

See beyond: Ensuring the future of the Australian Health Information Management profession

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Abstract

The environment in which health information is created, managed and used is rapidly changing and this has serious, long-term implications for health information managers and for the professional association. In this paper, it is contended that it is timely to examine the future of the profession. This means confronting the 'hard' and unpalatable questions. Serious issues concerning the profession are addressed: these surround the future continuity and success of the health information management profession, on the one hand, and its potential failure and dissolution, on the other hand.

The essence of health information management is explored through a discussion of what makes a 'profession' and what is important for the future sustainability of the health information management profession in particular. There is a focus on the professional association. Important links and connections are identified, such as between the association, the individuals who call themselves health information managers, the unique body of knowledge that is health information management, and the universities that teach health information management students.

Several critical factors relating to the survival and growth of the profession are identified and discussed. These include: the profession's culture and ability to adapt to change; the directions and leadership of the association; the composition and cohesion of the association's membership; the education of future members of the profession; the key structures for inter- and intra- professional communication with health professional colleagues and associations with legitimate interests in health information and its management; research in health information management; publications relevant to professional work and research; the informed representation of the profession on national decision-making bodies; and, importantly, the engagement and commitment of a dynamic, forward-looking membership that has a unified focus, keeps abreast of new developments and, above all, supports its professional association.

Introduction

If I were to look into a crystal ball, I would predict that the Australian health information management profession, collectively, will continue to look outward and take hold of the facts that (a) health information permeates the whole healthcare industry and, (b) where there is health information, regardless of its format, structure, language or complexity, there exist both need and opportunity for a health information manager. In the future:

- i) Health information managers will further establish a legitimate, whole-of-health role. This role will necessarily encompass the diverse range of sub-sectors and areas including and surrounding health care and services at all levels from community to government, and incorporating the services and industries that support the provision of health care and health outcomes in Australia.
- ii) The health information management profession will further specialise. This is a healthy development for any established profession. Health information managers will further specialise in, for example: management, quality and clinical risk management, health IT, clinical decision support, systems and software development and maintenance, systems implementation and testing, clinical terminologies, clinical coding, clinical coding auditing, health business analysis, casemix analysis, clinical trials management, research, clinical and managerial epidemiology, health information law and privacy, and more.

- iii) The HIM professional body will diversify, expand and embrace other occupational groups with which health information managers have a natural synergy. This might take various forms, for example mergers with the clinical coders', health informaticians', clinical data managers', and medical transcriptionists' associations. There are some precedents to be seen in our American counterpart, the American Health Information Management Association.
- iv) The HIM profession will restructure to enable pathways into and upwards in the 'wide' profession of health information management.¹ Again, this might mean something along the lines of the American Health Information Management Association's tiered system for Health Record Technicians and Health Record Administrators. The Australian profession could have professional building blocks in the education of Medical Transcriptionists, Clinical Coders, Clinical Coding Auditors, Health Informaticians, and Health Information Managers. These would comprise different sets of skills and knowledge, with links and complementarities.

Therefore, we can be confident that there is a rosy future for our profession. This paper, however, is titled "ensuring" the future of the profession, and this aspect presents an immediate problem.

There are critical, inter-connecting structures that underpin our profession and its credibility, reputation, continuity and, indeed, its very existence. These connections enable us to call ourselves health information management professionals. In this presentation, I plan to talk about how and why these structures must be kept in place and nurtured for the future survival, development and growth of our profession. I will first examine the status of health information management as a 'profession'.

The criteria for a 'profession'

We need to consider what sets health information management apart from other occupations, because this is the key to understanding "the essence" of a profession (Hughes 1958, cited in Zola and Miller in Freidson 1973: 154). In health information management, expertise in management, health informatics, clinical classification, health data analysis, and management of information for health outcomes all contribute to the "essence" of the profession. In general, there are various ways of identifying or defining a profession. For example, the traditional professions were the law, medicine, and the clergy with later additions being academia, the military, and engineering. In the traditional definitional context, health information management might be described as a 'quasi-profession' (Moore 1970: 3). However, in recent times, there has been a more relaxed and inclusive approach to the definition of a profession (eg Hillmer and Donaldson 1996: 10-12).

In the strictest sense, whether or not an occupation can be described as a profession depends upon how it meets certain criteria including the following (Moore 1970: 5; 9; 10; 14).

- The 'profession':
 - is a full-time occupation comprising principal source of the individual's income;
 - is a formal organisation, eg an association, to protect and enhance interests of the members;
 - sets its own criteria for, and control over, access to membership; and
 - has established performance standards and mechanisms to maintain them.
- The members:
 - have recognised, common occupational interests;
 - identify with their professional peers;
 - possess useful knowledge gained through specialised training and education of considerable duration and difficulty;

¹ This was first proposed, to the July 27, 2005 meeting of Australian University health information management course representatives and other members of the HIMAA Education Committee, by Ian Randall, a committee member with expertise in the development of national-level educational/professional competencies.

- demonstrate a service orientation;
 - have clients; and
 - exert autonomy in the use of their exceptional, profession-specific knowledge.
- The profession has:
 - rules governing competence and the maintenance and improvement of standards;
 - rules surrounding loyalty and service; and
 - rules or a code of ethics governing conscientious performance

I would assert that health information management meets the majority of these criteria.

When we talk about professionals and professionalism, it is necessary to differentiate between a person with formal training and education, and a person who is merely “experienced”. The traditional view is that it would be “extremely improbable” that technically trained individuals without *at least* a degree could manage to reach the level of professionalism (Moore 1970:11,13).

Professional activities

Where a new occupation becomes known and accepted as a profession there is an implication that its specific work activities are valued sufficiently highly by society for this group to become publicly recognisable and distinctly differentiated from others (Moore 1970: 52).

Professional activities are founded upon a core knowledgebase which is specific to the individual professional group (Moore 1970:54). This aspect of knowledge is very important. It is useful to note that the greater the demand for a skilled service then the more rigorously institutionalised, or formalised, the occupational role that provides it will become.

The profession as a community

Professions establish their own ‘community’. A profession produces its next generation by controlling the selection of professional trainees; through its training, the profession sends these recruits through a form of adult socialisation process when they learn the knowledge and practices and culture of their future profession (Goode 1957: 194). This occurs in Australian health information management courses in the universities, through the compulsory professional practice components of the courses, through the control exerted by the Health Information Management Association of Australia (HIMAA) over accreditation of health information management courses, and the professional body’s requirement that the universities’ curricula comply strictly with the HIMAA core graduate competencies (HIMAA 1991).

Professions have their own barriers to entry, and formal and informal rules which specify which members or workers are preferred (Kerr, in Wright 1954: 93). The professional body, in this case the HIMAA, establishes and monitors training requirements, approval of university courses and, in some countries, licensing and entry examinations. Whilst there is no formal examination for entry to the profession in Australia, our colleagues in the United States of America (USA) are required, by the American Health Information Management Association (AHIMA), to sit a common entrance examination to qualify for registration and practice as a Registered Record Administrator (American Health Information Management Association 2005).

Conferences, seminars and continuing education activities for members are particularly important elements of the health information management profession acting, and maturing, as a professional community.

Professional socialisation

Professional socialisation involves acquiring requisite knowledge and skills, as well as a sense of occupational identity and internalisation of occupational norms typical of the fully qualified practitioner (Moore 1970: 71). Occupational socialisation involves some form of on-

the-job training whereby students' knowledge is supplemented by that of more knowledgeable associates to create a sharing of beliefs and attitudes which constitute an occupational identity. This professional identity exists at the collective and individual levels, and is necessary for the individual to "belong" to the profession (Moore 1970:76) In health information management, this professional socialisation occurs when students undertake Professional Studies placements during their university courses. It is reinforced by their interactions with their university lecturers who are also members of the profession.

Professional jurisdiction and dominance

A profession typically defines itself through its professional association (for example, HIMAAA), its professional journal (for example *Health Information Management Journal*), its code of ethics, and specific educational competencies or standards. These are all integral parts of the health information management profession in Australia. There are limits to the jurisdiction of any profession, but jurisdiction transfer and change in professions take time and occurs primarily through amalgamation or division (Abbott 1988: 88; 92; 105).

Challenges for the health information management profession

We can observe shifts in the equilibrium of the health information management profession as it changes and develops to deal with new technologies; in my opinion, this shifting and weaving is likely to continue as health information management and the health IT and informatics groups and sub-groups jockey for position as tasks and cultures change in healthcare and, more specifically, in health information management and systems, in the continuing shift from paper-based medical records to the electronic health record. This is not unusual; there are examples of breakdown of monopoly in other health professions, for example nursing (eg Girard 2005:487-488).

The computer industry and its workers, for instance, have progressed through significant changes over the past 50 years; for example, in 1989 the occupational phases of computer workers were identified and predictions made for three key future occupational sub-categories: (i) the hybrid manager, combining technical and managerial skills; (ii) end-user computing; and (iii) participative systems development (Fincham 1996: 74-75; Friedman 1989 cited in Fincham 1996: 77). The first and third of these, ie the hybrid manager and systems developer, in fact reflect components of what many health information managers do in their professional work, and for which many more health information managers will have to develop the knowledge and expertise to undertake in the future.

Most new professional tasks come from changes in technologies and organisations (Abbott 1988: 92). There is some agreement amongst the experts that a profession that spreads itself too widely and becomes all things to all people, will lose strength and that consequently it is best for a profession either to define its "territory" or to absorb the relevant peripheral group (Abbott 1988: 104). In reality, this may be difficult for the Australian health information management profession because of the rapidity in growth and change in health information technology and practice. As an example, the health information management profession might choose to identify certain highly complex IT tasks that should be left in the realm of highly trained computer experts. An example of absorbing a relevant peripheral group might be where the health information management profession brings health informaticians or clinical coders under its professional umbrella.

Health information managers need to note that "rapid growth of new knowledge and new techniques for doing work threatens some occupations with extinction and others with technical obsolescence unless the workers can manage to keep current" (Abbott 1988: 111). Changes in technology and organisations can result in professional tasks being created, on one hand, or made obsolete, on the other hand. A professional group can be destroyed where there is major technological change which creates a sequence of shifts throughout the system, for example the healthcare system (Abbott 1988: 111). Typically, professions in this situation need to keep up with often finer and finer degrees of specialisation (Moore 1970: 79). An example of this in the health information management profession is clinical coding which is likely to be computerised in the future, with the advent of clinical terminologies, embedded electronic coding systems and electronic patient records; this scenario is wholly dependent on the full implementation of electronic health records (Robinson and Shepherd

2004). This is likely to mean that at some future date health information management professionals will have to further develop their specialist expertise in data quality, auditing, and analysis activities. On the other hand, health information managers who choose to resist specialisation are likely to develop growing levels of professional incompetence relative to continually changing standards (Moore 1970:81).

Generally speaking, a profession's authority is at its highest when it has relatively small numbers, demand for its members is very high, and the clientele or employment arena is poorly organised (Friedson 1968: 29). Aspects of this may be applied to health information management today. Conversely, where consumers of services are highly organised, then professional authority can be curtailed or eclipsed; this is more likely to occur where the "client" is a business enterprise and the professional is a salaried staff member (Moore 1970: 63). Again, this is potentially a scenario for members of the health information management profession.

One of our challenges today is that members perceive our occupation to constitute a profession, whereas in many healthcare workplaces health information managers operate as part of the bureaucratic model rather than the professional model; for example, this is seen in health information managers' management of the administrative aspects of clinical information and casemix funding systems (Friedson 1994: 192). However, it is the professional standards and ethics of health information managers in their coding, grouping and casemix analysis and reporting, that provide the practical foundation of this method of funding. Effectively, health information managers are professional workers on the one hand and, on the other hand, could be rightly considered to constitute part of the 'management'.

Foundations and connections essential for the future of the HIM profession

1. The Health Information Management Association of Australia (HIMAA)

The professional association is the heart and soul of our profession. It needs to be a strong, forward-looking, well-managed professional organisation that comprises and represents *all* graduates of the health information management courses across the country.

The proviso is that, for the continued existence of the association and the profession, *all* graduates with health information management degrees must become members and retain their membership throughout their working lives. There can be no exceptions because without members there will be no professional association and without the professional association there will be no profession. The membership currently should be in the thousands.

If Australian health information managers do not value and support their peak professional body, now, there will not be a health information management profession in 20 years' time. There will not be conferences such as this, which provide wonderful opportunities to meet and network with professional colleagues, to hear of and talk about new developments in health information management around the nation, to exchange and test out ideas for new systems, and to talk 'HIM-speak'.

2. Education

Another role of this and other professions, as I have mentioned previously, relates to education and, associated with this, oversight of entry to the profession. This is two-part: (i) continuing education of members of the profession; and (ii) university degrees for professional entry-level education.

(i) Continuing education of health information management professionals is essential for the maintenance of professional development and currency of professional knowledge.

(ii) The HIMAA has a set of Graduate Competencies constituting minimum professional competencies at three levels: entry-level for new graduates, 'intermediate' level for health information managers with some experience, and 'advanced' level for those at a more experienced level of career development (Health Information Management Association of Australia 2001). HIMAA exerts its authority and control on education and entry to the profession by its system of regular course accreditation, in which all health information

management courses in Australian universities must pass regular accreditation for their graduates to be eligible for membership of the association. The course syllabi are benchmarked against these competencies as part of the accreditation process. This is an independent, well-run accreditation process operated by the peak professional body, and the recognition of achievement of accreditation is considered by the various university authorities to be very important and an integral part of the course review and quality improvement process. In other words, the graduate competencies established by HIMAA and the education accreditation process conducted by HIMAA are highly regarded within the Australian universities that offer health information management degrees. Effectively HIMAA, as a typical professional body, controls the standards for entry to the profession.

The inextricable link between the professional association (which consists of, and represents the members of the profession) and the university courses enables the courses to maintain currency and relevance. If HIMAA were not to maintain competencies and standards or to accredit courses, any university could set up a course with any content and call it 'health information management'. Their graduates would compete for jobs with graduates of HIMAA-accredited courses. The value of the "legitimate" health information management degrees would be diminished and the profession, as such, would disintegrate because there would be no identifiable standards for entry and no discrete body of knowledge that sets its members apart from other occupational groups.

3. Health Information Management Journal

The professional journal is the centre of the culture and the knowledgebase of the profession. A peer-reviewed journal enables members of a profession to keep abreast of emerging professional practice ideas, developments, and trends. *Health Information Management Journal*, published by HIMAA, has both peer-reviewed and non-reviewed components and is the vehicle for reporting research and professional practice in health information management. The journal is the locus for exchange of new ideas amongst members of the profession, reports on innovations and interesting developments, and articles on all types of health information management-related professional work and issues. Conferences and seminars are also important for discussion and exchange of ideas; however, whilst not all members cannot attend every conference and seminar, they can read the journal.

The journal has other critical functions connected to the standing and academic recognition of health information management courses and academics within the universities. Academics in all disciplines in all universities are required to publish regularly in reputable peer-reviewed journals. It makes sense for health information management academics to publish the results of their research and their students' research in their discipline-specific journal, and *Health Information Management* is the only such journal in the Southern Hemisphere which is peer-reviewed (and therefore of a standard acceptable by universities for publication and by the Commonwealth Department of Education, Science and Training [DEST] as the basis for university course funding). The requirement for health information management academics to publish is linked to several important factors, specifically: (i) the need for individual academics to build and maintain publication records as evidence of adequate performance in applications for promotion; (ii) the need for each academic to publish to a level that meets their university's annual performance appraisal criteria; and (iii) the need for department heads and course co-ordinators to ensure that their courses are adequately funded by DEST.

4. A public presence as the informed and authoritative body

It is important for HIMAA as the peak professional body to continue, actively, to promote and market the profession strategically. Members need, on behalf of the profession, to respond to requests from government bodies to join relevant committees and to comment on proposed developments and changes, via well-informed briefs or papers. It is necessary, for the survival of the profession of health information management, for HIMAA and individual members to be proactive in informing discussion, debate and policy in Australia on all aspects of health information and its management.

Conclusion

In summary, there exist absolutely critical, interdependent links between HIMAA as a powerful, dynamic and well-supported professional body comprising all graduates of our

discipline, and the universities that educate future members of the profession, the professional journal, profession-based continuing education, the profession's strategic contribution to national policy direction in health information management, and the graduate competency standards. The structures are in place for the profession to leap ahead; however, if graduate health information managers continue not to join the professional association then the Australian health information management profession, as we know it, will not continue to exist as a profession.

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* Some of these references are "classics" on professionalism, hence their inclusion.