HIMAA continuing professional development planning day

Background
Although held some time ago, the most recent of the Health Information Management Association of Australia (HIMAA) national continuing professional development (CPD) planning events provided an excellent opportunity for leaders of the Association to consider the current state of professional development within HIMAA. Under discussion were the challenges the organisation was facing, along with potential strategies which might address this important aspect of maintaining a vital profession.

The planning day was held on Friday 29 November 2002, in the conference room of the Macquarie Hospital in North Ryde. It was convened by Vice-President Anne Marie Hadley and facilitated by the Manager of HIMAA Education Services, Melinda Lewis. Attendees included HIMAA board members, State Branch presidents, as well as a number of invited guests and speakers.

Summary of proceedings

Purpose of the day
- To provide a forum to allow state representatives, key stakeholders and the national office to meet with the HIMAA board to discuss and raise issues in relation to members’ professional development and continuing education needs; and
- to pose recommendations for HIMAA conferences and CPD to include the HIMAA business plan for 2003 and into the future.

Key outcomes
Following vigorous discussion among all participants, some key messages emerged.

As an association:
- We must maintain our reputation within the health industry as the group that understands the information landscape, who knows the best information resources, how to use the resources, what their strengths and weaknesses are and how much they cost;
- We need to be vibrant — to be seen as a progressive organisation, consolidating current territory and broaching new frontiers; we must act as magnets to attract people to us;
- We must create opportunities to network and to learn;
- We are committed to providing professional development activities at state and national levels;
- We need to create a culture of CPD within the profession;
- We need to give greater value. This can be achieved through models and structures whereby members can report their professional development and continuing education activities and receive due credit for it — that is, certification (which must be voluntary);
- We must form alliances and collaborate with universities and other relevant organisations;
- We need to ensure that the clinical coder and health information management competencies remain dynamic — they must change and grow to maintain currency and relevance;
- We need regular, high profile exposure within the health care, health records, clinical coding and health informatics fields;
- We must increase our membership as a proportion of professionals in the field, and CPD is a vehicle for achieving this;
- We should be aware that CPD is a means for increasing revenue for the Association to help fund other member services.

As individual health information managers (HIMs):
- We must continue to develop and maintain our expertise in evaluating information systems and resources.

Outline of the day’s presentations
Each state presented a 15-minute PowerPoint presentation on their state’s perspective on professional development and continuing education. It included:
- Outline of activities provided during 2002
- What worked and what did not
- Costs incurred/profit gained
- Member feedback from activities to date
- State and national roles in providing professional development
- Mentor program
- State views on a national HIMAA conference.

Australian Capital Territory
The ACT has a small member base of eleven, although 24 HIMs were identified in the region. Main issues reported were that since so many worked outside the HIM traditional role, it was hard to provide formal continuing education seminars of interest to everyone. In previous years, they had held meetings in conjunction with presentations by guest speakers. Grand rounds also worked well as an information-sharing exercise; however, any other initiatives were difficult to schedule, as HIMs are busy and cannot spare the time to meet regularly.

Organising conferences is difficult for a small branch, and hence many HIMAA members were exhausted by the experience and some had even discontinued HIMAA membership. There have been no profits gained at the local Association level. There is no mentor program, although one La Trobe University student recently completed a placement. Mixed views about a joint Health Informatics Society of Australia / HIMAA conference were offered, and biennial sharing was
suggested. It was also considered as inadvisable for any such conference to clash with other events, such as casemix conferences, in future.

**New South Wales**

There were two full-day seminars held in 2002, with a nominal fee for members and free participation for health information management students. Each event covered a range of themes and one event was scheduled to coincide with a NSW Branch meeting.

While the factors necessary to make a seminar successful were suggested to include relevancy, experienced speakers and practical topics, it was also highlighted that some NSW members expect to receive continuing education for free or for a nominal cost. There was a perception that HIMAA membership should be inclusive of free professional development events. It was thought that a national conference should continue to be specific to the health information management profession even if it was aligned to other events.

**Tasmania**

A complement of only four full members and one associate member makes it difficult to conduct formal education events; hence, there were no educational activities arranged in 2002. There is more reliance on national events as an alternative, as well as regular communications via e-mail and the Internet.

**Queensland**

Graduate dinners and mentor programs continued to work well, with good attendances. Breakfast forums seem to have lost momentum and were to be reviewed in 2003, with the suggestion to reduce the number per year. Clinical advancement seminars continue to address coding issues, although they are informational and not as interactive for participants. The degree of involvement from the audience depends on the ability of the invited clinicians who speak at these events. A joint Records Management Association of Australia / HIMAA Queensland event in 2002 was not successful, although it is understood that there were no health information management papers included in the program and advance marketing was not well done.

In relation to joining HIMAA, members are asking “What’s in it for me”? They are seeking value for money, and it was mentioned that some thought membership benefits had regressed since the Association ceased to publish a paper health information management journal.

Debate about an annual conference was also mixed, with no clear preference for a combined or separate event. What was deemed important was the relevance of the topics, as well as ensuring presenters of high calibre and reputation in their fields.

**South Australia**

There are 30 members in South Australia who, along with other interested non-HIMs, attend HIMAA organised seminars from time to time. The SA branch has developed a business plan to further refine state educational events. Five activities had been conducted over the previous year, with half of them achieving nominal financial benefit or break-even status. Several events were free for members. Opening sessions up to all interested parties worked well and ensured better profit-making opportunities for the Branch.

National conference preferences included: interactive formats, reasonable cost, focus on quality not quantity, and a suggestion for the introduction of a smaller seminar series using videos in remote states and territories.

**Victoria**

This state branch has 311 members and an eight-member executive committee to administer the largest state membership base. A number of subcommittees and special interest groups exist which align HIMs to their specific areas of interest and expertise.

At least one of the five educational events in the last 12 months was offered free to members. Producing a quarterly newsletter is an informational and marketing tool used in Victoria to generate sponsorship dollars while keeping members informed at a state level. Promotion of the health information management profession was seen as crucial, hence marketing letters had been sent to chief executive officers throughout Victorian hospitals in recent months. The Victorian executive actively and continuously seeks sponsorship and uses paper advertising alongside e-mail and the Internet as forms of marketing. Seminars generally break even or make profit and the current revenue level of this state branch is very healthy. Unlike the NSW experience, members in Victoria seem willing to pay a premium price for their seminars, with the average registration fee being $100.

**Western Australia**

Thirty-two members make up the Branch at present, although it is disheartening to know so many senior HIMs have left the flock and are not active in HIMAA activities. Breakfast seminars and the graduate dinner are popular events and it seems to work better to combine educational events with social activities. A case studies continuing education initiative introduced a few years ago has been burdensome to administer in recent times. Members have become so busy that the state branch did not receive the responses needed to make this a core part of continuing education. No profits were made in 2002, although all events were subsidised and relied totally on sponsorship.

The main view of members about a national conference was that it should be affordable, perhaps held every second year, and be transparent in its affiliations (eg, HIC 2001 was not obvious to members as being a HIMAA event).

**Views from other attendees**

Rosemary Roberts spoke on behalf of the National Centre for Classification in Health and as a Life Member of HIMAA in suggesting what role HIMAA should play in professional development and the continuing education of HIMs.

Ms Roberts believes that HIMAA should focus on its strengths and use them to achieve immediate short-term possibilities. HIMAA is not a formal registration
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In Ms Roberts’ view, HIMAA should focus on:
• Accreditation of graduate courses in universities across Australia;
• Using members’ expertise in consulting;
• Working on further development of HIM competencies and content of courses;
• Investigating continuing education points as a basis for ensuring HIMs keep abreast of the latest knowledge in the field, such as is seen in the American Health Information Management Association model;
• Using our reputation and history as a basis for our future existence;
• Using our experience in clinical coder education and extending this to coder certification programs;
• Building alliances and relationships with comparable organisations.

HIMAA should also be aware of other organisations that possibly overlap in their quest to be experts in health information management. The Australian College of Health Informatics is a new organisation whose primary commitment is to produce expertise in health informatics.

Joy Smith, an educator at Queensland University of Technology, outlined her ideas from a tertiary education perspective on what CPD is and what it should mean to members.

Joy Smith offered her view on the reasons why many HIMs do not participate in CPD, which she believes may include:
• lack of professional identity;
• lack of opportunity or accessibility;
• ignorance of what’s available;
• lack of incentive (eg, while employment is available);
• resistance to change; and perhaps even
• laziness, meaning that some may find themselves in a comfort zone or rut and no longer individually seek to address the issues listed above.

Mrs Smith stated that most responsibility lies with individuals to continually hone and extend their skills; however, employers should support their efforts, since they also benefit directly from them.

Going on to suggest ways HIMAA might develop a model of CPD, Mrs Smith stated her belief that it is important to create the culture of CPD within HIMAA, and, once this has been achieved, true health information professionals will naturally accept the need to join and participate.

[For further reading on this topic, see also the articles by Rosemary Roberts and Joy Smith published elsewhere in this issue.]

Electronic health records
Professor William Beer made a lunchtime presentation from the University of Texas Medical Centre, where he has worked for the last 20 years championing the development of an electronic medical record.

Prof Beer shared with the group his experiences in linking veterans’ medical records across several states and counties throughout the United States of America.

SWOT analysis — pathways and options
Strengths, weaknesses and opportunities were identified throughout the day and a listing was posted. The pathways and options session saw the larger group divide into three key areas to explore options and make recommendations back to the larger group.

Subgroups were:
1. Conference options — in the short and long terms
2. CPD as value — models/structures and credentials
3. CPD content areas and delivery modes.

A member of each subgroup reported outcomes back to the larger group, enabling further discussion and development among all participants.

At the end of the day
The final outcomes of these sessions were to be used to set directions and formulate recommendations for HIMAA’s CPD program for 2003-2005.

The day closed with an overview and comment from Robina McCarthy, President of the HIMAA Board of Directors.

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