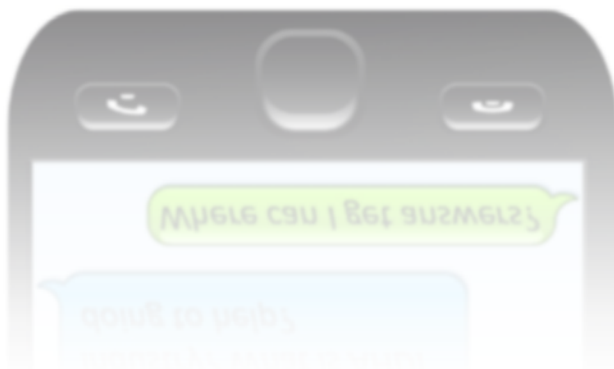# Credentialing our Industry Leaders

by

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Open Letter Series
AHDI Board of Directors
May 2011

Dear Colleagues,

Lead by example! It has been asked, "Why aren't the members of our board of directors all certified medical transcriptionists?"

In 2007, American Association for Medical Transcription (AAMT) leadership recognized the evolution of our industry with the advent of technology and elected to embrace a name change for the association to support that mission. As a result, the Association for Healthcare Documentation Integrity (AHDI) was born. The renaming of the organization opened the definition of membership, bylaws restructuring, and board requirements. Each of these steps has created leadership and membership diversity.

AHDI supports the mission and vision of credentialed individuals and leaders in any health information domain. Membership has been opened to include medical transcriptionists, billing and coding specialists, health information managers, health care administrators, and other professionals working within the medical record documentation processes.

Over the past several years, AHDI has moved forward as an organization encompassing collaborative partnerships with CDIA (formerly MTIA), AHIMA, Health Story Project, and other allied fields. Our horizons have broadened and our membership now includes HIM professionals and other diverse healthcare roles. As an organization, we have made room for leaders and board members whose credentials, expertise, and backgrounds reflect other roles, which are so much a part of the medical documentation process.

Our current board brings a depth of experience, education, and background in clinical documentation to the table, including MTs, educators, small business owners, MTSO executives, QA coordinators, trainers, and hospital-based managers.

The board members have worked on numerous collaborative endeavors with AHIMA and CDIA which include: *QA white paper, Ethical Best Practices for the Healthcare Documentation Sector, Turnaround Times for Common Document Types (TAT4CDT), Speech Recognition Adoption Guide, Dictation Best Practices toolkit, EHR toolkit,* and the *QA Best Practices Toolkit*. The multiple projects were not done in isolation but in a collaborative endeavor to move our industry forward alongside the EHR. The development and execution of those standards and best practices guides required the knowledge, expertise, and perspective of a variety of industry stakeholders, *not just medical transcriptionists*.

MTs are able to provide perspective about the impact of EHRs and other technologies that are affecting their respective work environments. Hospital managers provide a perspective of what is actually happening in their own organizations with technology adoption/integration and the impact on work flow and process improvement. MTSO executives and business owners are able to provide vital information about the marketplace in real-time scenarios. QA experts are able to discuss the impact of the EHR on documentation quality and offer ideas and solutions, ensuring the quality of point-click templates and front-end speech recognition. Educators are

offering their ideas about curriculum changes for workforce development indicative to the changes seen in our industry. Health IT developers and programmers offer technical insight and expertise that is critical to understanding these emerging technologies and developing standards of practice around how they are integrated and used within healthcare systems and outsourced companies.

Many of our board members have ongoing relationships with EHR vendors, bringing forward our ideas and championing our industry to enhance the EHR. Leaders within AHDI have similar relationships with physicians, administrators, and HIM directors who also embrace our cause.

Our current board members hold various college degrees and certifications, including business, finance, healthcare management, health information technology, electronic health records, health information exchange, and registered health information technician—in addition to *or in lieu of* credentials specific to medical transcription. Each person brings a unique perspective to the industry and to the profession, offering a diverse vision to our membership. The individuals elected to the board were chosen for specific purposes and talents. It is through diversity that we can reach out to others and create unified allies to further bridge the silos that remain within the healthcare system. This is a vital time in our association's history to navigate the waters. Change is occurring at a cyclical rate, and the reality of the EHR is here. Having broad skills in advocacy, leadership, critical thinking, technology, and business practice brings critical diversity to our board.

What may have caused some confusion in this regard was the resolution passed by our House of Delegates in August of 2010, whereby our leadership unanimously supported the association's efforts to ensure that all individuals with access to US health records be required to hold appropriate credentials in order to practice. While this association focuses its resources on credentialing those who specifically practice medical transcription and editing, there is a broader implication here. AHDI feels strongly that <u>anyone</u> accessing patients or their records should be held accountable to standards and a scope of practice *and* be required to demonstrate that ability through credentialing. We will continue to advocate for the credentialing of MTs and editors but strongly support the appropriate credentialing of all allied health professionals, including those members and leaders of our association who work in roles not specific to medical transcription.

Given the fact that our association opened its membership doors (and access to leadership roles) to anyone with a vested interest in healthcare documentation, it only stands to reason that we will see an influx of members and leaders who work in related domains and hold credentials in those areas. Requiring all leaders to hold a CMT would be restrictive and unreasonable. We're not suggesting coders, for example, hold a CMT credential in order to participate in our organization. We would ask those coders to support our goals for credentialing and demonstrate that by holding the credentials relevant to their scope of practice and contributory role in health care.

We would love to hear your thoughts and comments and encourage you to dialogue with us in the AHDI Lounge.

Respectfully yours,

Sherry Doggett
AHDI President-Elect

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