believed that the management of information, rather than the management of records, would be the primary function of the profession in the future.

The names of the credentials conferred by the organization changed as the association’s name changed. In 1999, the AHIMA House of Delegates approved a credential name change. Registered record administrator (RRA) became registered health information administrator (RHIA), and accredited record technician (ART) became registered health information technician (RHIT).

What does the changing of the organization and credential names say about the profession? Probably one of the most significant things that it indicates is a major shift in what professionals do and how they fit within their environment. The combined forces of new information technologies and the demands for increased, better, and more timely information require the profession to change radically.

**Traditional Practice**

The original practice of health information management was based on the Hospital Standardization Program, initiated in 1918. The program emphasized the need to ensure that
complete and accurate medical records were compiled and maintained for every patient. Accurate records were needed to support the care and treatment provided to the patient as well as to conduct various types of clinical research. This emphasis remained fundamental to the profession through 1990. For example, a review of the professional practice standards published by AMRA in 1984 and updated in 1990 shows a model of practice that was highly quantitative and department based (Johns 1991, 57).

Further evaluation of the 1990 professional practice standards discloses that the tasks of medical record practitioners at that time involved planning, developing, and implementing systems designed to control, monitor, and track the quantity of record content and the flow, storage, and retrieval of medical records. In other words, activities primarily centered on the medical record or reports within the record as a physical unit rather than on the data elements that make up the information within the medical record.

At that time, very few standards “addressed issues relating to determination of the completion, significance, organization, timeliness, or accuracy of information contained in the medical record or its usefulness to decision support” (Johns 1991, 57). Figure 1.1 illustrates how traditional practice focused on the management of medical records as objects.

**Information-Oriented Management Practice**

The traditional model of practice shown in figure 1.1 would not be appropriate for today’s information-intensive and automated healthcare environment. The traditional model of practice is department focused. Tasks are devoted primarily to processing and tracking records rather than processing and tracking information.

![Figure 1.1. Traditional model of practice](source: Johns 1991, p. 55.)
Studies have consistently shown that 25 to 40 percent of a hospital’s operating costs are devoted to information handling. Obviously, information management has become a top priority for healthcare institutions (Blum 1986; Protti 1984). In today’s information age, information crosses departmental boundaries and is broadly disseminated throughout the organization. In fact, information grows out of data manipulation from a variety of shared data sources. An information-oriented management model includes tasks associated with a broad range of information services. Therefore, the tasks performed as a health information manager—in contrast to tasks performed as a medical record manager—are information based, “emphasizing data manipulation and information management tasks and focusing on the provision of an extensive range of information services” (Johns 1991, 59).

**Vision 2006**

What new information services and functions are being performed by health information managers? In 1996, AHIMA developed a vision of the future for health information managers. The initiative was called Vision 2006. Vision 2006 identified many new roles that information managers would likely assume in the upcoming information-focused decades. Moreover, it demonstrated the difference between traditional practice and information-oriented practice. Table 1.1 shows the differences between tasks in traditional and information-focused practice (as envisioned through AHIMA’s Vision 2006 initiative).

As table 1.1 shows, the traditional model of practice is department based and the health information manager’s activities are usually performed in the medical record department. In the new model, tasks are information based and many of the health information manager’s activities are performed outside the HIM department. Indeed, many health information managers work entirely in other areas of the facility and in other set-

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settings. They work in a variety of functional areas, such as quality improvement, decision support, information systems, utilization management, data privacy, data security, and so on. Instead of working primarily in hospitals, many work in ambulatory care facilities and other nontraditional settings.

A second important difference is that the traditional model of practice is based on creating, tracking, and storing physical records. In today’s information-intense environment, the physical (paper-based) health record is being replaced by the computer-based health record. The information in computer-based records is created, compiled, and stored in many different areas within the enterprise and is brought together electronically only when needed. The tasks performed by a health information manager focus on such activities as maintaining data dictionaries, developing data models, performing data administration tasks, and ensuring data quality through a variety of auditing tasks.

Another difference between the two models of practice centers on tasks associated with data analysis and interpretation. In the traditional model of practice, the tasks involve the aggregation and display of data. However, today’s information world is much more complicated than it was two or three decades ago and contains more enabling technologies to search and analyze data. Thus, the health information manager who works in decision support or quality improvement today must use sophisticated computer-based tools to analyze data from a variety of data sources.

With more emphasis being placed on the development of an electronic record, health information managers will find that the tasks they perform are less concerned with paper forms design. Instead, the tasks will focus more on developing good user interfaces for electronic medical records.

Finally, health information practitioners have always been concerned with the privacy and confidentiality of data. The tasks in the traditional model of practice were confined principally to issues involving release of information. However, in a more technologically sophisticated world, these tasks are shifting to include enterprise-wide responsibilities for computer data security programs as well as organization-wide privacy programs.

AHIMA’s e-HIM Task Force in 2003 confirmed the information-handling focus of HIM practice where the state of health information is described as electronic, patient centered, comprehensive, longitudinal, accessible, and credible (AHIMA 2003).

**Workforce 2004**

In 2004, AHIMA completed an extensive study called “Data for Decisions: The HIM Workforce and Workplace,” commonly referred to as Workforce 2004 (AHIMA 2004). The purpose of the study was to understand the status of AHIMA members, education programs accredited by AHIMA, and employers of HIM professionals. The study results help to assess the future direction of the work of HIM professionals.

Many challenges face HIM professionals as a shift occurs from a paper-based to an electronic medical record. The shift to an electronic medical record will not be instantaneous. This means that HIM professionals are likely to be responsible for hybrid patient records, records that are partly in paper format and partly electronic. Thus, HIM professionals will be working with information that may or may not be integrated and may or may not be stored in common repositories.
Like Vision 2006, Workforce 2004 predicts that HIM professionals will be working in a broader set of roles as the electronic record expands. HIM professionals will:

- Work in oversight and accreditation to ensure that established standards are met
- Educate patients, providers, and administrators about privacy, content, access, and interpretation of the patient record
- Work with patients to help them access and understand information in their health records
- Work as data experts extracting and abstracting patient records
- Function as guardians of the record and manage access to its content
- Monitor compliance with information standards and regulatory requirements
- Work as data analysts supporting clinical researchers and business analysts

The study also concludes that there is a need for health information technician (HIT) roles to adjust from supervisory functions to a more technical workforce with critical and analytical thinking skills. The emphasis in the future for HITs will be in the areas of coding, data management, and data-abstracting skills.

**From Traditional Roles to Future Opportunities**

In the Vision 2006 initiative, AHIMA identified several new roles as opportunities for health information managers in 2006 and beyond. These new roles are based on the information model of practice and include the following (AHIMA 1999b):

- The health information manager for integrated systems is responsible for the organization-wide direction of health information functions.
- The clinical data specialist is responsible for data management functions, including clinical coding, outcomes management, and maintenance of specialty registries and research databases.
- The patient information coordinator assists consumers in managing their personal health information, including personal health histories and release of information.
- The data quality manager is responsible for data management functions that involve formalized continuous quality improvement activities for data integrity throughout the organization, such as data dictionary and policy development and data quality monitoring and audits.
- The information security manager is responsible for managing the security of electronically maintained information, including the promotion of security requirements, policies, and privilege systems and performance auditing.
- The data resource administrator manages the data resources of the organization, such as data repositories and data warehouses.
- The research and decision support specialist provides senior managers with information for decision making and strategy development.
Figure 1.2 illustrates the interrelationships among these roles with the patient as the center and primary focus of all information management tasks.

In 2003, the roles and competencies required of HIM professionals were defined by the e-HIM Task Force and incorporated into a Vision Statement of HIM Practice in 2010. Vision 2010 defines HIM as “the body of knowledge and practice that ensures the availability of health information to facilitate real-time healthcare delivery and critical health related decision-making for multiple purposes across diverse organizations, settings, and disciplines.” Because of the expanded role of technology, HIM professionals will need to work closely with information technology professionals. Importantly, the task force confirms that HIM professionals will work as information brokers by ensuring timely and accurate sharing, transferring, and interpreting of health information.

Vision 2006 and Vision 2010 are essentially a strategic blueprint of the changes that the HIM profession will likely undergo over the next decade and beyond. It is important to remember, however, that the healthcare environment is constantly changing. Therefore, the roles of HIM professionals will continue to evolve to meet the needs of the healthcare delivery system. The future of the HIM profession is positive. However, for individual members of the profession to be successful, each must engage in a program of lifelong learning. This means that change today is an everyday occurrence. Health information professionals must commit themselves to continually upgrade their skills so that they can be ready to step into new job opportunities.
Check Your Understanding 1.1

Instructions: Choose the word, term, or phase that completes each of the following sentences.

1.  ____ HIM has been recognized as an allied health profession since ____.
   a. 1910
   b. 1918
   c. 1928
   d. 2006

2.  ____ The hospital standardization movement was inaugurated by the ____.
   a. American Health Information Management Association
   b. American College of Surgeons
   c. Record Librarians of North America
   d. American College of Physicians

3.  ____ Throughout the years, HIM roles have ____.
   a. Remained the same
   b. Broadened in scope
   c. Become more focused
   d. Diminished

4.  ____ The traditional model of HIM practice was ____.
   a. Department based
   b. Information based
   c. Electronically based
   d. Analytically based

5.  ____ The new model of HIM practice is ____.
   a. Information focused
   b. Record focused
   c. Department focused
   d. Traditionally focused

Today’s Professional Organization

The health information management profession began with establishment of the ARLNA in 1928. As previously described, the organization’s name has changed several times. The last name change occurred in 1991, when the professional organization assumed the name of AHIMA. The most recent name change reflects the requirements of the information age and, subsequently, the needs of the healthcare delivery system and the new roles of health information managers.

Mission

Before studying AHIMA’s structure, it is important to understand why the organization exists and what contributions it makes to both its members and the healthcare system in general. The mission of an organization explains what the organization is and what it does. In other words, it describes the organization’s distinctive purpose. Figure 1.3 shows AHIMA’s current mission statement.

AHIMA is a membership organization. The majority of its members are credentialed HIM professionals who work throughout the healthcare industry. These professionals serve the healthcare industry and the public by managing, analyzing, and utilizing information
vital for patient care and making it accessible to healthcare providers when and where it is needed.

The primary focus of the organization is to foster the professional development of its members through education, certification, and lifelong learning. By doing this, AHIMA promotes the development of high-quality information that benefits the public, the healthcare consumer, healthcare providers, and other users of clinical data. The organization has certification programs that set high standards to ensure the qualifications of the individuals who practice as health information managers and technicians. In addition, it supports numerous continuing education (CE) programs to help its credentialed members and others maintain their knowledge base and skills.

To accomplish its mission, AHIMA expects that all its members will follow a Code of Professional Ethics. (A complete discussion of ethical principles and the AHIMA Code of Ethics is provided in chapter 14.) As the Code of Ethics (p. 663) demonstrates, all members of AHIMA are expected to act in an ethical manner and comply with all laws, regulations, and standards governing the practice of health information management. As professionals, members are expected to continually update their knowledge base and skills through CE and lifelong learning. HITs and managers are expected to promote high standards of HIM practice, education, and research. Additionally, they are expected to promote and protect the confidentiality and security of health records and health information.

Membership

Today, AHIMA has more than 50,000 members. To accommodate the diversity in membership, the organization has several membership categories.

Active members are those who hold an AHIMA credential and are entitled to all membership privileges, including the right to vote and to serve in the House of Delegates. Active membership provides HIM professionals the best opportunity to participate in the organization and to offer input to the current and future practices of the profession.

Associate members also include individuals interested in the purposes of AHIMA, but who do not hold a professional AHIMA credential. Associate members have all the rights

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**Figure 1.3. American Health Information Management Mission Statement, 2001**

The American Health Information Management Association is the community of professionals engaged in health information management, providing support to members and strengthening the industry and profession.

AHIMA:
- Provides career, professional development, and practice resources
- Sets standards for education and certification
- Advocates public policy that advances HIM practice
- Facilitates member communication
- Promotes the contributions of its members

AHIMA values:
- A code of ethical health information management practices
- The public’s right to private and high-quality health information
- The celebration and promotion of diversity
and privileges of membership, including the right to serve on committees and subcommittees with voice and vote. They are not, however, entitled to other voting privileges and may not hold office or serve as delegates.

Student members include any students formally enrolled in AHIMA-accredited college programs in health information management. The student membership category gives entry-level professionals an opportunity to participate on a national level in promoting sound HIM practices. Student members have all the rights and privileges of membership, including the right to serve on committees and subcommittees in designated student positions with voice, but no vote.

The other membership category includes honorary members. Honorary memberships are conferred by the organization on individuals who have made a significant contribution to health information management or rendered distinguished service in the HIM profession or its related fields. Honorary membership is awarded by the Board of Directors or by a simple majority vote of the House of Delegates.

**Structure and Operation**

Every organization needs a management structure in order to operate effectively and efficiently. AHIMA is made up of two components: a volunteer component and a staff component. The volunteer structure establishes the organization’s mission and goals, develops policy, and provides oversight for the organization’s operations. The staff component of the organization carries out the operational tasks necessary to support the organization’s mission and goals. The staff works within the policies established by the volunteer component.

**Association Leadership**

As a nonprofit membership association, AHIMA depends on the participation and direction of volunteer leaders from the HIM community. AHIMA’s members elect the delegates who serve in the governing bodies of the organization. Members of AHIMA’s Board of Directors as well as members of the COC and representatives on the CAHIIM Board of Commissioners are elected by the membership.

AHIMA’s Board heads up the volunteer structure. It also has responsibility for managing the property, affairs, and operations of AHIMA.

As the preceding list demonstrates, the Board of Directors is charged with tremendous responsibility. Its members include the president, the president-elect, the past president, nine elected directors, and the executive director of the organization. Except for the executive director, all members of the Board are elected by the membership and serve three-year terms of office. Members of the Board must be active members of the association.

In addition to the Board of Directors, two other groups are elected directly by the overall membership: the COC and the CAHIIM. The COC is responsible for overseeing AHIMA’s certification process and for setting policies and procedures. Similarly, CAHIIM is responsible for overseeing AHIMA’s accreditation of college programs in health information technology and health information administration.

**Communities of Practice**

The Communities of Practice (CoP) make up a virtual network of AHIMA members who communicate via a Web-based program managed by AHIMA. The CoP provides the following benefits to members only:
• CoP makes it possible for members to contact other members for quick problem-solving, support, advice, and career-building tips and opportunities. It also makes it possible to share best practices.

• CoP makes it possible for members to search for other members with similar interests and backgrounds.

• CoP provides links to other sites that provide specialized HIM information.

• CoP includes a professional library of HIM standards, guidelines, practice briefs, and other resources.

**National Committees**

AHIMA’s president appoints the members of the association’s national committees. These committees support the mission of the organization and work on specific projects as designated by the president and the Board of Directors. Examples of the national committees include the Awards Committee, the Bylaws Committee, the Coding Policy and Strategy Committee, and the Fellowship Review Committee.

**House of Delegates**

The House of Delegates is an extremely important component of the volunteer structure. It conducts the official business of the organization and functions as AHIMA’s legislative body. The House of Delegates meets annually, usually in conjunction with the national meeting. Each state HIM association elects representatives to the House of Delegates to serve for a specified term of office. For that reason, the House of Delegates is similar to the legislative branch of the U.S. government. Its specific powers include the following:

• Approving the standards that govern the profession, including:
  —The AHIMA Code of Ethics
  —The guide to the interpretation of the Code of Ethics
  —The grounds for disciplinary action (minimum standards)
  —The standards for initial certification
  —The standards for maintenance of certification
  —The standards for HIM associate and baccalaureate degrees

• Electing the members of the AHIMA Nominating Committee, except the chairman and appointed members

• Advising the Board of Directors in the development and modification of the association’s plans

• Approving dues for all membership categories except corporate

• Levyng special assessments

• Approving members’ continuing education fee

• Approving amendments to AHIMA’s bylaws

• Approving the standing rules of the House of Delegates

• Approving resolutions
State and Local Associations
In addition to its national volunteer organization, AHIMA supports a system of component organizations in every state, plus Washington, D.C., and Puerto Rico. Component state associations (CSAs) provide their members with local access to professional education, networking, and representation. CSAs also serve as an important forum for communicating information relevant to national issues and keeping members informed of regional affairs that affect health information management.

Many states also have local or regional organizations. For newly credentialed professionals, the state and local organizations are ideal avenues for becoming involved with volunteer work within the professional organization. Most HIM professionals who serve in the House of Delegates or serve on AHIMA’s Board of Directors got their start in volunteer services with local, regional, and state associations.

Staff Structure
AHIMA’s headquarters are located in Chicago. The staff required to run the day-to-day operations of the organization is organized into a number of divisions. The executive director is the individual responsible for overseeing day-to-day operations. A team of executives, managers, and staff support the executive director. Examples of the staff departments include, among others, member services, certification, accreditation and education, professional practice services, publications, marketing, and policy and government relations.

Accreditation of Educational Programs
AHIMA has a long tradition of commitment to HIM education. As discussed previously, the first prescribed curriculum for the training of medical record professionals was proposed in 1929. The first educational programs were accredited in 1934. Since that time, the association has developed and maintained a rigorous accreditation process for academic programs, continuously developed up-to-date curriculum models, and supported educational programs in a variety of ways.

The House of Delegates is responsible for approving standards for the accreditation of educational programs in health information management at the associate and baccalaureate levels. CAHIIM is the accrediting agency for degree-granting programs in health informatics and information management. CAHIIM serves the public interest by establishing quality standards for the educational preparation of future HIM professionals. When a program is accredited by CAHIIM, it means that it has voluntarily undergone a rigorous review process and has been determined to meet or exceed the standards mutually established by the CAHIIM and AHIMA. CAHIIM accreditation is a way to recognize and publicize best practices for HIM education programs.

CAHIIM reviews formal applications from college programs that apply for Candidacy status. After a successful review of the application documentation, a program may be deemed a Candidate for Accreditation for up to two years. Students enrolled in programs that are placed in Candidacy status are eligible to join AHIMA as student members. Within an agreed upon timeframe, the college program prepares a self-assessment document and a campus site visit occurs. A report of site visit is reviewed by the CAHIIM Board of Commissioners and a final determination is made as to the ability of the college program to meet the accreditation Standards for curriculum, facility, resources, and other requirements. The accreditation of educational programs is important because only those individuals who graduate from an approved program may sit for the national credentialing examinations for registered health information technician (RHIT) or registered health information administrator (RHIA).
Certification and Registration Program

The founding members of the organization recognized early on the necessity of setting standards for medical record practitioners. In 1933, the association organized a certifying board known as the Board of Registration. This board was developed “so that there might be a yard-stick by which qualified medical record librarians could be determined” (Huffman 1941, 101). To become a registered record librarian (RRL) in 1940, a candidate needed to:

- Be at least 21 years of age
- Be a graduate of a school for record librarians approved by AAMRL
- Be currently employed in medical records work
- Pass a qualifying credentialing examination

As the field of health information management became more complex, the association recognized the need to expand its credentialing program. Today, the AHIMA certification program encompasses several different types of credentials, including:

- Registered health information technician (RHIT)
- Registered health information administrator (RHIA)
- Certified coding associate (CCA)
- Certified coding specialist (CCS)
- Certified coding specialist—physician based (CCS-P)
- Certified in healthcare privacy (CHP)
- Certified in healthcare privacy and security (CHPS)
- Certified in healthcare security (CHS)

Each of these credentials has specific eligibility requirements and a certification examination. To achieve certification from AHIMA, individuals must meet the eligibility requirements for certification and successfully complete the certification examination.

Because the HIM profession is constantly changing, certified individuals must demonstrate that they are continuing to maintain their knowledge and skill base. Therefore, to maintain their certification, individuals who hold any of AHIMA’s credentials must complete a designated set of CE credits. Activities that qualify for CE credits include such things as attending workshops and seminars, taking college courses, participating in independent study activities, and engaging in self-assessment activities. AHIMA’s Web site provides information on the most recent requirements for maintenance of certification.

Foundation of Research and Education in Health Information Management

The Foundation of Research and Education in Health Information Management (FORE) actively promotes education and research in the HIM field. Founded in 1962, FORE is a separately incorporated affiliate organization created and managed by AHIMA.

The HIM industry is based on the belief that high-quality healthcare requires high-quality information. FORE has provided the knowledge, research, and education infrastructure for this industry. Its role is to envision the future direction and needs of the field and to respond with strategies, information, planning, and programs that will keep the HIM profession on the cutting edge.
Some of the initiatives that have been spearheaded by FORE include the Leadership Recognition Program, the benchmarking and best practices research initiative, the legal and regulatory clearinghouse and curriculum, and various faculty support initiatives. In addition, the foundation administers a number of programs, including the scholarship, student loan, and research programs.

Check Your Understanding 1.2

Instructions: Choose the word, term, or phrase that completes each of the following sentences.

1. ___ The primary focus of AHIMA is to ____.
   a. Ensure that medical records are complete
   b. Implement an electronic record in hospitals
   c. Foster professional development of its members
   d. Set and implement standards

2. ___ Every member of AHIMA is expected to ____.
   a. Follow the AHIMA Code of Ethics
   b. Continually update his or her knowledge base
   c. Promote high standards of practice
   d. All of the above

3. ___ Active members of AHIMA include those who ____.
   a. Hold an AHIMA credential
   b. Do not hold an AHIMA credential
   c. Are students in HIM programs
   d. Have made a significant contribution to HIM but have no credential

4. ___ The membership of AHIMA elects members of ____.
   a. The AHIMA Board of Directors
   b. The Council on Certification
   c. The Commission on Accreditation for Healthcare Informatics and Information Management
   d. All of the above

5. ___ The ____ functions as the legislative body of AHIMA.
   a. Board of Directors
   b. House of Delegates
   c. COC
   d. CAHIIM

Summary

The health information management profession has a rich history. It continues to prosper today as it takes advantage of new opportunities and accommodates the changes ushered in by the information age. At the beginning of the organization’s inception in 1928, founding members realized the need to direct the field of medical records toward professional standing. This required the development of a formal organization devoted to establishing standards and best practices for the discipline, including the creation of a
prescribed training curriculum and the launch of a formal certification program. Amazingly, all this was accomplished in only six short years from the formation of the organization in 1928, to the establishment of a credentialing program in 1933, to the first accreditation of academic programs in 1934.

The professional association, beginning first as the Association of Record Librarians of North America and continuing today as the American Health Information Management Association, has demonstrated remarkable resilience in an ever-changing healthcare delivery system. Thanks to the foresight and insight of health information professionals through the decades, the organizational structure of the association has adapted to the membership’s changing needs:

- Credentialing programs have been expanded to represent the diversity of work tasks in the discipline.
- Accreditation standards for academic programs have continued to become more rigorous, reflecting program outcomes and the growing need for better-trained and qualified graduates.
- Advocacy for confidentiality and patients’ rights continues to be a fundamental objective as AHIMA’s expertise and input are sought in the development of federal policy.
- The role and definition of professional practice have been studied and changed to meet new demands.

The new generation of HIM professionals has inherited a powerful legacy from HIM pioneers. The growth and viability of the profession in years to come will depend on the dedication of current professionals to actively participate in the professional organization at the local, state, and national levels and to commit to continually updating their knowledge base and skills through lifelong learning.

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