



HIMAA

Annual Report

2015



Health Information Management Association of Australia Limited

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Annual Report for the Financial Year 2014-2015

29th October 2015

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INTRODUCTION

About HIMAA

The Health Information Management Association of Australia Limited (HIMAA) is the professional association for health information management professionals in Australia. Our members work in a variety of roles within and supporting the healthcare system, with primary occupations being qualified Health Information Managers (HIMs) and Clinical Coders. HIMAA recognises that the health information management profession is broader than HIMAA itself. However, HIMAA considers itself to be the key influencer and definer of the profession. We have been serving the profession in various iterations since 1949.

HIMAA is a not-for-profit organisation governed by a Board of Directors who are HIMAA members. The Association has a national office in Sydney staffed to deliver functionality in operationalising the HIMAA Vision, Mission and Strategic Plan in accordance with HIMAA Values.

Our peer-reviewed journal, the *Health Information Management Journal*, is the only academic health information management journal in the world to achieve an international Thomson Reuters impact rating and DOI (digital object identifier) international citation referencing. HIMJ's sister journal, *HIM Interchange*, provides practice-based analysis and case studies for members of the profession. Our *Australian Dictionary of Clinical Abbreviations, Acronyms & Symbols* is the industry's authoritative text.

HIMAA relies on the volunteer contribution of members to achieve its objectives and deliver organisational governance. Membership support is provided at the local level through networking and continuing professional development (CPD) provided by State and Territory branches, and nationally through an annual conference of international standing. We are the major provider of education and training for Clinical Coders in Australia, and the national authority for the accreditation of HIM tertiary courses. Our Professional Credentialing Scheme offers practitioner quality assurance to the profession and employers. Our Clinical Coder Certification is the industry's advanced standard.

HIMAA also attracts members from a number of other countries including New Zealand.

Vision

HIMAA positions the profession to foster leadership in health information best practice to support quality healthcare.

Mission

HIMAA promotes and supports our members as the universally recognised specialists in information management at all levels of the healthcare system. We do this through positioning and advocacy, education and training, quality standards, publications and resources, and HIMAA membership networking activities at local and national levels, including an annual national conference of international standing.

Values

Member Focus	We exist because of and for our members, offering them value in products, services, networking, advocacy and support
Professionalism	We provide high quality, ethical services based on well-informed judgement and expert knowledge of the Health Information domain
Ethical Practice	We are ethical in all of our operations and good stewards of our resources
Equity	We are equitable in the provision of services to our members, and treat everyone with respect

This Annual Report for the 2014-15 Financial Year was distributed to the 50th Annual General Meeting of the Association, held in Sydney on 29th October 2015.

From The President

I am pleased to report that my last year as President of HIMAA has been one of strong strategic growth and firming business performance for the Association. In the 2014-15 financial year implementation of our 2014-16 strategic plan has advanced steadily. As members will recall, there are three Strategic Priority Areas (SPAs) of the Strategic Plan that emerged from our extensive membership research program in 2013:

SPA 1 - Positioning & Advocacy

SPA 2 - Education

SPA 3 - Membership

Positioning & Advocacy

In our Strategic Priority Area 1, Positioning and Advocacy, the year has been very much one of transition from the formation of working groups, to implement strategic initiatives identified in this priority area, to the development of solid work plans and activity.

Workforce Working Group

Workforce is the overarching theme for our 2014-16 strategic priorities, and the Workforce Working Group, chaired by Julie Brophy, developed HIMAA's Workforce Strategy as a priority and then immersed itself in planning for HIMAA's inaugural Workforce Summit scheduled in conjunction with the HIMAA NCCH National Conference in Sydney (27-29 October 2015). The Summit is designed to address the health information workforce shortage and configuration challenges highlighted by the 2013 Health Workforce Australia (HWA) *Health Information Workforce Report* currently under review by the Australian Health Ministers' Health Workforce Principal Committee.

The outcome sought from the summit is an action plan to address the health information management and health informatics workforce shortage and configuration challenges highlighted by the 2013 Health Workforce Australia (HWA) *Health Information Workforce Report*.

The HWA report provided a landmark opportunity to address current workforce challenges and plan for the future of the health information workforce to meet current and emerging national health reforms and initiatives. It establishes clearly in its early sections just how important key occupations in the health information management profession are in the management of health information within the healthcare system. Health Information Managers and Clinical Coders represent 64% of the health information workforce identified by the report.

Membership research by HIMAA in December 2014, however, indicates that industry and government need to hear a health information workforce perspective on this report before vital opportunities are lost.

Research Working Group

The Board's Research Working Group enthusiastically embraced its brief, developing an issues document with a number of recommendations including the need for a permanent Research Advisory Committee of the Board, which has been endorsed and is as we go to print in the process of formation with a firm work plan to see it into the future.

The HIMAA Board and HIMAA's Editorial Board are working together to explore a bold project to ensure the international future of our *HIMJ* and local future of our *HIM-I* academic journals. I congratulate the Editorial Board on achieving an international impact factor (IF) of 1.154 for *HIMJ* in this financial year. I understand *HIMJ* is the only peer reviewed research journal in health information management in the world to achieve an IF rating.

Finally in this strategic area, the Board has authorised the formation of an Academic Panel of its national Conference Committee, to enhance the attractiveness of our national conference for health information management researchers and academics.

Positioning & Advocacy Working Group

HIMAA's Positioning & Advocacy Working Group (P&AWG) was formed during the year, with a strong plan to provide materials to support members in advocating the value of their profession to their peers and executives, in the context of a program of direct approach to the executives themselves.

The Board's revision of the Association's definition of the health information management professional in February of this year, along with an associated Value Proposition, has supported the P&AWG's endeavours in this regard.

Practice Quality & Safety Standards Committee

Swift work by the newly formed Practice Quality & Safety Standards Committee has contributed a new set of Principles of Professional Practice to HIMAA's suite of advocacy tools. The Principles replace the previous Code of Ethics of the Association, and have been used as the basis for the development of professional practice guidelines, which are currently in consultation draft and planned for launch at the HIMAA NCCH Conference in October 2015.

The Committee hopes that these practice guidelines will not only be useful in supporting members in their everyday practice, but also in assisting them explain to employers why certain roles in their workforce should be undertaken by health information management professionals, and defend existing and future roles as the preserve of the profession in the face of workforce re-configuration.

With the influential industrial drivers of eHealth and funding imperatives, change in workforce configuration is inevitable. This is all the more reason why the health information management profession needs to be able to adapt to fulfil its potential in emerging health service provision models.

Clinical Coding Advisory Committee

The Board's Clinical Coding Advisory Committee (CCAC), and National Clinical Coding Special Interest Group (SIG), have worked hand in hand to advise the Board, since their formation at last year's National Conference in Darwin, on emerging issues for Clinical Coders, particularly in the area of audit standards. The CCAC has formed, with the Board's Education Committee, a working group to redevelop HIMAA's 1996 Clinical Coder Competency Standards.

The Clinical Coder Competency (CCC) Standards will use at its core the coding and classification competencies contained within HIMAA's Entry Level HIM Competency Standards ensuring that the CCC Standards reflect the skills and knowledge required for clinical coding and classification roles in today's work environment.

Please read CCAC Chair Louise Matthew's report further in the Annual Report.

I would like to thank all of our members who are a member of one of the above mentioned working groups or committees – many of whom are actively contributing to HIMAA for the first time. The outcomes over the first year or so of operation of these working groups and committees is outstanding and is certainly contributing to the achievement of the Strategic Plan initiatives and outcomes.

Positioning & Advocacy Submissions

In the past financial year HIMAA has made a number of positioning and advocacy submissions and applications.

- Australasian Telehealth Society of Australia – this submission to their national strategy White Paper advised that the absence of IP, privacy, confidentiality and informational integrity elements of the Telehealth consultation, and in remote patient monitoring, required policy involvement by HIMAA.

- Health Workforce Australia *Health Information Workforce Report (HWA HIWR) 2013* – with the demise of HWA early in 2014, HIMAA addressed to the federal Department of Health and the body assigned with responsibility for a COAG response to the HWA *HIWR*, the Health Workforce Principals Committee (HWPC) of the Australian Health Ministers' Advisory Council (AHMAC), and to the Department of Health itself, a comprehensive and costed proposal to implement key recommendations from the Report. The HWPC declined any negotiation on this proposal, but offered to engage HIMAA in future national initiatives from its jurisdictionally-based HIW Working Party considering implementation of the report.
- PCEHR – with the resumption of the PCEHR work program (\$485.1m x 4 years) by the incoming federal government in the 2015-16 budget, HIMAA joined with HISA once again to provide to the Department of Health a discussion paper on planned changes to PCEHR and Health Information Acts with feedback on priorities from an HIW professions' perspective. HIMAA provided a supplementary health information professional's positioning perspective on the HISA/HIMAA survey results.
- HIMAA has continued to advocate for the inclusion of Clinical Coders in the Federal Government's Standard Occupations List, and initiated an application for National Assessor Authority status with the federal Departments of Education and Immigration/Border Protection to assess the suitability of potential applicants for Skilled Migration in the HIM and Clinical Coder ANZSCO occupations against HIMAA's national competency standards for the profession, as the national industry benchmark.

In terms of workforce support, a further initiative of the HIMAA Board has been the signing of a Memorandum of Understanding with The Coding Company to develop their *Bridging The Gap* video series, which will support graduates of HIMAA's clinical coding courses to maintain work readiness in their quest for paid employment.

Our most substantial workforce initiative of the year, however, had been the decision by the HIMAA Board to fund, from HIMAA cash reserves, a Certificate IV Transition Project designed to convert HIMAA's current clinical coding coursework into the Victorian developed Certificate IV in Clinical Classification, which will see HIMAA coding graduates attain a full qualification and HIMAA able to enter the traineeship market with participating employers.

As well as being a Positioning & Advocacy initiative, this project comes under the Education SPA, and is thus examined further in the next section.

International Leadership

In international leadership, the HIMAA Board has been proud to implement, through its Conference Committee, an International HIM SIG recommendation for \$6,000 in scholarship support to be offered for HIMAA national conference attendance for health information management professionals in the World Health Organisation's (WHO) South-East Asia and Western Pacific Regions. Eligible applicants will be from countries of medium or low Human Development Index as defined by the 2014 Human Development Report of the United Nations Development Programme. I look forward to welcoming the first two successful applicants to this scholarship scheme at the 2015 HIMAA NCCH National Conference in Sydney (27-29 October).

I have continued to represent HIMAA as the Western Pacific Regional Director on the IFHIMA Board during the 2014-15 financial year. I have also been overseeing the Eastern Mediterranean region in the absence of a local representative. It was thus with pleasure that HIMAA extended its congratulations to the Saudi HIM Association (SHIMA), which formed during the year, and that I personally welcomed Hussein Albishi, as SHIMA's President and CEO, to the role of Eastern Mediterranean representative on the IFHIMA Board.

I look forward to meeting officially with Mr Albishi during the upcoming national HIMAA NCCH conference.

I will also be proud to host the annual face-to-face meeting of the IFHIMA Board in Sydney in conjunction with the national HIMAA NCCH conference this year. As a result of IFHIMA Board members' agreement to meet in Sydney, we have been able to achieve a strong representation of top quality international speakers and panellists at the 2015 conference.

Education

Strategic Priority Area 2 has been as busy for the HIMAA membership as SPA 1 in the last financial year. At our first Board meeting after the AGM last year we officially welcomed incoming Board member, Cassandra Jordan, as Chair of the Board's Education Committee. Cassandra replaced outgoing Board Member and committee chair Alex Toth, to whom the Board extended their thanks. HIMAA is fortunate to retain Alex's services as Chair of the Education Committee's Tertiary Education Sub-Committee and Convenor of its newly formed Overseas Qualifications Equivalence Working Group; of which more below.

Education Services Certificate IV Transition Project

In a HIMAA media release¹ of 17 April this year, I reported on the outcomes of a membership poll of 650 members conducted by HIMAA in December last year, which indicated that both Clinical Coder and Health Information Manager workforce has worsened considerably since the Australian Institute of Health & Welfare workforce study of 2010²:

Respondents indicate demand for both occupations is rising at a rate outstripped by the lack of supply. Over the next three years, HIMAA members in the hospital system expect an attrition of HIM positions at a rate of 1 for every 2 retained. Yet over 50% of them expect supply to remain poor.

The Clinical Coder workforce shortage – which even [Australian Bureau of Statistics Census] data indicates has plummeted since its height around 2006 – is exacerbated by indications from the HIMAA survey that capacity to supervise incoming coding staff is poor to none shy of adequate (78%).

In response to the need for action now, rather than later, the HIMAA Board decided to invest in making a new Certificate IV in Clinical Classification, accredited by the Victorian Registrations and Qualifications Authority in July last year, available nationally.

From 1 July this year, HIMAA's Education Services team commenced a project to transition existing coursework in Comprehensive Medical Terminology and Clinical Coding at Introductory and Intermediate levels into the relevant units of the Victorian Certificate IV course, and submit the result to ASQA for inclusion in HIMAA's scope of registration. HIMAA intends to deliver the Certificate IV in Clinical Classification from 1 July 2016.

Transition to the certificate level course will achieve two important workforce goals for HIMAA:

- Offering Nationally Recognised Training in clinical coding at Certificate IV level
- Entry into the traineeship market

¹<http://himaan2.org.au/index.php?q=node/2388>

²Australian Institute of Health and Welfare 2010. The coding workforce shortfall. Cat. no. HWL 46. Canberra: AIHW.

A full qualification will place graduates squarely on a health information management career path, and workplace-based training will enhance the work-readiness of HIMAA graduates.

HIMAA hopes that other providers of the Victorian Government's Certificate IV in Clinical Classification will apply to HIMAA for HIMAA Approved Program status, to enable their graduates to apply for HIMAA membership in the Senior Associate category.

A Longer Term Business Model

The Certificate IV in Clinical Classification opportunity has also placed the HIMAA Board in a position to undertake a review of business modelling for its Education Services function due to the capital outlay required to fund the Certificate IV Transition Project. A proposal for funding of this project was one of a number of initiatives included in the 'comprehensive and costed proposal to implement key recommendations from the [HWA HIW 2013] Report' made to the HWPC (Health Workforce Principal Committee) and Department of Health, reported under the Positioning & Advocacy Submissions section above.

Discussions with the Department of Health in April of this year indicated an Australian Government view that health workforce is a jurisdictional issue and so the HWPC, as a jurisdictional body of COAG, would have carriage of the submission. And it was clear the HWPC process would proceed at its own pace.

HIMAA's membership indicated that the need to address Clinical Coder workforce required more immediate action. In addition, what had been previously explained to the Board as 'seasonal' variations in Education Services course enrolments were identified in the 2014-15 financial year as a definite downward trend in enrolments to HIMAA foundation clinical coding courses – Comprehensive Medical Terminology and Introductory Clinical Coding.

The Board's review of HIMAA's Education Services business model involved a business case for the Certificate IV Transition Project as well as a set of six three-year forward budget projections, three with the Certificate IV in operation and three without.

Members can find more detail on our business analysis in the Treasurer's Report below, but the Board's decision has been to invest \$175,000 of HIMAA cash assets in the Certificate IV Transition Project for the 2015-16 financial year, with a five year return on investment projection. The exercise has certainly placed HIMAA on a firmer business footing for coming years than it has been in the past due to the projected future profitability of Education Services.

Accreditation and Credentialing

In other HIMAA achievements in the Education SPA, the Association's Tertiary Education Sub-Committee, chaired by Alex Toth, has in the past financial year successfully recommended, through the HIMAA Education Committee, the accreditation of the Queensland University of Technology's (QUT) Bachelor of Health Information Management, and the re-accreditation of the Higher College's of Technology's (HCT) Bachelor of Applied Sciences (Health Information Management) in the United Arab Emirates (UAE).

My thanks to the members of the sub-committee for the time and expertise they contribute to the accreditation of these vital degree courses. HIMAA's Entry Level HIM Competency Standards are comprehensive and assessment of university curriculum against them is complex and challenging.

My congratulations to Sue Walker and Maryann Wood and their team at QUT, and Loay Othman and his team at the UAE's HCT, for the equally extensive work they contribute in ensuring that their HIM qualifications meet the standards of the profession.

Another achievement in the year just past has been a revision of HIMAA's Professional Credentialing Scheme. The points allocation guidelines for this scheme have been

improved in two ways: firstly to enhance the educational rigor of activities recognised by HIMAA in the per/hour category of continuing professional development (CPD), and secondly to add quality improvement categories such as the Plan Do Check Act audit cycle. The participant's diary has been improved to strengthen quality improvement reflection as an integral feature of participation in the scheme.

The aim of these enhancements is to improve the quality assurance value of the scheme to peers and, perhaps more importantly, to employers. Information on the improved scheme will be a feature of the Positioning & Advocacy Tool Kit in preparation for members, referred to above.

A final stage in the revision was completed in the second half of the financial year: Points Approved program status for providers of CPD. The aim of this service is to enable CPD providers to apply to HIMAA for pre-allocation of points based on the Professional Credentialing Scheme's Points Allocation Guidelines so that providers can include the points allocation in their program publicity, and so that CHIMs and CHIP can be assured of the quality of the event beforehand.

A further advantage for Scheme participants is that being able to enter such an activity in the Points Approved section of their participant's diary guarantees approval by HIMAA. As HIMAA's Professional Credentialing Scheme technology improves, it is hoped that mere registration at a Points Approved program will lead to its automatic uploading into the participant's diary.

My thanks and congratulations to members of the Professional Development Sub-Committee's Professional Credentialing Scheme Working Group for their contribution to the quality assurance HIMAA offers on behalf of the profession. I encourage members to join the Professional Credentialing Scheme. It costs you nothing, and the postnominal CHIM (Certified Health Information Manager) or CHIP (Certified Health Information Practitioner) in your professional signature offers quality assurance to your colleagues and employer.

International

The formation in the past year of an Overseas Qualifications Equivalence Working Group of HIMAA's Education Committee has seen trialling commence of an Overseas Qualifications Equivalence Assessment process for recognising overseas qualifications that meet HIMAA HIM competency standards. This Working Group is also reviewing the skills assessment required for the National Assessor Authority application referred to under Policy & Advocacy Submissions above.

An historic Memorandum of Understanding (MoU) has been signed with the Canadian Health Information Management Association to govern joint projects and initiatives, the first of which is the formation of a Reciprocal Certification Working Group to work towards the signing of a certification reciprocation agreement in Tokyo at next year's IFHIMA Congress.

Finally, as noted in Cassandra Jordan's Education Committee report below, HIMAA has contributed to the IFHIMA Global Health Workforce Council's global curriculum development project, and will continue to do so. This international HIM curriculum includes Health Informatics and Health Information & Communication Technology curricula, and will provide a useful comparison for HIMAA in years to come.

Membership

Our third but by no means least Strategic Priority Area, Membership, has also seen tremendous activity in the 2014-15 financial year. Membership itself has grown by 23%, from 708 to 869 between 1 July 2014 and 30 June 2015, representing a substantial turnaround from preceding years. Figures exceeding 900 as we go to print indicate that this growth is not abating. Advances in Senior Associate and New Graduate membership are particularly welcome.

Improvements to membership services during the year have included a revision of Organisational Membership to emphasise benefits to the organisation, introduction of the more magazine-style *HIMAA Matters* monthly eNews service, a HIMAA Facebook page, and a HIMAA Rewards Program and Membership card that has the potential to return your membership many times over in savings.

More recently the Board has approved the introduction of a Retiree membership category at the same rate as our Concessional membership, and an application process for the Fellow Member class.

HIMAA Membership Services has also worked with the members and Branches to support recognition of membership longevity, and establish a national office presence at Branch events.

The HIMAA Board has approved a generic Terms of Reference (ToR) for HIMAA Branches, which incorporates the flexibility sought in the formation of Networks in recent years, whilst at the same time absorbing Networks into Branch structure. Branches can thus elect to have either a President and a formal committee structure, or a Convenor and a more flexible governance structure. The ToR also includes a standard service agreement between branches and the national office, to clarify mutual expectations.

My congratulations to the Branches on their increasing activity and relevance to their respective memberships. I have been pleased to be able to attend a number of branch PD events around the country in the past year, the most recent being the Victorian Branch graduation dinner at which they also introduced their longevity awards. A memorable night indeed.

In response to member requests, HIMAA was pleased to conduct a PD event in Christchurch, New Zealand in May of this year, and meet with fellow peak bodies in NZ in order to identify what value HIMAA might add for HIMAA members in NZ. Our thanks to Mary-Ellen Wetherspoon and the Canterbury District Health Board for partnering with us on this highly successful event.

Conference

HIMAA's national annual conference, now in its second year with the National Centre for Classification in Health (NCCH), was highly successful in its first iteration in Darwin last October. The weather was wonderful, the program rich, diverse and engaging, the networking better than ever, conference dinner at Crocosaurus Cove a wildlife as well as aquatic life extravaganza, and something about the tropical ease of the venue and remoteness of Darwin really generated a feel of getting away from it all.

Hard to beat this year, but the program at the Sydney Masonic Conference and Function Centre is looking better than ever and, as noted above, we are honoured to welcome a breadth of international expertise courtesy of the members of the IFHIMA Board.

In the year just past, HIMAA has introduced the International Delegate scholarship noted under International Leadership above, and had adopted an Eastern Seaboard policy for its national conference with the NCCH. The purpose of this policy is enhance affordability for sponsors and trade exhibitors to secure greater continuity of support, and also affordability for members travelling from interstate. So the national conference will now circulate between the three major Eastern Seaboard States – NSW, Victoria, and Queensland. The fourth conference in the cycle will be in one of the other five states or territories.

My thanks to the HIMAA Board's Conference Committee for the excellent job they did with the Darwin conference last year, and I am looking forward to this year's conference with great enthusiasm. My particular gratitude to Conference Convenor, Janine Carter, who has been a *tour de force* in this role for a number of years. Janine departs the HIMAA Board at the upcoming AGM and will, I know, be sorely missed.

Conclusion

2014-15 has been a very busy, yet productive year for HIMAA. I am particularly pleased by the high levels of engagement of our members in participating in HIMAA working groups, committees and special interest groups; responding to HIMAA e-Alerts; contributing to surveys and the formation of submissions; attending events; staying informed through *HIMAA Matters*, *HIM-I* and *HIM-J*; and many more ways in which members are participating in their Association. This is a healthy sign, reinforced through feedback that I have received from members, that HIMAA is vibrant, relevant and adding value. There is a strong sense of positivity and optimism about the future which is great to hear.

The achievements of the past year would not have been possible without the significant contribution of HIMAA's CEO, Richard Lawrance, the HIMAA national staff, and the HIMAA Board Directors. We have worked collaboratively, responding to emerging issues and strategic priorities and been focussed on delivering valuable outcomes and outputs. My personal thanks to each of you, and in particular to Richard, for your excellent leadership over the past year. My thanks also to each of the HIMAA Directors who give of their time for HIMAA Board meetings and other roles and responsibilities associated with being a HIMAA Director – your contribution does not go unnoticed.

As indicated at the outset of this report, the AGM on the 29th October concludes my four years of service as National President of HIMAA. Firstly let me thank you, our members, for your support over this period of time. I am humbled by the experience as I look back over four years of solid growth and development of HIMAA as an Association. I am very proud of the achievements over the past four years and of what HIMAA is today. Over the past four years we have built on the foundation laid by previous Presidents and Boards to ensure a stronger governance focus, a growing and more engaged membership and a solid Strategic Plan that transitions us into the future. If the majority of the initiatives and outcomes of the 2014-2016 Strategic Plan are achieved, that will be a fantastic outcome. I firmly believe that HIMAA is in a good place as a professional association and have every faith in the incoming Board to continue to lead HIMAA into the future. A further reflection on my time as President can be found in the President's report in the Oct-Nov 2015 Issue of *HIM-Interchange* (*HIM-I*).

It has been a privilege to serve as HIMAA President and I wish the incoming Board and President every success in the future.

Sallyanne Wissmann
President, HIMAA

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From the CEO

As the President, Sallyanne Wissmann, has noted above, the 2014-15 financial year has for HIMAA been one of strong strategic growth and firming business performance. From an operational perspective, two years of strong financial performance have enabled the establishment of a staffing structure that adds marketing functionality to HIMAA's revenue streams, an increased customer focus and return on investment in membership services, and relief for the CEO on the administrative, executive officer side of the role to enable advances in business consolidation and strategic activity.

Marketing

The introduction of a marketing and events position at Coordinator level at the commencement of the financial year had an immediate impact upon the Association's national conference. This was particularly important in 2014 as it was the first time HIMAA

had partnered with the National Centre for Classification in Health (NCCH) for our joint HIMAA NCCH National Conference, in Darwin. A second national conference for HIMAA in a capital city distant from the population centres of the eastern seaboard was always going to be a financial stretch for sponsors, as well as for the HIMAA membership. The appointment of a qualified marketing and events professional in Milla Krivozhnya ensured a strong client focused engagement with sponsors which assisted them in looking to their future relationship with the conference. Milla also delivered a well organised and seamless conference experience for delegates.

For the 2015 conference, Milla has strengthened the sponsorship and trade exhibitors' package and, with Finance and Corporate Services, Philida Chew, developed a conference budget that will sustain growth over coming years at the same time as containing as much as possible increases in costs to HIMAA members. The financial aim is to incrementally increase the conference's proportionate contribution to HIMAA's bottom line.

Milla has also sourced and firmed up a modest advertising campaign to reach markets for HIMAA Clinical Coding courses identified by Education Services staff. Nurses, for instance, are being targeted through the Australian Nursing and Midwifery Federation's journal, while advertising in the Australian Hospitals and Healthcare Bulletin and the Australian College of Health Service Management's online journal to reach executives and management. Milla has also initiated promotion of the health information management professional's career through career directories and branch activity at local career expos.

HIMAA's marketing activity and national conference have definitely taken a step up in the 2014-15 financial year.

Membership

The appointment in August of a dedicated Membership Officer, Richard Cornish, has also led to a turnaround in the fortunes of HIMAA's Membership Services. Some HIMAA members were allowing their membership to lapse without realising it. We are after all, increasingly 'busy'. Richard lost no time in building on invoicing improvements initiated by HIMAA's finance department with a program of follow-up phone calls. The result has been a stemming of the tide in lapsed memberships and improved membership engagement.

At the front end of the membership cycle, Richard introduced follow-up contact with all new members and has reached out personally to members by attending HIMAA branch activities. The introduction of the Lifestyle Rewards program with a HIMAA Membership Card was another of Richard's initiatives approved by the HIMAA Board for commencement early in 2015. Program estimates suggest members can recoup their investment in membership fees ten times over through the range of discounts offered by the rewards program.

Other initiatives that have freshened up the face of HIMAA's membership services are the new look *HIMAA Matters* monthly eNewsletter, the introduction of a HIMAA Facebook page, a makeover of monthly membership prizes, revision of the Organisational Membership Scheme to optimise benefits to the employer, and the introduction of a Retiree financial category of membership, to support those retiring members who may just be entering the optimum period of contribution to the Association and their profession.

Richard has also wrestled with HIMAA's ageing Access membership database to, with assistance of an email survey of members, establish continuity of membership beyond the introduction of our electronic database in 1997. This has enabled the Victorian Branch of HIMAA to present longevity awards to members at their 2015 graduation dinner – the first, perhaps, of many such branch awards.

Executive Support Officer

The last appointment in the 2014-15 financial year to complete the current round of capability improvements for staff functionality has been the appointment of Stephanie Zbik as Executive Support Officer (ESO) in November 2014. The implementation of HIMAA's 2014-16 strategic plan depends upon the formation of a number of working groups, upon whose activity Sallyanne Wissmann reports above. In addition to existing expansion of HIMAA committee structure in 2014 to meet the Association's curriculum development needs, and to provide an advisory group for the Association's new Senior Associate membership category, HIMAA's governance activity meant that the CEO's role became top heavy in Executive Officer back end duties.

The appointment of an ESO has assumed the burden of committee and working group agenda and meeting coordination and minute taking, and has freed the CEO to engage in more high level strategic and business activity on behalf of the organisation. This has entailed my first visits to Canberra to engage with government, resulting in a realistic appraisal of the likely success of HIMAA's comprehensive workforce proposal lodged in November 2014, and the commencement of an application to the Departments of Education for the status of National Assessor of skills and qualifications for business migrants in the occupations of Health Information Manager and Clinical Coder.

The intelligence gleaned on progress with HIMAA's workforce development proposal has prompted HIMAA to take a lead role, mounting its own national Health Information Workforce Summit in conjunction with the 2015 HIMAA NCCH National Conference in Sydney. HIMAA has been pleased to be joined by fellow peak health information bodies the Health Informatics Society of Australia (HISA) and Australasian College of Health Informatics (ACHI) in presenting this Summit in October 2015.

Other advocacy initiatives noted by the President above have also been made possible by the appointment of an ESO.

On the business front, a major review of the business modelling for HIMAA's Education Services suite of products was also made possible by the delivery of back end Executive Officer duties by the ESO. This review has enabled the Board to make a well-informed business decision, based on a three year whole-of-budget forecast and a five year return on investment plan, to financially support the Education Services team in converting their suite of clinical coding courses, mostly at elective Unit of Competency level in the VET system, to a fully fledged Certificate IV in Clinical Classification. This qualification will be more attractive to students, delivering a firmer career pathway, and will also place HIMAA in the traineeship market – a solution to anecdotal criticism of the work readiness of HIMAA clinical coding graduates.

With the aid of HIMAA's marketing functionality, the new Certificate IV will, with more substantive market intelligence, over the next three year forecast develop a substantive business base for HIMAA's Education Services, reducing its dependence on peripatetic supply and demand cycles.

RTO Re-Registration

Another recent HIMAA appointment, Quality and Compliance Officer, Annemarie Arends, entered her second year with the Association during the 2014-15 financial year. In her first year with HIMAA Annemarie completed over one hundred policies and procedures in preparation for HIMAA's re-registration as a Registered Training Organisation with the Australian Skills Quality Authority (ASQA), due in December 2014. With Education Service Training Manager, Lyn Williams, Annemarie made the necessary preparations to ensure HIMAA was compliant with ASQA's NVR (National Vocational education and training Regulator) standards.

As a result of their diligent and extensive work, HIMAA's application for registration in December 2014 was successful. My thanks and congratulations to both Annemarie and Lyn.

Concerns over the likelihood of audit by ASQA led to a risk assessment of the Certificate IV Transition Project from this perspective in the second half of the financial year. An analysis of ASQA's Annual Report for 2013-14 revealed of 3200 audits conducted by ASQA to that time, 90% were triggered by applications either for registration, re-registration or change of scope – the latter making up 85% of these. HIMAA's next application to ASQA will seek the addition of the Certificate IV course to our scope of registration.

The general incidence of audit in applications is 13.6% (around 1 in 8). In applications for change of scope in FY2013-14 the audit incidence was 17% between 1 in 6 and 1 in 5) and, of these, 19% were found non-compliant. However the incidence of application rejection was 1.4%, which is not only statistically insignificant but also indicates that most incidences of non-compliance are resolved by the RTO.

The risk of HIMAA's Certificate IV application to ASQA being rejected is thus statistically insignificant, although it has between a 1 in 6 and 1 in 5 chance of being audited.

Professional Development

HIMAA's Professional Development activity continues to respond to the need identified by members, in their responses to the 2013 research program, for CPD in eHealth. In the past year HIMAA's IMIT and Professional Development Manager, Ralph La Tella, successfully launched his *Database Fundamentals* course at the 2014 HIMAA NCCH National Conference in Darwin. This year he has developed the extension of that course, an introduction to the bedrock data terminology of the Personally Controlled Electronic Health Record, SNOMED CT.

As argued elsewhere by the likes of HIMAA Editorial Board member Dr Joan Henderson, health information management professionals have a strong role to play in linking the ICD-10-AM clinical classification of the hospital system with the ICPC2 classification system of Primary Care through SNOMED CT, to lead to a truly integrated electronic system of health information management. After a refresher on, or introduction to, database fundamentals, an understanding of SNOMED CT is the next step. Ralph will launch the SNOMED CT course in a workshop at the 2015 national conference.

And on the resources front, Ralph's new HIMNET resource portal for HIMAA members will also be launched at this year's national Conference. And he is working with the Editorial Board to trial an HTML version of *HIM Interchange*, which may revolutionise the utility of this professional practice resource for HIMAA members.

Congratulations

My congratulations and thanks to all staff who contribute to the delivery of HIMAA's Vision, Mission and Strategic Plan. I would particularly like to congratulate the Education Services team, without whose experience and expertise the current Certificate IV Transition Project would not be possible, and the Finance and Corporate Services duo, Philida Chew and Anderson Hu, who so valiantly manage to keep up with the finances and facilities that support the extensive activity of the rest of us.

Finally, a special congratulations to Liz Morrison, Managing Editor of HIMAA's two journals, the *Health Information Management Journal (HIMJ)* and the *HIM Interchange (HIM-I)*. In the past year, with the aid of Liz's extensive experience in academic journal publishing, *HIM-J* has achieved an international impact factor of 1.154 – the only peer-reviewed academic HIM journal in the world to achieve an IF.

Richard Lawrance
Chief Executive Officer

For more organisational reports, see pages 33 to 36.

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FINANCIAL REPORT – PERFORMANCE HIGHLIGHTS

For the year ended 30 June 2014

From the Treasurer

The 2014/15 financial year has at once been challenging and rewarding. The Board, the Finance, Audit and Risk Management Committee (FARM) and the Executive team continued with the strategic themes established for HIMAA in the 2014-2016 Strategic Plan to position the organisation for growth and long term operational and tactical success. Each Sector of the organisation has advanced on their business models and plans since our last Annual General Meeting. A three-year financial plan and forecast has been created to take account of the Board's direction for operational and strategic funding for HIMAA. Investments in Sector strategies are maturing at varying rates, but all in a positive direction with an eye on the future. The Executive Management continue to work with great diligence to progress HIMAA's Finance and Risk management.

Keystone Investment

The Board, FARM and Executive Management team have, after in-depth financial analysis and appraisal of our business modelling for our Education Services Sector, made a keystone investment from our cash reserve of \$175,000 in a Certificate IV Transition Project for the 2015-16 financial year, with a full return on investment budgeted in our three year financial plan by 2018. This keystone investment was approved by the Board in March this year, to manage the necessary work required to open the Certificate IV course to registrants in financial year 2016/17. Conservatively based on 2014/15 registrations, this nationally recognised VET-endorsed course is expected to reverse the downward trend observed in key HIMAA education products. Without this bold investment, our financial position in 2018 is forecast to be financially unviable.

Members will also be aware of the investment in our Membership sector in this past financial year, making HIMAA membership an attractive investment. Membership tailored rates were a cornerstone to our business modelling for renewal payment options, including direct debit, and transitioning to Organisational and other membership categories. Our Lifestyle Rewards program and Membership Card has been favourably received. All of these opportunities have resulted in strong membership growth of 25%.

Financial Performance Overview

Although our end-of-year financial report shows an operating loss of \$119,609, overall we are well positioned with a strong liquidity ratio for the financial year, expected to continue over our forthcoming three-year plan. This year is also our first year with BYRONS Chartered Accountants as auditors, and HIMAA is pleased with their professional evaluation of our accounts, keeping our financials on track with all the necessary accountancy treatments per Australian Accounting Standards, with a Reduced Disclosure Requirements for the Corporations Act 2001.

The key highlights for the *Statement of Profit and Loss*, *Statement of Financial Position* are as follows:

- Our total equity of \$416,630 secures the Association in a favourable, solid financial position.
- Total Asset holdings surpassed \$1.3 million, with \$1 million held in cash and term deposit accounts.
- The total assets are \$1,369,580 (FY14 - \$1,241,881), up by 10%, despite decrease in revenue and a deficit reporting position.
- Our cash assets of \$1m continue to be managed to optimise a steady investment return in interest earnings for the year totalling \$30,858, despite low interest rates.

- Total Liabilities up by 35% primarily due to increase in holdings in the Advance receipts in Education and Conference Sectors. This revenue will be recognised in the period in which the service or goods are provided.
- Total operational expense this year was slightly up by 13%, due to a change in organisational structure, with the recruitment of additional staff to service the growth in the Membership and Events sectors.
- Membership growth was up by 25%, but with some written off bad debts, it brought the rate down to 17%.
- Total revenue was down by 4%, contributed mainly by the continued pressure on lower demand for educational products in the Education sector.

Total equity has increased by nearly 115% since 2011 (see figure 2), which is a tremendous milestone for the Association. Although the retained earnings have reduced by 22% from last financial year due to the loss of \$119,609 reported, the Association's liquidity remains strong. The Association will continue to focus on delivering strong performance across all the business sectors, restoring the balance sheet with improved efficiency in delivering the earnings.

The full audited financial report can be found on our HIMAA website www.himaa2.org.au.

Review of Operations and Financial Performance

Statement of Profit and Loss and Other Comprehensive Income

For the Year Ended 30 June 2015

	2015	2014
	\$	\$
Revenue	1,690,715	1,764,356
Employee benefits expense	(1,278,810)	(1,159,749)
Depreciation expense	(1,399)	(1,564)
Printing, journal and postage expenses (Utilities)	(75,487)	(66,970)
Consulting expense	(48,084)	(44,821)
Conference and Event expense	(133,858)	(134,902)
Rent	(57,875)	(57,879)
Staff training and development	(15,193)	(7,803)
Audit and legal fees	(18,096)	(9,866)
Travel	(48,809)	(22,345)
Sundry expense	<u>(131,713)</u>	<u>(90,415)</u>
Profit/(Loss) before income tax	(119,609)	168,042
Income tax expense	<u>-</u>	<u>-</u>
Net profit/(loss) for the year	(119,609)	168,042
Other Comprehensive Income	<u>-</u>	<u>-</u>
Total other comprehensive income for the year	<u><u>(119,609)</u></u>	<u><u>168,042</u></u>

Review of Operations and Financial Performance

Total Operating Revenue and Expense: 5 years in comparison

	FY2011	FY2012	FY2013	FY2014	FY2015
Total Revenue	1,346,000	1,469,000	1,458,000	1,774,000	1,610,000
Total Expenses	1,253,000	1,605,000	1,454,000	1,604,000	1,810,000

Table 1

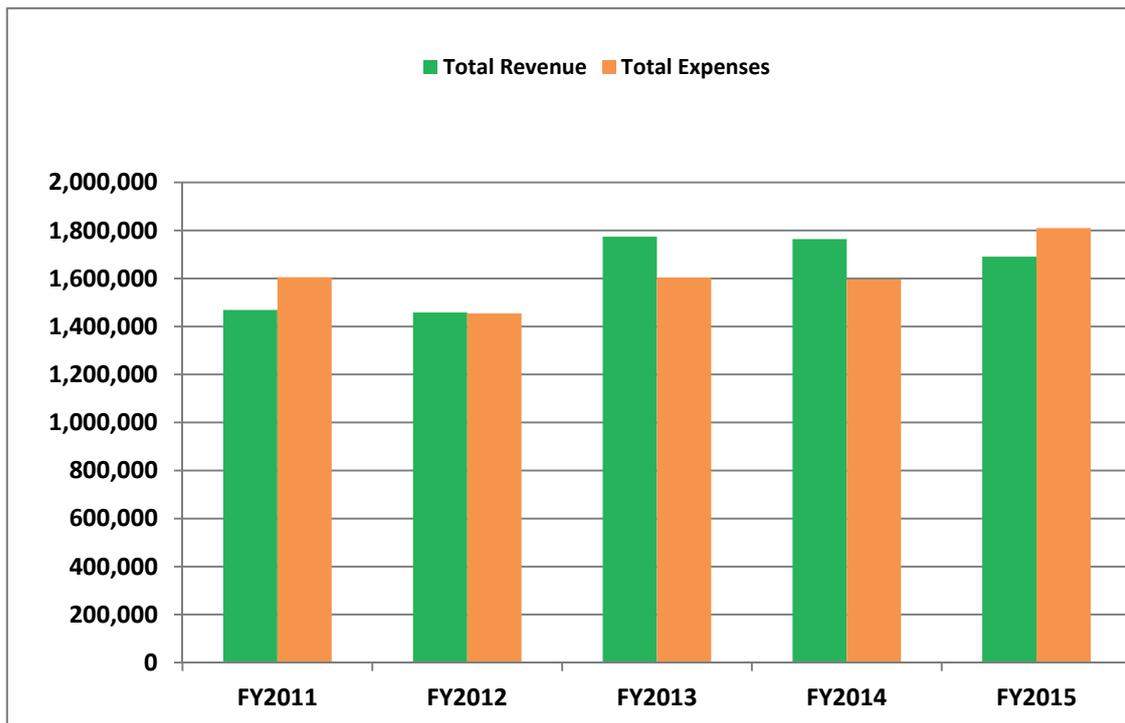


Figure 1- Five year comparison figures: Total revenue vs Total expense

Review of Operations and Financial Performance

Statement of Financial Position as at 30 June 2015

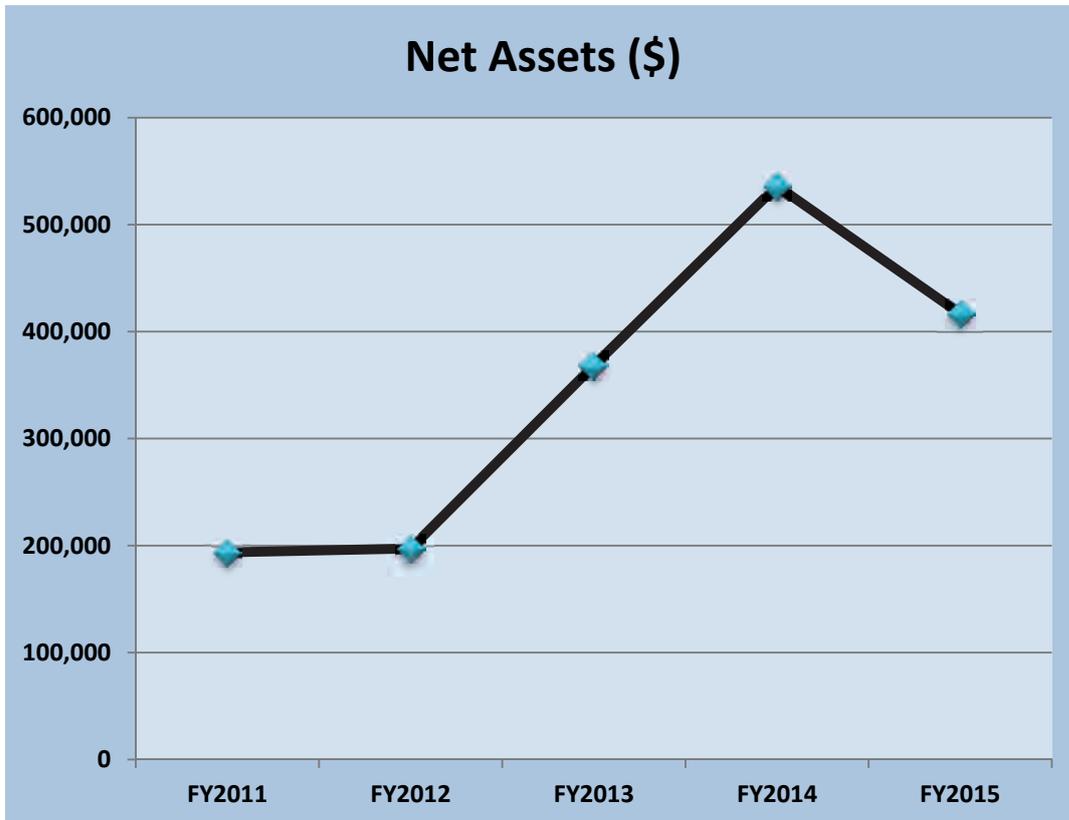
	2015	2014
	\$	\$
ASSETS		
Current Asset		
Cash & cash equivalents	327,969	230,593
Account receivable and other debtors	233,219	147,188
Inventories on hand	6,031	7,560
Other Current Assets(pre-payments)	32,912	49,419
Other financial assets (Term Deposits)	<u>762,795</u>	<u>800,130</u>
Total Current Assets	<u>1,362,926</u>	<u>1,234,890</u>
Non-Current Assets		
Property, plant and equipment	<u>6,654</u>	<u>6,991</u>
Total Non-Current Assets	<u>6,654</u>	<u>6,991</u>
TOTAL ASSETS	<u>1,369,580</u>	<u>1,241,881</u>
LIABILITIES		
Current Liabilities		
Trade & others	719,254	522,100
Provision for employee benefits	180,208	148,882
Total Current Liabilities	<u>899,462</u>	<u>670,962</u>
Non- Current Liabilities		
Provision for employee benefits	<u>53,488</u>	<u>34,680</u>
Total Non-Current Liabilities	<u>53,488</u>	<u>34,680</u>
TOTAL LIABILITIES	<u>952,950</u>	<u>705,642</u>
NET ASSETS	<u>416,630</u>	<u>536,239</u>
EQUITY		
Retained Surplus	<u>416,630</u>	<u>536,239</u>
TOTAL EQUITY	<u>416,630</u>	<u>536,239</u>

Review of Operations and Financial Performance

Comparative figures of Net Assets for the past five years

Financial Year	FY2011	FY2012	FY2013	FY2014	FY2015
Net Assets (\$)	193,650	197,196	368,197	536,239	416,630

Table 3



COMMITTEES OF THE HIMAA BOARD

Committees of the HIMAA Board include:

- Clinical Coding Advisory Committee
- Conference Committee
- Editorial Board
- Education Committee
- Finance, Audit and Risk Management Committee
- Practice Quality & Safety Standards Committee

Clinical Advisory Committee (CCAC)

Introduction

The purpose of the Clinical Coding Advisory Committee is to contribute to the development, implementation, and education of all matters relating to Clinical Coding in line with HIMAA's strategic plan.

CCAC also liaises with the National Coding Special Interest Groups, including jurisdictional based clinical coding committee and HIMAA State Branches in all matters of clinical coding

Activity and Achievements

The Clinical Coding Advisory Committee (CCAC) has had a busy and interesting twelve months.

Had an opportunity to have a face to face meeting of members at the HIMAA Conference in October 2014

Meetings are held quarterly and all meetings scheduled have been held during this report period.

All members have participated enthusiastically as the committee settles into a routine of reporting

Developed an Audit Working Group which will report back to the HIMAA Conference in October 2015

Developed a Working Group Proposal to develop Practice Standards for Clinical Coders reporting back at the HIMAA Conference in October 2015

Gathered Coder Award information from the States and Territories with the formation of a working group

Identified risk in studying Clinical Coding and then being ready for workplce

Issues and Challenges

The Committee sadly accepted the resignation of Tasmania Representative Emily Price but welcome her replacement Val Klekociuk

Conclusion

The HIMAA Clinical Coding Advisory Committee is learning and developing and is fulfilling the requirements of the HIMAA Board as it advises on matters relating to clinical coding.

Louise Matthews, Chair

*

Conference Committee

The HIMAA NCCH Conference Committee has continued to develop and expand the conference program to meet the needs of delegates from the health information sector. The dual streams have been successful with many clinical coders attending the full conference. There has been an increased focus on increasing the international content and encouraging our international colleagues to attend.

Activity and Achievements

The HIMAA NCCH Conference held a successful National conference in October 2014 in Darwin which resulted in a net profit of \$11,305. Although delegate numbers were lower than average due to the remote location, the number exceeded the budgeted figure. However, the profit was reduced by the shortfall in sponsorship and exhibition income.

The 2016 conference is being held in Sydney with the theme *Diversify, Innovate & Transform*. A number of international papers and presenters have been included in the program and an exciting range of keynote speakers, panels and workshops will complement the invited papers. For the first time in many years site visits have been organised as a pre-conference event, with delegates invited to visit Royal North Shore or Randwick Children's Hospital.

A NSW Conference Subcommittee has supported the committee in organising site visits, delegate information packs and social events. This has been a positive change to the committee structure and will be implemented for future conferences where possible. In addition to the delegate social events, an International Delegate Reception will be held the night prior to the conference, which is a new initiative supported by the HIMAA International SIG.

The conference location for 2016 has been confirmed as Melbourne, with a number of quality venues shortlisted for selection.

Issues and Challenges

With the HIMAA Board's support, the committee planned to include a third stream to Day One of the conference for the medical transcription workforce. Unfortunately this has been deferred until 2016 due to the delay in finalising the points approved program. However, this will be a positive addition to the 2016 conference as many of the transcription delegates are based in Melbourne.

Conclusion

The Conference Committee continues to work hard to develop a high quality program designed to be the premier education event for health information professionals, responding to delegate feedback to improve content, amenities and networking opportunities wherever possible.

Janine Carter, Convenor

*

Education Committee

Introduction

I am delighted to provide members with my first annual report concerning the Education Committee.

The Education Committee has continued to focus on items, both new and ongoing, with interest. Professor Phyllis Watson AM, Dianne Williamson and Natasha Prasad were welcomed as new members to the committee.

Activity and Achievements

The final stage of the 2014-15 revision of HIMAA's Professional Credentialing Scheme, its Points Approved program status, was launched at a HIMAA (NSW) Professional Development event in Goulburn on Friday 4 September.

A Working Group has been finalising the consultation draft of the HIM Intermediate and Advanced Competency Standards, which is essential for future accreditation with universities and useful also for applications for HIMAA's Fellow Member class of membership.

The Education Committee has also been commissioned by the HIMAA Board to re-develop HIMAA's 1996 Clinical Coder Competency Standards so that these draw down from the HIMAA HIM Competency Standards, creating a clear HIMAA curricular pathway for Clinical Coders and HIMs. The project is being undertaken in collaboration with HIMAA's Clinical Coding Advisory Committee.

HIMAA Education Services are developing a Certificate IV Clinical Classification course with an anticipated completion month of June 2016. The Education Committee's Vocational Education & Training Sub-Committee is the HIMAA Board's Steering Committee for this project.

OzeScribe RTO subsidiary TalentMed applied for HIMAA Approved Program of their Diploma in Healthcare Documentation. This application was referred back to TalentMed for more detail. If approved, TalentMed graduates will be eligible for Senior Associate membership of HIMAA.

In international news, a Reciprocal Certification Working Group has been formed between HIMAA and the Canadian Health Information Management Association (CHIMA) under the terms of a Memorandum of Understanding between the two associations and is working towards the signing of a joint certification reciprocity agreement at the Tokyo IFHIMA Congress in October next year. On behalf of HIMAA the Education Committee also made a submission to IFHIMA's Global Health Workforce Council international curriculum project.

An Overseas Qualification Equivalence Working Group is trialling an assessment process for recognition of overseas qualifications for equivalence with HIMAA HIM Competency Standards, and reviewing the assessment of skills required for National Assessor Authority with the Departments of Education and Immigration/Border Protection. Discussion of a HIMAA application for National Assessor status continues with the Australian Department of Education. The status would enable HIMAA to assess potential business migrants in the nominated occupations of HIM and Clinical Coder against HIMAA national competency standards.

Conclusion

My sincere thanks to Alex Toth (previous Chair and current member of the Education Committee) for her dedication. I also appreciate the support and assistance of the other members of the Education Committee, viz Lynne Paine, Travis Ingram, Kate Horkings, Yvonne Siedel, Cameron Barnes, Amanda Hicks, Phyllis Watson, Dianne Williamson and Natasha Prasad. Special thanks to HIMAA staff members Richard Lawrance and Stephanie Zbik for their commitment.

Cassandra Jordan, Chair

*

Practice Quality and Safety Standards Committee (PQSS)

Introduction

The HIMAA Strategic Plan 2014-2016 outlines initiative 1.3 c which states “Develop and promote quality practice and safety standards for the profession particularly in its two recognised occupations, Clinical Coding (CC) and Health Information Management (HIM)”

The responsibility for undertaking this initiative was directed to a committee of the Board known as the Practice Quality and Safety Standards Committee.

Nominations were sought for this committee and five members came forward to commence work on this important initiative.

The first meeting was held in September 2014.

Activity and Achievements

The Practice Quality and Safety Standards Committee have met a total of four times up to the date of this reporting period.

In between meetings most of the work of the committee has continued electronically.

The first meeting in September 2014 was an introductory meeting at which the Convenor outlined the need for HIM professionals to make sure they have Practice Standards to follow. This committee took it upon themselves to develop practice standards that would cover both the HIM and CC professions.

The Terms of Reference were developed and adopted by the HIMAA Board.

The Practice Principles were developed by the members of the committee whose contribution cannot be underestimated.

A booklet was then developed using the HIMAA Board's February face to face Board meeting's definitions of who we are as professionals, our role, a definition of the profession, how we add value to different stakeholder groups and finally, the ten practice principles developed by the members of the committee that have been aligned to the HIM competencies on the advice of the HIMAA Board.

Issues and Challenges

Due to the broad scope of the terms of reference it was decided to develop a project focus and the first project was to develop the ten practice principles for members of the profession including both streams of HIM and CC.

The development of the principles are now being aligned to the existing HIM competencies which has highlighted the need for the Clinical Coder competencies to be updated. This need was referred to the Education Committee and the Clinical Coding Advisory Committee.

Conclusion

Involvement in this committee has highlighted the professionalism of all those involved. They have worked enthusiastically and as a team with the end goal for project 1 being the production of a Practice Principles booklet for members to be launched at the October 2015 National Conference.

As Convenor I would like to thank personally the committee members who make me proud to be a member of the HIM profession. Thank you: Lesley Ward, Jen Lee, Jacki Luker, Glenda Wyatt and Cassie Rupnik and a special thanks to our CEO Richard Lawrance for his wise counsel and Stephanie Zbik, Executive Support Officer for her organisation of meetings, minutes and agendas.

Our work has only just begun as we continue to contribute to the development and implementation of HIMAA's Strategic Plan as it relates to quality practice and safety standards.

Jennifer Gilder, Convenor

HIMAA BRANCHES AND NETWORKS

HIMAA Branches include:

- Capital Region Network (ACT and SE NSW)
- New South Wales
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia

Victoria

Introduction

Led by Jennifer Bowman, the Victorian Branch Committee of HIMAA currently consists of eight committee members and an alternating Latrobe University representative. The committee receives reports from Victoria's Special Interest Groups and Advisory Groups including the Mental Health Advisory, Scanning Special Interest, Victorian Chief HIM, Paediatric Hospital Special Interest and Coding Special Interest Groups.

At the start of 2015 the Victorian Branch Committee implemented position descriptions for its committee members to support the recruitment necessary for succession planning. The committee farewelled Elizabeth Lawson who had long held the position of Treasurer and Emma Senalli who took on the role of Events Subcommittee Convenor in 2004.

In April 2015 the Victorian Branch Committee successfully recruited Suzette Dela Cruz to the role of Events Coordinator. The committee also advertised a number of roles at the time of this recruitment hoping to replace those committee members looking to retire. Unfortunately little response was garnered from within and outside our membership.

At the close of the 2014-15 financial year the Victorian Events and Professional Development Subcommittees were absorbed into the Victorian Branch Committee due to dwindling interest and support from the Subcommittee members.

Activity and Achievements

In December 2014 the Victorian Branch designed and mailed Christmas cards with a \$5 Gloria Jeans coffee voucher to its current members. This is an initiative carried out each year to acknowledge the ongoing support of Victorian members and to wish them well for the Christmas season and throughout the New Year.

Students

Each year the Victorian Branch Committee offers a Student Mentor Program to La Trobe University and Victoria-based Curtin University Health Information Management (HIM)

students. The program is designed to pair keen students with a qualified Health Information Manager working in a field of interest to the student.

In addition to the mentor program, the Victorian Branch offers achievement awards to the highest performing La Trobe students in Clinical Classification and Health Information Management overall. These students are presented with a \$250 cheque from the Victorian Branch at the Faculty of Health Sciences prize ceremony. The prize ceremony for 2015 is scheduled to be held in September.

Events

In October 2014 the Victorian Branch hosted its Annual Dinner and welcomed the 2013 La Trobe and Curtin graduates to the profession and celebrate the efforts of the committee for the year. The dinner was held at Church364 in Richmond with over one hundred of our students, graduates and profession in attendance.

The Victorian Branch was unable to successfully coordinate a Professional Development Event for the 2014-15 financial year. The committee hopes to organise a PD event for its members for late 2015.

Issues and Challenges

Sourcing sponsorship for events has become increasingly difficult in recent years. Although the branch endeavours to subsidise events such as the dinner to ensure it is affordable for those attending, it is almost impossible to not incur a deficit.

Many members of the Victorian Branch Executive have been volunteering their time for a number of years and are now keen to retire. Recruitment efforts to date have been unsuccessful, leaving the Committee in an unsure position.

Jennifer Bowman, Victorian Branch Committee

*

Tasmania

Introduction

The Tasmania HIMAA Branch is continuing with a small group of dedicated members. At the commencement of 2015 Emily Price resigned as Branch President to concentrate on family commitments. Trixie Kemp is the new Branch President.

Activity and Achievements

Professional Development

Annual Clinical Coding Workshop was held on Friday 5th December 2014. The event was well attended with thirty-six participants from Tasmania and Victoria, and one from New Zealand. The day started with the some training on communication, problem solving, feedback and time management. The afternoon had a coding focus with a clinical update on Infectious Diseases and case presentations from each site. All participants enjoyed the day and thought it was beneficial.

Membership Recognition

The Tasmania Branch would like to recognise two members who have reached over twenty-five years continuous membership - Ian Stephenson and Kirstie Mountain. Thank you for the ongoing support of HIMAA and dedication to the profession.

National Conference

The Tasmania Branch used funds raised through the professional development workshop to sponsor Val Klekociuk to attend the conference in October 2014. Val found the event enjoyable and informative and has shared information gained with her colleagues.

Issues and Challenges

Recruiting members continues to be a challenge for the Tasmania Branch as many of the staff working in the field do not see the benefits of being a member. There is also a small population of workforce to draw on. Feedback has also been received that the Clinical Coding Association of Australia has more suitable coding tips and education materials.

Conclusion

The coming year will see the Tasmania Branch expand the annual professional development day to include both a clinical coding and HIM stream.

Trixie Kemp, Tasmanian Branch

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WAHIMAA (Western Australia)

Introduction

This report will give detail to our events planned for the remainder of the year in addition to new initiatives brought into action in 2015, including our online education listings and mentor programs. We will also give an account of some of the issues that are currently facing Western Australia, including membership and professional callings.

Whilst membership is not of critical concern, it is worth monitoring to ensure action is taken early to avoid major losses. With regard to professional calling, we provide an update on the current situation and request national support to progress this matter to finalisation.

Activity and Achievements

Events

Graduation Dinner

After a number of years of not having a WAHIMAA presence at graduation dinners, we are looking to encourage Curtin's Health Policy & Management directorate to organise and invite WAHIMAA executive to attend the dinner. At the same time we will be able to present awards to recipients.

Oktoberfest

When planning our social calendar for the year, one of our student representatives suggested that we have something that is light-hearted and engages students with practising HIMS. The suggestion that we hold this event at Curtin's Bentley campus tavern was agreed to by the branch executive. Together with \$1000 sponsorship from Core Medical Solutions we are able to offer this as a free event with free finger food. Financial members and students will also be entitled to two free drink tickets upon entry. Whilst we could have monetised this event, we felt that we needed to give something back to our members to show value in their continued membership. Opening up the event as free will also give our sponsor extra exposure. We will be holding the event on the

9th October, which coincides with the beer appreciation festival. This should be a great night!

Annual Members Breakfast

This year's breakfast will see a change in venue to the Australian Institute of Management's Floreat campus from our traditional UWA Club site. We have found that with catering and venue booking we are able to keep our overhead costs down; in fact we halved them. We have also secured our guest speaker, Professor William Hart, Curtin's Foundation Head of Medicine for Australia's newest medical school being opened here in Western Australia. Forging a relationship now between our two professions will hopefully produce medical graduates with an increased understanding of information management and health informatics principles. We have also been fortunate enough to secure Iron Mountain as the sponsor of our Breakfast, having pledged \$1000 towards the event.

Education

Curtin University

Curtin University held a Course Advisory Board meeting on 25th August 2015 after having postponed the event from June. This meeting planned to provide an update to the course review undertaken throughout 2014. Collective feedback from Western Australia's board executive will be to increase the number of student placements undertaken across the degree and introduce these from semester 2 of the student's first year. An update will be provided in the next quarterly report regarding the outcome of the meeting.

Western Australian student membership is currently resting at 26 members. This is concerning for a course that has a significantly larger student enrolment. Provided that the membership for students is free, the Western Australian branch executive aims to increase student membership numbers through social events, face to face presentations and engagement with student representatives. The graduation dinner offers us a chance to promote the benefits of the CHIM certification and graduate membership rate, which will hopefully look to convert student membership into full fee paying members.

Online & Face to Face Courses

We have distributed two calendars to members advising of free online courses as well as face to face training and development available in Perth. We have not evaluated this initiative; however we plan to do so at the end of the year.

Mentor Program

The Western Australia branch has agreed that establishing a mentor program will provide value to local members and students by being able to access knowledge, skills and experience through a network of HIM mentors. We are currently scanning other states and professions as part of our planning and intend to progress this initiative to create a sustainable platform of mentorship in Western Australia

Issues and Challenges

Membership

Membership for the Western Australia branch has remained stable over the past eight months with only a slight decline. June and August were notable for us having dropped below 80 financial members, whilst May represented our highest number of members for the year with 103 active financials. Trends are shown in figure 1.0

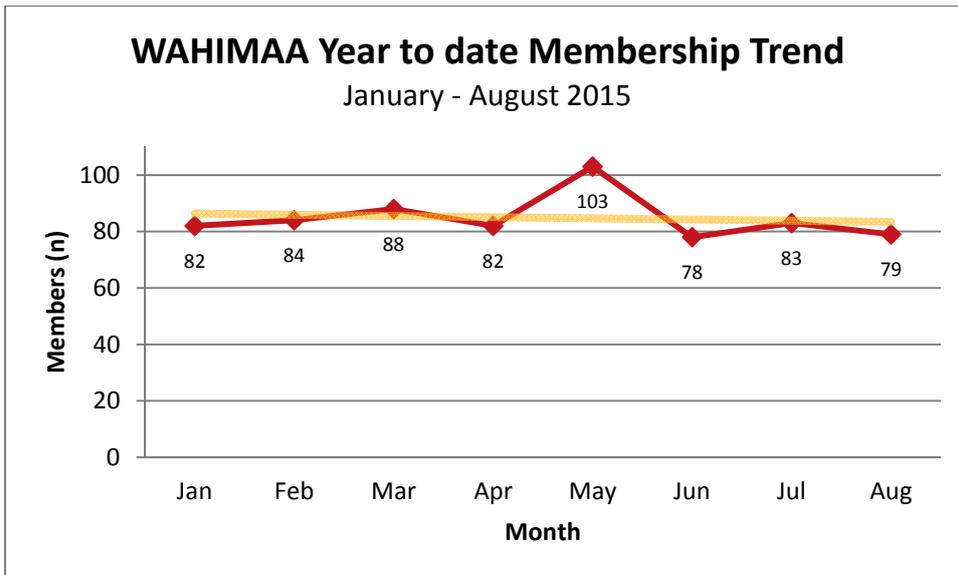


Figure 1.0 Western Australian financial members, year to date 2015.

Anecdotal feedback from members has been that lack of flexible payment arrangements (i.e. biannual, quarterly, monthly instalments) is a barrier to continued membership. Other member feedback has focussed on value for money. Whilst we are doing our best to promote our activities and that membership in numbers gives us a stronger voice, this has not translated into growth. Disappointingly, one member likened it to an expensive magazine subscription.

In response to membership awards and length of service recognition, the Western Australia executive is supportive of these initiatives. As a point of feedback we would like to propose HIMAA considers a ten year service pin. Such pins are worn by other health professions – notably nursing, and become a conversation starter. They are worn by recipients with pride and demonstrate a commitment to our profession. In terms of cost, we considered that the expense of issuing such would be far outweighed by 10 years of continuous membership fees.

Conclusion

To conclude, the Western Australia branch has maintained its standing in terms of membership and events. The future looks promising in terms of student and academic engagement with a determination of the branch to further strengthen this relationship in addition to partnering with the upcoming School of Medicine at Curtin University.

Despite challenges of membership numbers, as a branch we are doing our best with available resources to demonstrate value for money through events and initiatives such as the online courses catalogue. Aiming to convert students to full members through the benefits of the CHIM certification, we hope to see numbers increase for our branch.

With the support of the national board to progress the professional callings application for Western Australia, we not only look to protect the profession within another jurisdiction, we demonstrate the power of our membership nationally and will come a step closer to being a well-respected and recognised health profession.

Matthew Painter, WA Branch President

HIMAA BOARD WORKING GROUPS

Working Groups include:

- Privacy Working Group
- Positioning & Advocacy Working Group
- Research Working Group
- Workforce Working Group

Research Working Group (RWG)

Introduction

For the first time since its inception, the Health Information Management Association of Australia Limited (HIMAA) has made research a priority area in its Strategic Plan 2014–2016. The Association plans to support “an increase in the volume and type of research conducted related to health information management”.¹ A Research Working Group (RWG) was established in October 2014 to provide advice to HIMAA in relation to progressing the health information management research priority area outlined in the strategic plan.

The RWG developed an issues paper that provided feedback on the RWG discussions to assist the HIMAA Board in determining how it wished to proceed in meeting the research strategic goal and in increasing the quality and volume of health information management related research. The below are the highlights from that issues paper.

Activity and Achievements

The RWG undertook two activities:

1. A review of research strategies and goals and practical initiatives of other ‘related’ professional associations was undertaken to inform discussions on how HIMAA could proceed in meeting its strategic goal for research.
2. Members of the RWG participated in general discussions regarding health information management research and possible ways in which HIMAA could support research. Discussions focussed around several areas including: alignment and links with Health information Management (HIM) university programs and research undertaken in specialised research units and government departments; role of HIMAA conference in promoting research; grants and potential eligibility criteria; industry supported grants; research priority areas in health information management; student grants; philanthropically supported research; HIMAA applying for grants from recognised funding bodies; the fact that research is collaborative and health information research teams may include HIM professionals; clinical coders as researchers; research training (e.g. workshops, online resources); and HIMJ as a vehicle of research output.

Issues and Challenges

The following summarises the discussions of the RWG and suggestions arising from these discussions, as informed from the review of other professional bodies. These are issues identified and agreed to by the RWG as areas of focus for the HIMAA Board to consider if they wish to progress HIMAA’s research agenda. These all have since been accepted by the HIMAA Board.

1. Need for a permanent HIMAA Research Committee.

By definition, a working group is time-limited. The RWG was formed to examine the HIMAA strategic area of research. However, support of this valuable area is a long term commitment and therefore should to be supported by a permanent committee. Other suggestions below would fall within the work plan of such a committee.

Suggestion: the HIMAA Board endorse the formation of a permanent committee of HIMAA, the Research Advisory Committee (RAC), to implement a work plan and coordinate the HIMAA research agenda (1.5). Terms of Reference will need to be developed for the RAC.

2. Need for a position statement on the definition, value and priority areas of health information management related research.

Strategic initiative 1.5a requires the development of a position statement on the value of health information management related research. This position statement should also include a definition of health information management related research as it is recognised that the scope of this research is changing and needs to reflect current trends.

Whilst it is often articulated by the profession that health information management related research is essential to identifying best practice, developing the knowledge domain of HIMs and for the advancement of the profession, an informal scan of the literature could not identify any evidence to support this statement.

Although there is available evidence of the value of certain aspects of health information management research, such as the value of health information privacy research or health information technology research, there is a notable gap in the research evidence for the value of the domain as a whole. It would also be worthwhile to undertake a gap analysis to identify where the gaps in knowledge are to inform the identification of priority areas in health information management related research.

Suggestion: the RAC produce a position statement on the definition and value of, and priority areas for health information management research to enable the identification of best practices, the development of the profession's knowledge domain and the advancement of the profession.

3. Suggestions for consideration and action by the HIMAA Research Advisory Committee

From the review of like organisations and their strategic positions on health information management related research it is clear that HIMAA is in a position to become recognised as a leader in the promotion and support of health information management research. In order to achieve this objective, the RWG identified a number of initiatives that could be explored and prioritised by the proposed RAC. The RWG acknowledged that the recommended RAC may also devise other initiatives

4. A strategy to promote and support health-related research by HIMAA members is essential to advance the profession.

The RWG interpreted the current four initiatives to be aimed at the support and promotion of health information management related research, but felt these did not necessarily address the promotion and support of health-related research activities undertaken by HIMAA members. There is a cohort of HIMAA members who undertake health-related research (for example: clinical or population health research) who are not identified and supported under the current 1.5 strategy as their research is not health information management related research. The RWG agreed that this is an important career area for qualified HIMs due to their skills and knowledge, but did not feel this group of members was appropriately addressed under the current strategies 1.5a – d. Strategic priority area 1.4 identifies the need for increased support from HIMAA for diversification and specialisation in the profession and development of a strategy within 1.5 would enable this to be achieved for health-related research. Better promotion of HIMAA members undertaking health-related research will further promote the research priority area and highlight the career pathway for Health Information Management professionals to work in research.

Suggestion: the HIMAA Board consider expanding research priority area 1.5 to include "Promote and support health-related research undertaken by HIMAA members".

Conclusion

The Research Working Group (RWG) applauds the inclusion of research in the Health Information Management Association of Australia Limited (HIMAA) Strategic Plan 2014 – 2016. With the HIMAA Board's approval of the above suggestions from the issues paper, the RWG has since developed the Terms of Reference for the newly formed Research Advisory Committee. It is now this committee's task to develop and implement a work plan to further the strategic goals of HIMAA in the area of research.

Reference

1. Health Information Management Association of Australia Limited, 2014 *Strategic Plan 2014 – 2016*. <http://himaa2.org.au/index.php?q=node/45>.

Kerryn Butler–Henderson, Convenor

SPECIAL INTEREST GROUPS

HIMAA Special Interest Groups (SIGs) include:

- International HIM SIG
- National Clinical Coding SIG
- National Private Hospitals SIG
- NSW Private Hospitals SIG
- Regional Health SIG
- Victorian Chief HIM SIG
- Victorian Mental Health SIG
- Victorian Private Hospitals SIG

International HIM SIG

Introduction

The International HIM SIG aims to be a forum that facilitates discussion on how HIMAA members can interact with and support health information related activities that are being undertaken internationally. It seeks to contribute to relevant national and international dialogue and strategy development; it also provides HIMAA members with an opportunity to contribute to enhancing health information management practice and mentoring of colleagues in developing countries.

Activity and Achievements

The International HIM SIG celebrated its first birthday in February 2015 by publishing a brief report in the HIM-Interchange. A number of teleconferences were held throughout the year, with growing interest from members, with a series of productive conversations and sharing of ideas and regional and global news.

The International HIM SIG has benefited from the contributions of its members, many of whom have significant experience in international settings. These members are actively contributing to global activities through IFHIMA, the Global Health Workforce, other AHIMA working groups and varied work opportunities. The International HIM SIG has worked to strengthen its engagement with regional stakeholders and individuals to promote the role of HIMAA within the Asia/Pacific region.

As its first achievement, a sponsorship policy to enable international delegates to attend HIMAA's National Conference was drafted in consultation with the HIMAA Conference

Committee. Following endorsement from the HIMAA Board in November 2014, this policy has now been put into action to enable the attendance (and presentations) of two regional health information management colleagues, who would not otherwise have been able to attend the HIMAA/NCCH 2015 Conference in Sydney.

Challenges and Conclusion

The activities of the International HIM SIG fall under Priority 1.6 of the HIMAA Strategic Plan under Positioning and Advocacy. With this in mind, the International HIM SIG is working on some draft international engagement principles and guidelines for the HIMAA Board to consider as its next step in the new financial year. The purpose of this document is to provide a clear and consistent framework for HIMAA's future international activities.

Concurrently, the SIG is contributing to work to define the role of health information workforce with colleagues at WHO Suva office and the Pacific Health Information Network. There are also likely to be exciting opportunities in preparation for the upcoming 18th IFHIMA international congress in Tokyo, Japan, 12-14 October 2016.

Miriam Lum On, International HIM SIG Convenor

REPRESENTATIVES

HIMAA Representations include:

- CHIA – Certified Health Informatician Australia – Board of Governance and Examination Committee
- HISA Aged Care Special Interest Group
- HL7
- NCCH ICD Technical Group
- NCCH DRG Technical Group
- IFHIMA – International Federation of HIM Associations
- NeHTA Australian Clinical Terminology Users' Group (AuCTUG)
- Australasian College of Health Informatics – Education and General Committee

HL7

HL7 International is moving to a single terminology specification across all their products. This means that whether information is shared using Version 2 (mostly used in our legacy systems) or in Clinical Document Architecture (used in PCEHR) or in FHIR (Fast Healthcare Interoperability Resources), the codes used will be consistent. This is not currently the case. This work has already involved a detailed review of existing data specifications to identify poor specifications (many of which have originated in government reporting requirements).

HL7 International and Australia are seeking tooling to support and manage the change. The resultant terminology service would be available to members, including vendors and healthcare organisations. Heather is the chair of HL7's Terminology Authority and a co-chair of their Vocabulary Committee. She has developed international training on health informatics glossaries, quality value set authoring and tutorial development to assist the growth of HL7 capabilities.

At ISO (International Standards Organisation) TC (Technical Committee) 215 - Health Informatics, WG3 Semantic Content is convened by Heather Grain and proposed work items include:

- Technical Specification on Metadata Requirements in Healthcare - an extension to the well used ISO 11179 (used by AIHW for MeTEOR) to meet the more general needs of electronic health records
- Technical Specification - Quality measures for value domain content - conformance assessment tool
- Technical Specification - terminology capacity assessment which identifies the characteristics required in a terminological resource (such as a code system) to meet specific use cases - conformance assessment tool
- Technical Specification - terminology maturity model for implementation assessment

If any HIMAA member is interested in assisting or working with these projects, or has information to input on the issues and problems currently existing, please let me know.

Heather Grain

ORGANISATIONAL REPORT

Education Services

Introduction

HIMAA Education Services provides training in Comprehensive Medical Terminology and Clinical Coding both nationally and internationally. As a Registered Training Organisation, HIMAA provides nationally recognised clinical coder training to its Australian students for the three foundation courses; Introductory, Intermediate and Advanced. In addition we offer a Refresher clinical coding course and also Clinical Coder Certification.

Activity and Achievements

Some of our achievements over the past twelve months are:

Medical Terminology related improvements

- Incorporating the latest clinical research, operating procedures and interventions into the Comprehensive Medical Terminology coursework.
- Development of an Elementary Medical Terminology course
- Release of the 6th Edition Australian Dictionary of Clinical Abbreviations, Acronyms and Symbols.

Improvements to Clinical Coding courses

- Updating all clinical coding coursework to ICD-10-AM,ACHI and ACS 9th edition
- The addition of more medical records to the Introductory Clinical Coding course
- Inclusion of anatomy and physiology reminders in the Introductory clinical coding course
- The creation of a 'job seeking' resource for Introductory Clinical Coding students

Other activities and achievements

- Successful re-registration of HIMAA as an RTO
- Successful implementation of national Unique Student Identifier (USI) which was introduced on 1st January 2015
- implementation of the new Standards for RTOs
- Delivery of clinical coding workshops at the 2014 HIMAA/NCCH Conference in conjunction with the NCCH
- Continued involvement in the ICD Technical Group

Course	Enrolment
Comprehensive Medical Terminology (CMT)	137
Introductory Clinical Coding	109
Intermediate Clinical Coding	111
Advanced Clinical Coding	44
Accelerated Program – CMT	37
- Introductory CC	28
Refresher Course	7
Total	473

Issues and Challenges

Access to the workplace during entry level training continues to be a barrier for new graduates in gaining the experience employers are wanting. We are continuing to work with hospitals and members to provide graduates with the hands on experience that they require.

Conclusion

HIMAA Education Services is passionate about providing quality training to our students and supporting members to upskill their staff. We continue to monitor and evaluate the services we provide and improve the quality and outcomes of our training. We look forward to working with the industry over the next twelve months to meet the workforce demand for highly skilled and competent clinical coders.

Lyn Williams
Training Manager Education Services

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HIMAA IMIT and Professional Development Services

HIMAA IMIT Services is tasked with providing infrastructure, support and product development services for the various HIMAA business and education units. This year has been one of consolidation rather than expansion with a number of projects underway in key IMIT areas.

HIMAA IMIT Services provide:

- Support for eCommerce transactions
- Hardware support
- Software support
- In-house training
- Document management support
- Membership services support

- Marketing and Events support
- Development of new products
- Support publication of HIMJ and HIM-I
- Sales and marketing of software products
- National Conference and State Branch IT and AV support
- Content Management System
- Maintenance of National and State Branch websites and SIGs

Activity and Achievements

A few of the milestones achieved over the past twelve months are:

Increase in the number of visitors to the HIMAA Website: 211,362 per month.

Provision of new web applications:

- New Member-only store and non-member store
- Fully automated Workweb services to be rolled out before end of year
- HIMNet - HIM specific tools/resources site
- New State event registration system
- Update to current membership management system via Cloud-based technologies

Professional Development Course:

- Introduction to SNOMED CT for HIMs to be offered online
- Course consists of six two-hour modules
- Course to be launched by workshop at the 2015 HIMAA NCCCH Conference.

Products scheduled for roll-out late 2015/ early 2016:

- Online version of the Australian Dictionary of Clinical Abbreviations and Symbols currently being trialled by organisations in Victoria and Queensland
- Trial to begin of HIM-I to your email inbox
- Australian Dictionary of Clinical Eponyms to complement the existing dictionary product

National office IT Infrastructure

- Server upgrade scheduled to occur before EOY 2015
- Open Source CRM scheduled for roll out in 2016

HIMAA Representation

- NeHTA Australian Clinical Terminology Users' Group (AuCTUG)
- HISA Aged Care Special Interest Group
- Australasian College of Health Informatics – Education and General Committee

HIMAA IT Services has enjoyed a successful 2015. We strive to provide evidence-based, best-practice IT services to the HIMAA National Office and its staff. To this end we continue to work closely with all business units to ensure close alignment to each of their operational and strategic goals.

Ralph La Tella
IMIT and Professional Development Manager

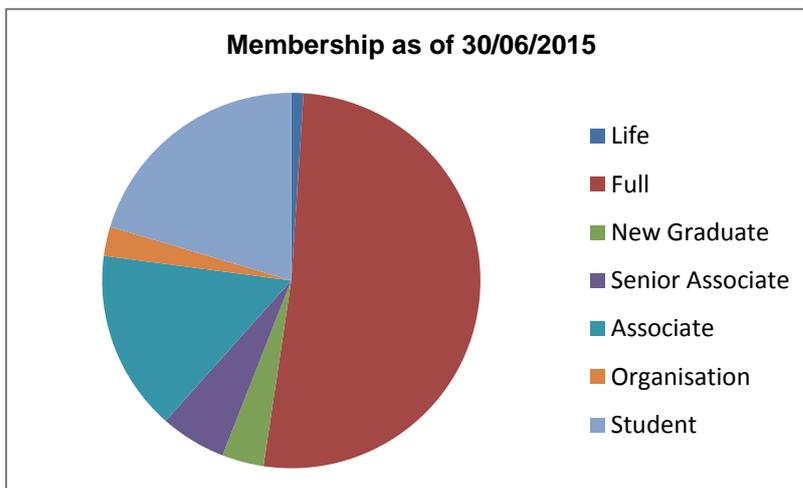
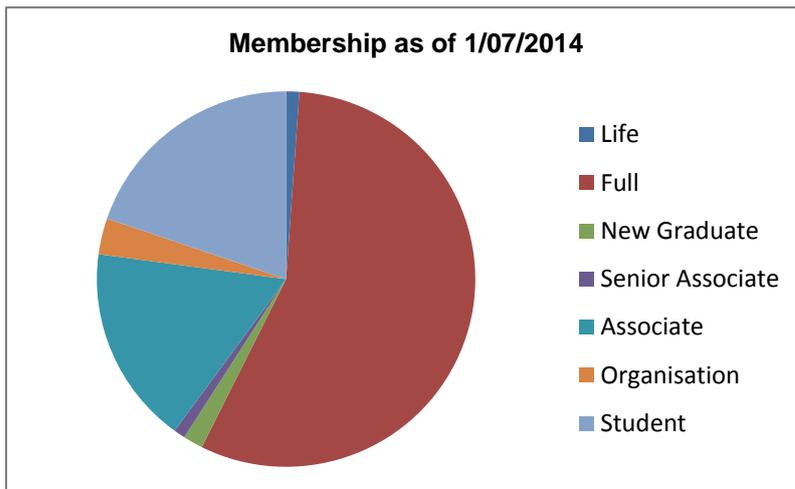
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Membership

As noted in the Treasurer's and President's reports above, growth in membership is one of HIMAA's success stories for the year.

HIMAA Membership Figures

Category:	As of 1/07/2014	As of 30/06/2015	Increase	% Growth
Life	8	9	1	12.50%
Full	398	446	48	12.06%
New Graduate	12	31	19	158.33%
Senior Associate	7	49	42	600.00%
Associate	121	135	14	11.57%
Organisation	22	22	0	0.00%
Student	140	177	37	26.43%
Total Membership	708	869	161	22.74%





www.himaa2.org.au

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