AHIMA Board of Directors

Commission on Certification for Health Informatics and Information Management (CCHIIM)

AHIMA Certifications Team: <a href="mailto:certification@ahima.org">certification@ahima.org</a>

AHIMA Interim Chief Executive Officer

Dear AHIMA Leaders,

On behalf of the thousands of credentialed members and nonmembers of the following Component Associations, we are formally voicing our opposition to the new requirement that 40% of continuing education units must come directly from AHIMA as it does not include the partnering component associations and other ACEP providers. Separating the component associations from AHIMA in this requirement undermines AHIMA's directive of ONE AHIMA by removing the members' choice in where they obtain continuing education to meet their re-credentialing needs. It is believed this perception is creating division within AHIMA's individual members, emphasizing today's economic climate of financial insecurity, not recognizing their individual rights as dues-paying members to their professional association, impacting a member's choice in determining how to enhance their professional development, and *significantly impacting* the fiscal viability of their component associations to *provide local education and networking* offered as a *complimentary benefit* for those individuals who join AHIMA.

As stated on AHIMA's website and upheld by AHIMA's Component Associations, the vast majority of Component Associations provide their members with 'local access to professional education and networking' to promote member value in addition to membership retention and recruitment, network and community, mentorship and career assistance and advocacy. We believe a significant number of component association professional educational offerings are of the same quality as AHIMA, as it is often the same presenter and content offered by AHIMA. Additionally, the educational offerings provided at the regional level often better meet our member's needs (content and financial) for continuing education. With AHIMA's new requirements for component association ACEP oversight, the component association's educational offerings will only be enhanced and will meet the quality and rigor AHIMA expects.

As more members hear of this change, **not directly from AHIMA**, but from other means, such as CAHIIM, social media, and other informal communications from their peers, our members have expressed extreme anger and dissatisfaction with this AHIMA/CCHIIM requirement for recertification. This specific change (40% required from AHIMA) waters down the additional improved enhancements and benefits for recertification the Commission has recommended. The rationale provided during the AHIMA Conference for these changes (the only avenue where this **specific requirement** has been formally discussed with its membership) stating that AHIMA is the only entity providing quality and affordable education we believe is in direct conflict with two of AHIMA's core values: integrity and inclusivity. As component association leaders, we believe we are being left with the burden of communicating bad news to our members on behalf of the national association with which we are legally aligned. We also hear that many members may not renew their membership as they believe and perceive that AHIMA is

not supporting its component associations with this new requirement. This new requirement forces us as component association leaders to take further action, expressing our extreme dissatisfaction with its strained relationship with AHIMA, directly impacting the same members whom we serve. Additionally, it adds to the ongoing perception that AHIMA is moving toward dramatically changing the purpose of its Component Associations in providing local education, a perception that has been communicated with several Component Association Board Liaisons and AHIMA staff over the past several months.

The following recommendations are offered for review and consideration by the AHIMA Board of Directors and CCHIIM:

1. Immediately remove the 40% requirement from the recertification guide going into effect January 1, 2024, until a collaborative effort is made to negotiate a win-win for AHIMA and its component associations collectively. The component associations signed their affiliation agreements before the end of their fiscal year (June 30, 2023), agreeing to Section 3.3(a) noting compliance with the Recertification Guide (specifically the January 2023 publication).

Note: Section 3.3(a) was unilaterally changed with the emphasis on AHIMA's ACEP requirements; however, there was no communication to its component associations that a decision was made to separate the 60% CEU requirement, categorizing the component associations with other ACEP providers. Given that knowledge, many component associations would have highly objected to this decision and determined other means to compensate for the potential financial impact, such as working with the component association delegates to increase the dues rebate percentage in the AHIMA bylaws. If AHIMA intended to incorporate this change into the revised Recertification Guide surreptitiously, assuming components must comply, we find this financially self-serving. Additionally, we believe this directly opposes Principle 2, Guideline 2.1 noted in AHIMA's Code of Ethics relating to self-service and acting with integrity, communicating a different message to its component associations rather than **ONE AHIMA** designed to promote member value encouraging HI professionals to join AHIMA.

2. We urge AHIMA to operationally make decisions that reflect its commitment to the overall messaging of "ONE AHIMA," respectfully partnering with the Component Associations to mutually serve its shared members as described on AHIMA's website:

AHIMA is a federation which includes a system of component organizations. Component associations (CAs):

- Provide their members with local access to professional education and networking
- Serve as an important forum for communicating national issues
- Keep members informed of regional affairs that affect health information

Together, AHIMA and CAs are focused on being advocates and educators in an ever-evolving space.

In conclusion, we oppose that 40% of continuing education units must come directly from AHIMA because providing local education is a primary purpose of its component associations and a significant valued member benefit. At its core, collectively demonstrating **ONE AHIMA** promotes member value, serves HI

professionals in a way that permits its members to choose where they obtain their qualified continuing education, communicates the core values of AHIMA, and supports its partnering component associations. Collectively,

Arizona Health Information Management Association Arkansas Health Information Management Association California Health Information Management Association Colorado Health Information Management Association Florida Health Information Management Association Georgia Health Information Management Association Illinois Health Information Management Association Iowa Health Information Management Association Kansas Health Information Management Association Louisiana Health Information Management Association Massachusetts Health Information Management Association Minnesota Health Information Management Association Missouri Health Information Management Association Nebraska Health Information Management Association New Jersey Health Information Management Association New Mexico Health Information Management Association New York Health Information Management Association North Carolina Health Information Management Association Ohio Health Information Management Association Oklahoma Health Information Management Association Oregon Health Information Management Association Pennsylvania Health Information Management Association Rhode Island Health Information Management Association South Dakota Health Information Management Association Tennessee Health Information Management Association Vermont Health Information Management Association Washington Health Information Management Association Wisconsin Health Information Management Association