



AHDI & MTs

BY

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Dear Colleagues,

Recently I had the opportunity to represent AHDI as a contributing author to our AHDI Track column in the online edition of *ADVANCE for HIM* magazine. I chose to write about AHDI's new credentialing exams and the importance of getting our workforce credentialed. I was disheartened to read some of the responses to that column on the ADVANCE website, because it was quite evident that so many MTs are struggling under the misperception that AHDI no longer cares about medical transcriptionists, and worse, that AHDI has contributed to the challenges many MTs are facing. It has become the prevailing sentiment of many in the online community that those statements are true, even where many of those MTs have no first-hand knowledge or connection to the organization and are relying solely on the input of others.

It is my goal here to address some of those concerns with the hope that with the right information, I can impact and potentially alter this rather derailed perception of the organization and its objectives.

Some of the primary concerns that MTs may have about AHDI (ie, offshore transcription, the association's name change, etc.) have been addressed quite eloquently by my Director colleagues in this open letter series. But many MTs still wonder: *Does AHDI really care about me? What is AHDI doing specifically for me as a working MT?*

I know it can seem as though the association is focusing its resources and energies on issues and challenges far up the documentation chain – on trends and standards that have no immediate connection to the work you do every day. Or that because AHDI is not in the streets protesting globalization that we are indifferent (or even supportive) of the trends that are squeezing our domestic workforce. **Nothing could be further from the truth.**

Certainly no organization can be all things to all people, and few professional societies have the ability to truly impact compensation, wages, and marketplace trends to the degree they would like to. Many have to work *around* the issues they have no control over. For example, AHDI has little ability to force employers to pay better wages or adopt transparent compensation practices. We can create standards and build a framework for ethical practices that we can rally the industry around, but that process is a slow and difficult one, because industries fundamentally resist regulation and standards. It can take years to see the tide turn in the area of standards adoption, and usually it happens when there is federal or regulatory pressure to do so, *not* because a professional association sets standards and asks an industry to voluntarily adopt them.

So, I thought it might be clarifying to put what we “can” and “cannot” do on the table. *What is AHDI able to do for MTs? What are we not able to do? Of the things that can be done, how is AHDI working to accomplish those things?*

What AHDI Can Not Do For MTs

It's easier to start with the things we are not likely to accomplish because it helps to take a few things *off* the table. Admitting the things we can't do and acknowledging our influence and

resource restrictions can be tough to accept at first. We want our professional association to work miracles for us – deliver tangible differences in the workplace. How often do we want to experience and truly “see” the impact of something in our lives? But shaping change and industry evolution from an association perspective is a whole lot like gardening – there’s a lot of seed planting, watering, and waiting. Some things never grow, no matter how much you put your effort into them, either because of stubborn or resistant soil, ineffective seeds, or the limitation of resources to nurture that thing into existence. Other things grow only after a sustained period of attention and persistence. And then there are always those pesky weeds that threaten to rise up and choke the very life out of what you are bringing to fruition.

Among the many things that AHDI is not likely to impact would be:

1. *Globalization*: Let’s face it. This trend is a whole lot bigger and more complex than I could possibly hope to articulate here. It would be erroneous to suggest that AHDI supports it or has contributed to it. Not a single penny or preferential policy has ever been directed at offshore outsourcing. It would be safer to say that AHDI has simply had to acknowledge that it exists, we have little control over it, and we are not likely to change it. So we did the only “next best thing” we could do. We focused on setting standards around medical transcription to protect US patients.
2. *Technology*: AHDI has been increasingly fortunate to participate in standards and technology development discussions around emerging technologies, such as SRT, but the association certainly has no ability (or desire) to stop *progress*, and technologies that are emerging to streamline health data capture and facilitate interoperability are critical to our nation’s goals for meaningful health information exchange. AHDI has no desire to stand in the way of that. In fact, we want to be a facilitator of those solutions where possible. We can’t stop those technologies from evolving, but we *can* help shape standards around them (more on that later).
3. *Compensation*: This is a tough one. Advocacy around compensation is one of the first things people expect from a professional society, and it’s one of the very hardest for an association to deliver. We are neither a union nor a regulatory body. We have few weapons in the arsenal to “force” employers to alter their compensation practices. As I shared above, sometimes the only way to impact something you can’t get your hands on is to chip away at the walls *around* it in hopes of a breakthrough. For AHDI, that means identifying and addressing marketplace drivers that impact *billing*, whose inarguable bedfellow is compensation. It means building alliances with purchasing groups and employer groups with the hope that, over time, enough dialogue and carefully positioned arguments can shape the thinking of those who *do* have the power to change compensation practices. Sure, we could take off our dancing shoes and put on our boxing gloves instead, but very few desirable outcomes ever result from that approach. Pendulum swings in compensation practices are rare (in any industry), but they only occur when the right economic pressures are exerted at the right times and in the right places. It will take the “perfect storm” of supply and demand, opportunity, and/or a change in variables to pull that off.

What AHDI Can Do For MTs

Like any organization, we have opted to focus our limited nonprofit resources on projects, initiatives, and efforts that we think have the greatest likelihood of moving the needle forward for our sector. The challenges and trends in this industry can sometimes feel overwhelming. There have been plenty of moments for all of us in AHDI leadership when we have stared into the daunting maelstrom of change and chaos defining our industry right now and thought, *Wow. Where do we even begin?*

We often remind and encourage each other with the proverb: *How do you eat an elephant? One bite at a time.* When so many are quick to look at the elephant and focus on what AHDI has not accomplished, we have no choice but to focus on the bites in front of us.

So what “bites” is AHDI taking to support the working MT?

1. *Job Preservation.* The majority of our efforts at AHDI right now are directed at getting ahead of the things that are threatening to leave our workforce jobless in health care. This is one of those areas where most of our efforts are positioned *way up the chain* because we know that’s where our impact has to be made. We’re not breathing down the neck of that physician who fired his MTs in favor of a point-and-click EMR or sending a protest letter to the hospital that opted to use an offshore partner. We’re focusing our energies on fighting a much bigger battle right now. We will be taking a strong advocacy message to Capitol Hill in May that is focused on getting legislators and their constituents to understand that the comprehensive health story of the American patient is at tremendous risk in the evolving EHR. Point-and-click templates and data fields will never be able to capture the level of detail necessary for preserving a full health story or facilitating truly coordinated care between care providers and facilities. *Right now we’re fighting for narrative dictation.* We are strongly advocating that “meaningful use” criteria for EHRs include a federal mandate that all EHR systems have to interface with and receive documentation from the dictation/transcription process. **To put it plainly, if we are unsuccessful in securing a place for narrative in the EHR, documentation practices will rapidly move away from dictation.** And where dictation goes, so does transcription. MTs will be scrambling for new skills, new options, and new jobs.
2. *Credentialing.* There are a lot of crazy opinions and misperceptions out there about why AHDI advocates for credentials. Despite what people assume, AHDI makes little money on credentialing exams (they are priced just at the point where our expenses for administering them can be covered), so there isn’t any “pocket-lining” going on at AHDI. No one here has any desire to burden MTs with unnecessary standards or performance hoops. If this was simply about forcing MTs into a box, we’d close that part of the shop down. It takes a tremendous effort and conviction on our part to keep our credentialing program running and to continue to push that proverbial rock up the hill because **we believe credentialing is critical to this profession.** And when I say “we,” I don’t mean a few elite board members or a CEO sitting in an ivory tower deciding what is important for the profession. I am talking about the overwhelming support for credentials that our members (MTs just like you) have

repeatedly expressed to our leadership. The MTs who sit in our House of Delegates voted *unanimously* in August 2010 in support of our efforts to turn the tide on professional credentialing. Why? Because those MTs desperately want to see the value of this profession legitimized through credentialing and *acknowledged* by a healthcare delivery system that places a high value on credentials and degrees. Among all allied health professions and even those within the HIM space, **we are the last holdout**. We engage in the least amount of education to have access to jobs in health care and we shun the credentials all other participants on the healthcare team zealously pursue. So if you question why AHDl is pushing you toward credentials, it is because we are truly fighting for your value in health care.

3. *Professional Development*. This is the easy one. Even if you don't value credentialing, few would argue that MTs need professional training, resources, and professional practice support, which AHDl is committed to delivering to this sector. Whether it's setting standards for MT training that protect students from predatory schools, publishing style guides and compliance resources for assisting MTs with professional practice and at-home HIPAA compliance, offering webinars and educational opportunities that promote growth and continuing education, there is inarguably no more consistent, comprehensive source of this kind of information than can be found in this association. I will put our products, services, and offerings up against anyone in the sector delivering resources to our industry.

There are myriad other big and small ways that AHDl is working to support MTs. Every program, product, service, advocacy message, and alliance meeting is approached with an eye on how MTs will be impacted and shaped by the evolution of our industry. We make plenty of mistakes and we don't always agree on how to make a difference, but I can assure you that there isn't a single person on our Board, on our staff, or within our leadership who doesn't want to *get it right*.

If you have concerns or questions about AHDl or how you can connect up to our efforts, please feel free to email me. I'd love to speak with you one on one!



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