



# HIM Reimagined

Transformation starts with you.

AHIMA

# HIMR Charge

- Charge: To ensure current and future professionals are prepared for the future of HIM in the rapidly changing environment resulting from changes in healthcare, technology, and education.

# The Process

- Small core HIMR team – 9 month process
- Council for Excellence in Education – Oversight body for HIMR
- Draft released and comments received prior to finalization of public comment draft (6/20/16- 7/16/16)
  - AHIMA Board
  - Board members of Affiliate organizations (CCHIIM, CAHIIM, AHIMA Foundation)
  - AHIMA credentialed staff and LDI team
  - CSA and HoD leaders representatives
  - External reviewers requested from HIMSS, HFMA, CHIME, others
  - Educators (at AOE/FDI)
  - Leadership Symposium breakout groups
  - Annual Convention House of Delegates Breakout Groups
- Draft release and comments (closed 8/31/16)
- Presented to AHIMA HoD (October 2016)
- Draft re-released for comments (closed 12/9/16)
- Taskforce Finalized Recommendations March (2016)

# The Recommendations

1. Increase the number of AHIMA members who hold relevant graduate degrees, e.g. HIM, Health Informatics, MBA, M.D., M.Ed, etc. to 20% of total membership within 10 years.

# Rationale for Recommendation 1

- *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 of and increase demand for health informatics graduate education. These competencies have been developed and will be adopted by schools to assist in supporting this goal.*

# Recommendations (continued)

2. In collaboration with other health and health-related organizations, in the public and private sectors, build a mechanism to ensure availability of research that supports health informatics and information management.

# Rationale for Recommendation 2

- *A. Provide competitive research grants on an annual basis aimed at promoting health informatics and information management practice.*
- *B. Provide dissertation scholarships to health information management and health informatics professionals conducting research in doctoral programs.*
- *C. Focus on research to support the value of HIM skills and the need for data analytics to manage and massage data for strategic, fiscal, and population health purposes.*

# Recommendations (continued)

3. Increase the opportunities for specialization across all levels of the HIM academic spectrum through curricula revision, while retaining a broad foundation in health information management and analytics.



# Rationale for Recommendation 3

- A. *Curriculum revisions to support specialization at the associate level (timeline: new curriculum available for use by August 2019 or earlier, although required implementation date will likely be 2021 or later).*
  - i. *Condensed HIM core at associate level and incorporate 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 specialties with future HIM-related credentials; consider and encourage higher level education to achieve higher salaries.*
  - iii. *Focus effort on creating tracks at two-year program level based on emerging specialties as indicated by employer need (and to be determined by market research planned for 2017). 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.*

# Recommendations (continued)

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

# Rationale for Recommendation 4

- *A. Transition the RHIT credential to a specialty focused associate level over a multi-year, multi-phased approach.*
  - *i. January 2017–July 2021. Current and new RHITs (those who receive the RHIT designation by July 2021) permanently retain RHIT credential.*
  - *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 consistent with the recommendations of the HIMR taskforce and CCHIIM approval.*
  - *iii. August 2021–December 2026. Transition of RHIT credential from RHIT to RHIT+ (Specialty Designation).*
    - a. Develop and distribute materials to communicate this transition to the market.*

# Rationale Recommendation 4 (continued)

*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. Increase from the existing 26 percent to 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.*

# So, Where are We Now?



# Overall Taskforce Engagement

- HIMR Strategic Committee – 14 members
- HIM Taskforce Workgroups
  - 81 members
  - Representation from
    - all geographic areas,
    - education and industry,
    - diversity of credentials (AHIMA and otherwise)
- Council for Excellence in Education
  - 12 elected and/or appointed members
  - Over 100 volunteers across 7 workgroups

# Tasks for 2017

- Proviso recommendation submitted to CCHIIM in April 2017
- Whitepaper – final version available by May 15<sup>th</sup> or earlier
- Market Assessment team (2 groups)
  - Assessment strategy team
  - Content specific subgroups
    - Impact of technology
    - Alternative delivery systems
    - Demographic characteristics



# 2017 Tasks (continued)

- RFP issued and research firm engaged
  - Currently working on defining the research subjects and instruments
  - Pilot survey to be conducted in mid May
  - Assessment results available in June 2017.
- Begin curriculum competency development last quarter of 2017 focusing on HIM core content
- Core competencies ready for comment Dec. 2017



# 2018 and Beyond

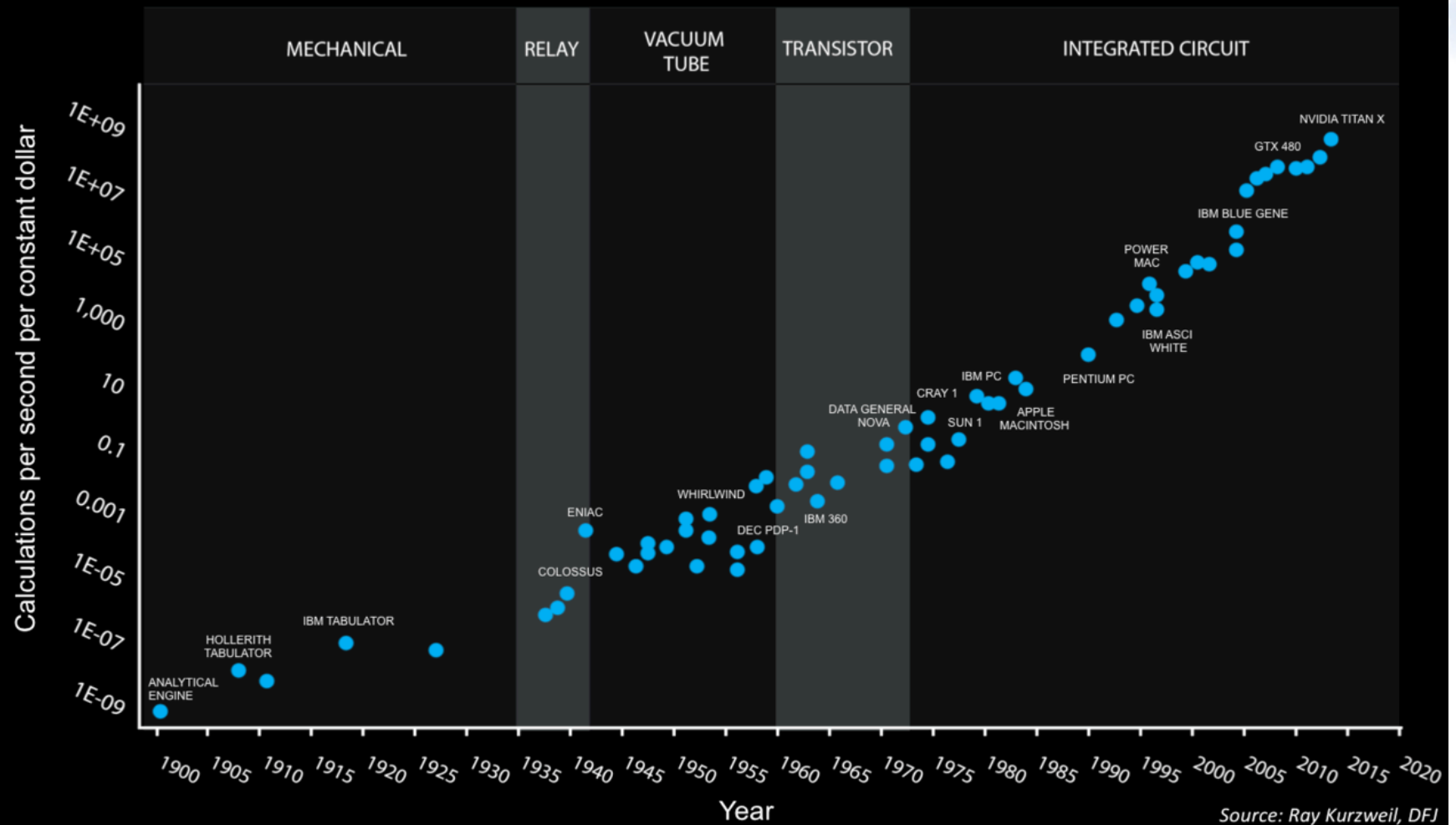
- Non core (specialty content) to be developed in early 2018 and credentials aligned with new curriculum
- Competencies released to schools for curriculum development
- Programs begin converting to new curriculum Fall 2019, although not required until 2021.
- New credential certification exams available

WHY????

# AI versus MD

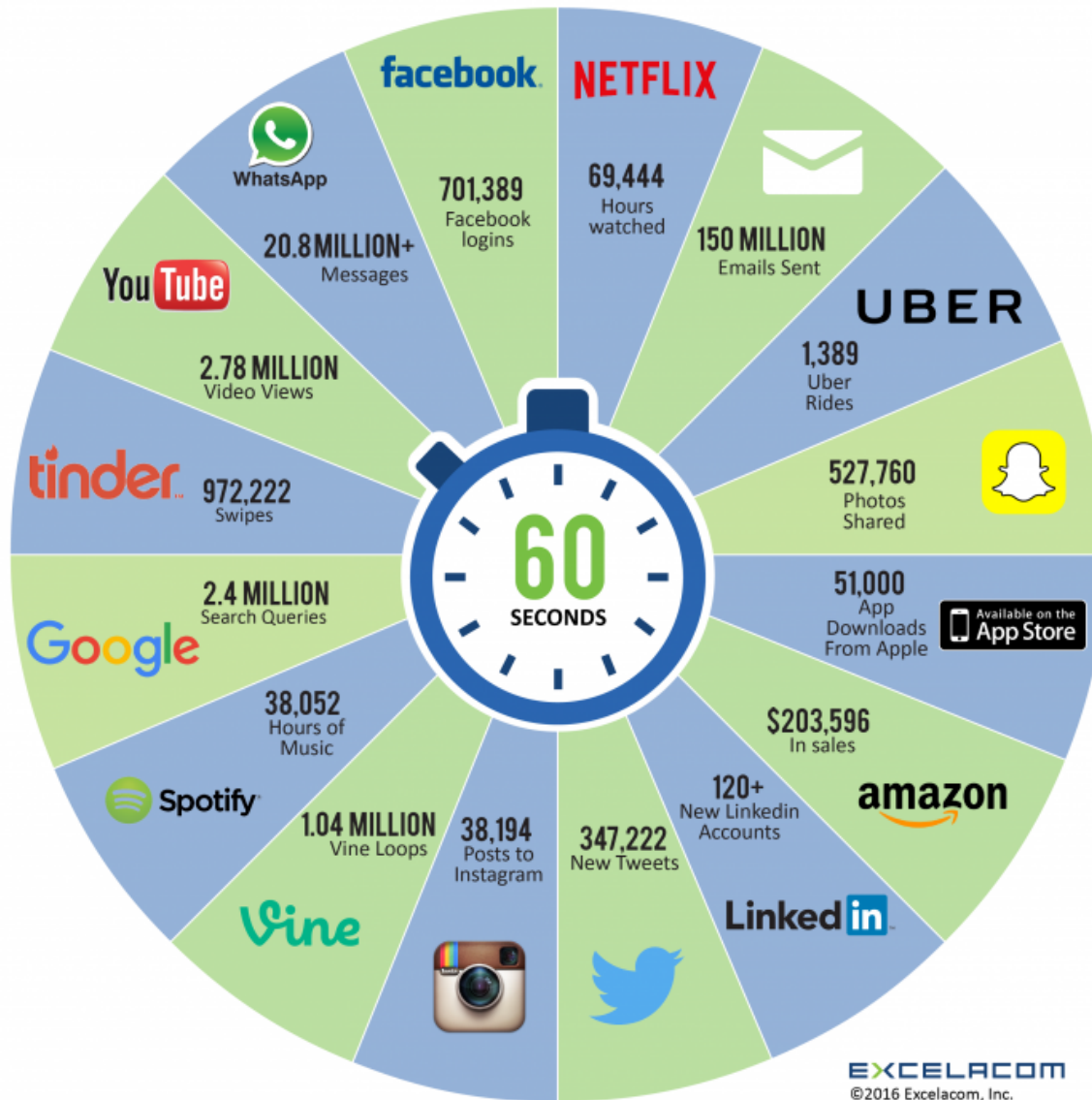
- <http://www.newyorker.com/magazine/2017/04/03/ai-versus-md>
- Deep learning – unstructured machine learning algorithms
- If AI can diagnose, why would we think it cannot assign codes?

# 120 Years of Moore's Law



Source: Ray Kurzweil, DFJ

# 2016 What happens in an INTERNET MINUTE?



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# Where are the Known Opportunities?

- Data integrity
- Data Provenance
- Data integration across internal and external systems
- Data Analytics – both basic and advanced
- Precision Medicine – what needs to be done to integrate genomic with EHR and other data?
- Consumer informatics
- Cognitive engineering (including human factors)

# What Other Likely Opportunities Exist?

- Outpatient/Ambulatory (regulations, coding, office management, etc.)
- Information technology (more than database structure and office products)
- Consumer focused knowledge
- Others?
- This is where market research results will be helpful

