

2021 ANNUAL REPORT

Health Information
is Human Information™



AHIMA®

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Katherine G. Lusk, MHSM, RHIA, FAHIMA
AHIMA President/Chair



Wylecia Wiggs Harris, PhD, CAE,
AHIMA Chief Executive Officer

A Year of Community, Impact, and Elevation

There was a bright spotlight on health information in 2021. Individual and communal health were front and center, as the COVID-19 pandemic showed the importance of health equity and access. Vaccination efforts highlighted how critical it was for health information to be properly collected, applied, utilized, and protected. The agility of all healthcare workers were tested in 2021, and we're proud of the fortitude our health information professionals demonstrated in navigating through unprecedented challenges.

We were reminded that our impact is not defined solely by data points and statistics, but by the human lives our work touches, now and into the future. More than ever before, our AHIMA community saw the people connected to the data.

At AHIMA, our mission is to empower people to impact health. You'll see in this Annual Report that we accomplished that in many ways in 2021. As advocates for the profession and the industry, we created meaningful legislative and regulatory changes for the health information profession, regularly communicating with Congress, the Biden Administration, and leaders of the Office of the National Coordinator for Health IT about health policies and regulations that impact the profession. On the important topic of patient identification, the Patient ID Now coalition, of which AHIMA is a founding member, released its National Strategy on Patient Identity: A Proposed Blueprint to Improve Patient Identification and Matching. Patient identification is an excellent example of AHIMA and health information professionals leading the way.

AHIMA also released an updated career map with new relevant roles in the health industry and launched several new learning products to equip professionals and students to meet current and future health industry needs.

AHIMA achieved its financial goals. While we are a nonprofit association, without revenue and profits, we are unable to fulfill our mission. It is what keeps us moving forward as we focus on the organization to grow and innovate.

AHIMA was founded in 1928 and continues to be powerful force to unite our voices as champions of health. We ask the right questions, shape the rules, and make a difference in the lives of others, including patients and providers.

Thank you for the opportunity to lead this amazing community of health information professionals. We hope you feel great pride as you read this annual report and learn more about our impact areas. In 2022, we plan to tell our story to a wider audience with even greater boldness.

Sincerely,

Katherine Lusk, MHSM, RHIA, FAHIMA
2021 AHIMA President/Chair

Wylecia Wiggs Harris, PhD, CAE
AHIMA CEO

2021 Impact Areas

Advocacy advanced the profession and influenced public policy for the benefit of patients and communities through meaningful legislative and regulatory changes.

More than 2,700 AHIMA members engaged in advocacy activities—a 32% increase over 2020—including more than 210 congressional visits during the annual Advocacy Summit

- AHIMA submitted more than 26 comment letters to federal agencies including the Office of the National Coordinator for Health Information Technology, the Health and Human Services Office for Civil Rights, the Centers for Medicare and Medicaid Services, and the Centers for Disease Control and Prevention
- The AHIMA Board of Directors approved 9 policy statements on active policy topics such as data quality and integrity, affordability, health equity, and interoperability

Additional details regarding our advocacy and public policy activities in 2021 can be

2,700
AHIMA
MEMBERS



32%

26



COMMENT
LETTERS

9



PUBLIC
POLICY
STATEMENTS



77%

of members
retained membership

Membership provided a community of connection to support networking, best practice sharing, mentoring, and education.

- Access, the new AHIMA online community platform designed exclusively for AHIMA, reached 10,000 users in 2021
- At 77%, more members retained their membership since 2016



10,000
ACCESS USERS

Certifications maintained stability during a time of uncertainty.

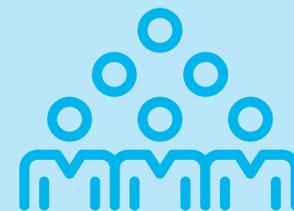
- On-demand exam access was maintained throughout COVID for all certification exams
- Deployed 2021 versions of the CCA, CCS, and CCS-P certification exams
- Renewed third-party accreditation through the National Commission for Certifying Agencies for the CCS, CCS-P, RHIT, and RHIA certification programs
- Conducted job task analysis surveys to AHIMA certified professionals for updates to exam content outlines for the CCA, CHPS, RHIT, and CDIP certification exams
- Reconvened Exam Development Committees and appointed 30 subject matter experts (SMEs)
- Recruited and trained 80 new SMEs to be exam item writers/reviewers

Our CCS®, CCS-P®, RHIT® and RHIA® certifications are accredited by the National Commission for Certifying Agencies (NCCA).

ACCREDITED
CERTIFICATION PROGRAM



NCCA BY ICE



30

new SMEs appointed to exam development committees



80

SMEs recruited and trained as new exam writers/reviewers

Professional Development and Education created new and different ways to meet the demands of health information professionals.

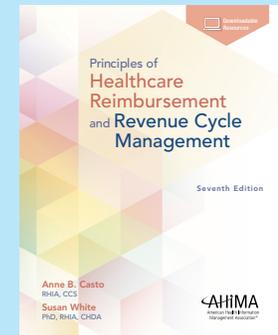
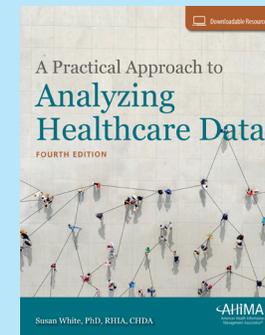
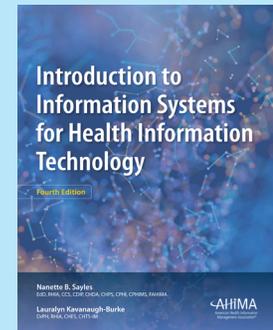
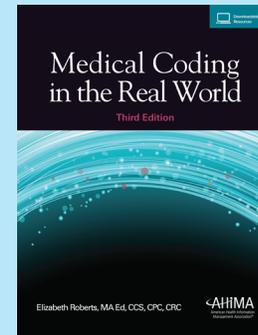
- Intermediate Privacy and Security online course to build AHIMA education opportunities in privacy
- Foundational Data Analytics course to set the stage for data interpretation at all levels of the organization
- Resident Clinical Documentation Improvement (CDI) Academy to build out CDI education to physicians
- Auditing webinars
- Computer-assisted Clinical Coding webinar for increased knowledge of automation in HI
- Ken Blanchard's Leading People Through Change virtual workshop to support ongoing change efforts in healthcare
- Certified in Healthcare Privacy & Security (CHPS) Boot Camp to prepare HI professionals for the new CHPS exam in 2022



Publications produced the most up-to-date content, instruction, standards, and guidelines from leading instructors in the industry.

18 new books including four new editions:

- A Practical Approach to Analyzing Healthcare Data, Fourth Edition, by Susan White, PhD, RHIA, CHDA
- Introduction to Information Systems for Health Information Technology, Fourth Edition, by Nanette B. Sayles, RHIA, CHPS, CCS, CPHIMS, FAHIMA, and Lauralyn Kavanaugh-Burke, DrPH, RHIA, CHES, CHTS-IM
- Principles of Healthcare Reimbursement, Seventh Edition, by Anne Casto, RHIA, CCS, and Susan White, PhD, RHIA, CHDA (plus an accompanying adaptive learning application based on the text)
- Medical Coding in the Real World, Third Edition, by Elizabeth Roberts, MA Ed, CCS, CPC



Workforce Development launched an updated Career Map with relevant job roles within the health information field.

- From entry level to executive level positions, AHIMA regularly monitors employer needs and trends within the industry and updates the map via real-time labor data
- The map provides information on training and education and years of experience for hundreds of opportunities including current and emerging careers in the industry

Clinical Systems Analyst (STEM)

Description
The Clinical Systems Analyst manages enterprise system applications in the areas of ongoing user support/training, dictionary, maintenance, system enhancements, problem analysis, resolution, and troubleshooting. Works with vendors and other IT staff to coordinate hardware installation, maintain and oversee changes, corrections, enhancement to the Clinical Systems. Acts as a liaison for Departments for Clinical System issues.

Responsibilities
Perform activities related User and Site Account Administration and Maintenance within all clinical systems
Perform Clinical System Account Creation/management, Issue resolution, process improvement, enhancements, validation, quality control, and migration improvement
Perform clinical information system administration including the definition of best practices and SOPs; creation and maintenance of SOPs; best practices; training; global work streams related to user account requests, administration, and management
Management of various applications and modules, including scheduled maintenance, improvements, and enhancements
Development and utilization of reports across the clinical systems; identification of efficiencies in ongoing review, trend identification and development of best practices and data flow solutions

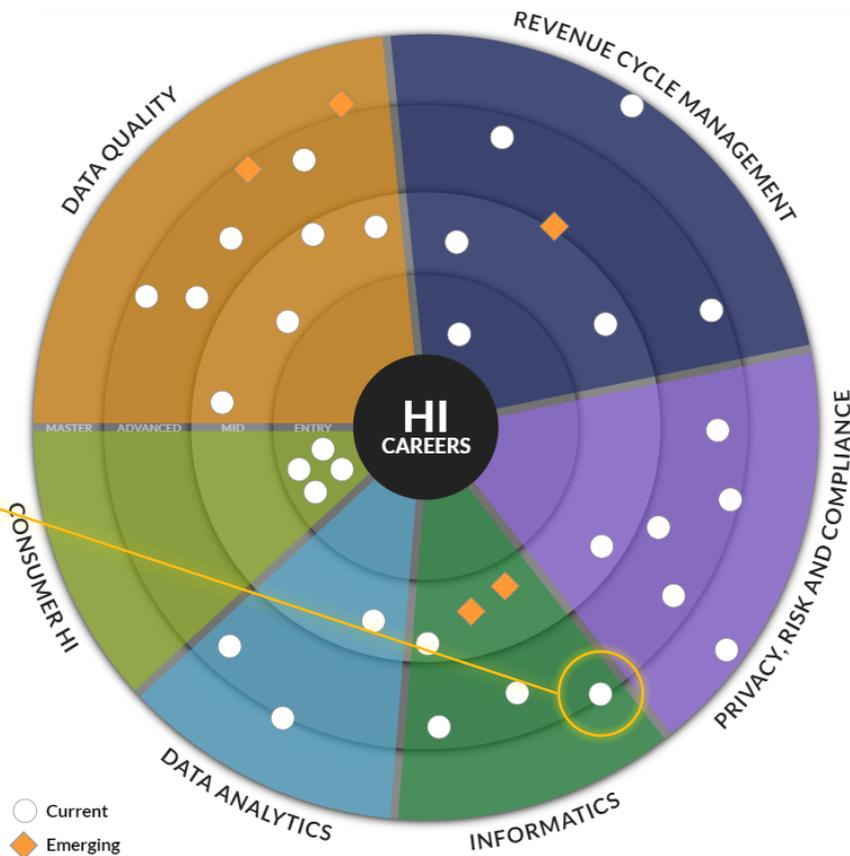
Skills Required
Ability to analyze user requirements, procedures, and

Training & Education
Bachelor's degree required

Work Experience
RHIA preferred 2 years of work experience in a hospital setting required Prior experience working with multiple Clinical Information Systems simultaneously
Knowledge of relational databases (e.g., Medidata Rave®, iMedidata®) and experience with reporting software is strongly preferred
Interpersonal skills necessary to deal with and establish working relationships with physicians, hospital personnel and co-workers
Clinical experience preferred
Experience managing Clinical Information System vendors preferred

Did You Know?
The Clinical Systems Analyst typically works within a healthcare system/enterprise.

Resources
[Visit O*Net to learn more about this STEM job role](#)
[RHIA Credential](#)



Thought Leadership elevated the profession by providing expertise through publishing whitepapers, serving as sources to the news media, building industry coalitions, and speaking at events and on panels. Highlights include:

- White paper - “Social Determinants of Health: Improving the Capture and Use by Applying Data Governance Strategies”
- “Living the Naming Policy Pledge” competition and campaign
- **AHIMA Naming Policy** entitled, “Recommended Data Elements for Capture in the Master Patient Index”
- **ONC AHIMA Collaboration Project US@ Workgroup:**
 - Deborah Adair, MPH, MS, RHIA,
 - Susan Bradshaw, MS, MBA, RHIA, Baylor Scott & White Health
 - Shonda Cannon, RHIT, R1 RCM, Inc.
 - Dianne Chapelle, MPA, RHIA, HIM, New York Presbyterian Hospital
 - Lesley Kadlec, MA, RHIA, CHDA, AHIMA
 - Grant Landsbach, MHA, RHIA, CHDA, SCL Health System
 - Katherine Lusk, MHSM, RHIA, FAHIMA, Texas Services Authority
 - Neysa Noreen, MS, RHIA, Children’s Hospital Minnesota
 - Terri J. Piland, RHIT, Children’s Hospital Colorado
 - Rachel Podczervinski, MS, RHIA, Harris Data Integrity Solutions
 - Megan Prunte, MPH, RHIA, Harris Data Integrity Solutions
 - Julie A. Pursley, MSHI, RHIA, CHDA, FAHIMA, AHIMA
 - Carmen Smiley, The Office of the National Coordinator





- “Defining EHI and DRS in an Electronic World,” AHIMA, the American Medical Informatics Association (AMIA), and the Electronic Health Record Association (EHRA)’s preliminary report examining key issues related to the operationalization of the definitions of electronic health information (EHI) and designated record set (DRS)., Participants included:

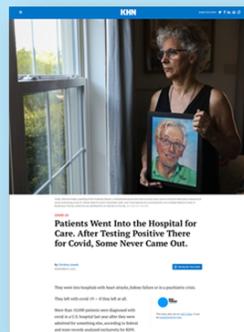
- Kelly McLendon, RHIA, CHPS, CompliancePro Solutions/Genzeon
- Karen Lavin, RHIA, CHPS, CRCR, Conifer Health
- Wes Morris, CHPS, CIPM, HCISPP, Clearwater Compliance
- Debra Primeau, MA, RHIA, FAHIMA, Primeau Consulting

- 2021 ONC Tech Form on Advancing equity by design in healthcare and health IT.

- HIMSS Global Conference & Exhibition. Health Equity and Access to Care panel. AHIMA Board member Maria Caban Alizondo, PhD, RHIT, FAHIMA, UCLA Health System, participated.

- Becker’s Healthcare Conference: What’s Next for Healthcare Informatics. AHIMA Board President/Chair Katherine Lusk, MHSM, RHIA, FAHIMA, Texas Health Services Authority, was a panelist.

- Media placements reaching an audience of more than 300 million on topics including AHIMA public policy and regulatory efforts, as well as COVID, new learning products, and trending industry topics.



The work toward our vision of ***a world where trusted information transforms health and healthcare by connecting people, systems, and ideas*** is possible because of our members, who are leading the profession. On the next page, some of our Component State Association leaders and AHIMA House of Delegates members discuss how they define the purpose that drives their leadership—their *whys*.



Chelsea Kemp
RHIA, CCS, COC, CPC, CDEO, CPMA, CRC,
CCC, CEDC, CGIC

AAPC Approved Instructor, Outpatient Coding Educator/Auditor at Yale New Haven Health | Delegate from the Arizona Health Information Management Association

“Doing my part to keep working towards the vision and mission of AHIMA and hopefully inspiring new members to do the same.”



Lisa Woodley
RHIA, CHPS, CHTS-PW

System Manager, Health IT Regulatory Oversight at CommonSpirit Health Delegate from the Washington State Health Information Management Association

“The challenge of working in a complex and always changing field and knowing that we touch lives, empower patients, and provide support and expertise to clinicians to impact healthcare. My peers and friends who provide me with inspiration and support. Helping new HI professionals be successful in a field that I love.”



Lori Richter
MA, RHIA, CPHIMS, CHP

System Director, Health IT Compliance Oversight and Information Governance Officer at CommonSpirit Health | Delegate from the Nebraska Health Information Management Association

“To mindfully support our clinicians and IT teams to connect patients and their care (including their health story) obtained from any and all means. To impact patient mindfulness to their own healthcare and expand quality of care, research, and the health of all our communities.”



Latoya Davis
MS, RHIA

Health Information Management Program Director at Albany State University | Director at Large and Student Outreach Chair for the Georgia Health Information Management Association

“To educate and empower future HI professionals to think critically, lead boldly, and volunteer often.”



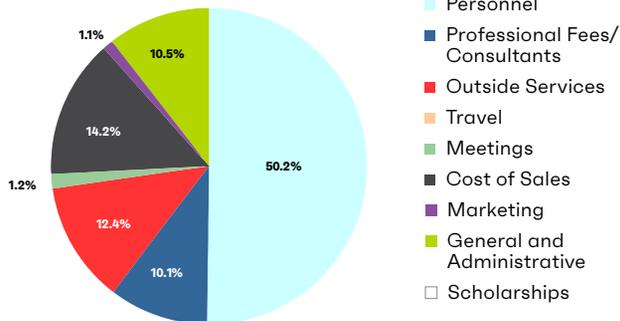
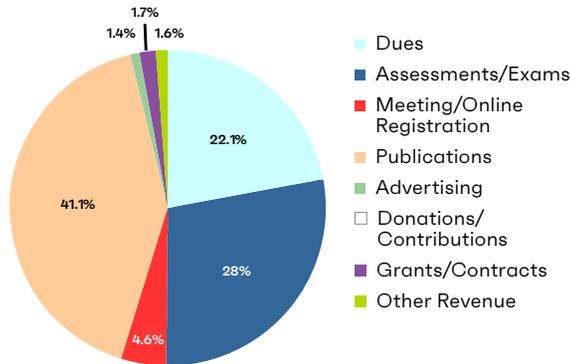
Jeannine Pugh Cain
MSHI, RHIA, CPHI

Senior Business Analyst at Across Healthcare | Delegate from the Alabama Association of Health Information Management

“To ensure health information is represented appropriately and technology is used and implemented in the right context at the right level of detail, so standards apply to health information and not to any specific organization. Most importantly, to make sure patients are not forgotten as healthcare evolves but the patient journey remains disconnected and disjointed.”

AHIMA Members on “Why I Lead”

Financials



REVENUE (IN THOUSANDS)

Dues	\$6,711
Assessments/Exams	\$8,537
Meeting/Online Registration	\$1,397
Publications	\$12,585
Advertising	\$278
Donations/Contributions	\$5
Grants/Contracts	\$516
Other Revenue	\$362
Total Revenue	\$30,391

EXPENSES (IN THOUSANDS)

Personnel	\$15,723
Professional Fees/Consultants	\$3,173
Outside Services	\$3,878
Travel	\$75
Meetings	\$387
Cost of Sales	\$4,451
Marketing	\$333
General and Administrative	\$3,298
Scholarships	\$0
Total Expenses	\$31,318
Net Ops	\$927
Non-Operating Income	\$8,193
Net Income	\$7,266

ASSETS (IN THOUSANDS)

Cash, Cash Equivalents, Investments, & Accrued Investment Income	\$67,745
Accounts Receivable	\$1,857
Inventory, Prepaid Expenses	\$1,629
Property and Equipment, Net	\$2,926
Total Assets	\$75,971

LIABILITIES (IN THOUSANDS)

Accounts Payable	\$4,008
Deferred Revenue and Rent	\$11,974
Other Liabilities	\$2,517
Total Liabilities	\$18,499

NET ASSETS (IN THOUSANDS)

Total Net Assets	\$57,472
Total Liabilities & Net Assets	\$75,971