Acknowledgements

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Health Information Management and Informatics Core Competencies for Individuals Working With Electronic Health Records

Background
In 2005, the American Medical Informatics Association (AMIA) and the American Health Information Management Association (AHIMA) created a process and a committee to jointly develop and address a common public policy agenda. One of the first action items on the joint committee’s agenda was to address the urgent need to support investments in education and training for health informatics and health information management (HIM) professionals. Recognizing the demands of an increasingly global and electronic healthcare environment, AMIA and AHIMA hosted a work force summit meeting in November 2005 and in 2006 issued a report entitled, “Building the Work Force for Health Information Transformation” (see www.amia.org/inside/initiatives/workforce.asp).

One of the recommendations from the 2005 work force summit and contained in the 2006 report was to: Convene a joint task force to define basic competencies for those who use EHRs in their daily work. In order to carry out that recommendation, the associations created a joint work force task group. The work force task group convened during 2007-2008 and completed its work with the issuance of this report.

Workforce issues are major priorities for both AMIA and AHIMA. In addition to this task force, the associations are engaged in a number of activities to help support the preparation, growth and development of a work force in an increasingly electronic health environment. These activities are briefly described in the Appendix (D) to this report.
Introduction
The American Health Information Management Association (AHIMA) and the American Medical Informatics Association (AMIA) are committed to the development of a healthcare system that uses best evidence to support the health and healthcare services for individuals and populations. This will occur within a slowly emerging nationwide health information system. The organizations’ leaders believe that additional education and training is needed for the health workforce to play a critical role in the transformation of the American healthcare system.

The growing role of information technology within healthcare delivery organizations has created the need to deepen and widen the pool of workers who can help organizations maximize the ongoing effectiveness of their investment in information technology, and in so doing maximize impact on equity, safety, patient-centeredness, timeliness, effectiveness and efficiency of care. Globally, the health industry is engaged in wide-scale implementation of information systems to support various national and international imperatives, including providing clinical care, research and education, public health reporting and surveillance, homeland security, and conquering diseases. The health sector faces an expanding array of sophisticated clinical information systems that are being implemented into a broader range of settings, thereby increasing the volume and complexity of data and giving evidence of the growing role that information systems will play in virtually every aspect of healthcare delivery.1

The purpose of this document is to introduce a model for potential use across various health and allied health disciplines and to guide education and training for individuals working with EHRs.

Background
AMIA and AHIMA hosted a meeting, the Work Force for Health Information Transformation: A Strategy Summit in Washington, DC, in November 2005, which brought together public and private stakeholders from academia, business, government, professional associations, and provider organizations. A formal report was published titled Building the Work Force for Health Information Transformation in February 20062 summarizing the proceedings. The report contained targeted recommendations to healthcare employers, employees, industry representatives, government, and professional organizations for preparing the existing healthcare workforce to use technology tools and to ensure a sufficient number of well-qualified health information specialists to achieve effective health IT transformation.

Specific recommendations in the report included:
• Convene a joint task force to define basic competencies for those who use EHRs in their daily work
• Encourage leadership from employers and health IT industry representatives for on-the-job training and support for current healthcare workers
• Create incentives and encourage the healthcare workforce to see health information competencies and skills as professional and personal goals
• Seek federal support for health IT adoption, training, and legislation to increase funding for education programs and students
• Incorporate health informatics education requirements for all health professions.

**Workforce Task Force**

In 2007, AHIMA and AMIA convened a Joint Workforce Task Force (WF-TF) to address one of the recommendations: the need for basic core competencies expected of a healthcare workforce that uses EHRs in their daily work in the era of electronic health information technology. AMIA and AHIMA each identified members with background, experience, and expertise in training, curriculum design, health information management; health informatics and workforce development.

**Intended Audiences**

It is vital that private and public policymakers know that core competencies are fundamental to educate and train current and additional workforce members. Through them, the nation can achieve its health information technology and data use goals. The intended audience for these core competencies is widespread and comprises the foundation for training as well as formal education of any health worker creating, accessing or using EHRs in their daily work. This includes various professional associations representing healthcare disciplines, healthcare employers who are targeting training for non-professional healthcare workers who use electronic health information systems in their daily work, and for college and university faculty in updating curricula for the clinical, health and allied health disciplines.

There are several important cross-cutting issues, including the wide variety of health professionals—from physicians and nurses to therapists and admissions staff—who are or will be using EHRs as part of their day-to-day activities. This, in turn, has an impact on the broad range of training needed, from basic computer literacy to more sophisticated computer applications and health information management skills; the range of environments in which training will take place, from professional education programs to the workplace itself; and the important role of vendors in the training process.

New graduates in any healthcare profession need a skill set adaptable to computer technologies and EHRs to support work processes and information access experienced in the course of daily workflow. Employees at all levels and job types within today’s healthcare workplace need a new set of skills and knowledge to embrace and effectively utilize computer technologies and electronic information. Part of the challenge is ensuring these workers function in a broad continuum of care and effective use of health information and electronic information systems. In addition, it is anticipated that these workers are likely to have different responsibilities due to the use and application of electronic health records.

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Purpose
The **EHR core competencies matrix tool** is offered for use by various educational and training programs, healthcare organizations and professions. We envision several specific purposes, including: (a) supporting the design of in-service and on-the-job training programs for the current workforce who encounter and use the EHR; (b) serving as a reference for healthcare workforce job descriptions; (c) planning professional development activities; (d) building specific professional competencies (after review and expansion by various health professions); (e) developing new employee orientation programs; and (f) improving formal health professional academic curricula. The matrix tool is a model that captures the basic core competencies and sorts on those competencies thought to be applicable to each of varied roles and settings of healthcare delivery, and the workflow needs of each.

To encourage development of models for training and academic education of the **EHR core competencies matrix tool**, government policymakers are urged to consider funding programs to disseminate this fundamental information.

These competencies can be used by healthcare employers and other relevant organizations as part of ongoing orientation and training programs for healthcare workers who use the EHR and health information in their daily work. Health professions and their professional organizations can adopt and incorporate applicable basic competencies in professional development and training activities for the current workforce as well as including them in academic curricula. For example, the core competencies can be applied in multiple ways to help train a workforce in appropriate use of an EHR; access to health information in a health data network or health information exchange, basic knowledge for those who implement and install an EHR, or actively participate in such a process.

Appendix A includes proposed core competencies in five domains or categories:

I. Health information literacy and skills
II. Health informatics skills using the EHR
III. Privacy and confidentiality of health information
IV. Health information/data technical security
V. Basic computer literacy skills.

Several roles represent the broad range of healthcare workers and work settings, including physicians, nurses, ancillary care providers (allied health), pharmacists, information technologist (IT), administrative personnel, clerical staff, human resources, financial/regulatory, third party payors, data analysts/providers, public health workers, consumer/patient/family, therapists (such as physical, occupational, respiratory), health information exchange staff (HIE), emergency medical personnel, medical assistants, clerical (such as admissions clerks, healthcare access manager), dietary workers, transport services, physician extenders (such as physician assistants and nurse practitioners) laboratory or radiology technicians; reception/volunteer desk; and nurses’ aides.

Work settings are characterized as: acute care, ambulatory care, physician’s office, ancillary entities, outpatient clinics, military hospital, pharmacy, vendors (EHR/PHR), public health agencies, regional health information exchanges, health record banks, health information service providers, long-term care facilities, behavioral health, rehabilitation centers, independent diagnostic facilities, community-based healthcare organizations, specialty care services, hospice, employers/occupational health, dental clinics, psychology services, school/student health services.
To emphasize the type of learning outcome expected of each competency statement, Bloom’s Taxonomy was used to classify the competency under one or more categories: (1) cognitive knowledge, (2) affective behavior or attitude, or (3) psychomotor skill. Bloom’s Taxonomy is used extensively in higher education, as a standard classification system that describes the types and level of learner outcomes resulting from a training process. Use of Bloom’s Taxonomy helps to specify learning competencies so that after a training or formal education sessions, the learner should have acquired new knowledge, attitudes and/or skills. The Workforce Task Force felt that this would help users of the core competencies matrix tool to better plan learning experiences and prepare evaluation methods.


Next Steps

Recognizing the growing importance of workforce development and the continuing shortage of trained workers within the healthcare system, AHIMA and AMIA expect to convene a national consensus conference in second quarter 2009: A Call to Action for Building the Workforce for Health System Transformation. This conference would make a defined case for national policy and funding, specifically targeting attention to the health information management (HIM) and health IT workforce needs; assess progress and barriers to meeting HIM/HIT workforce projections; introduce the EHR Core Competencies Matrix Tool; and produce recommendations for further action by stakeholders. Potential stakeholders would include representatives from employer organizations, labor unions, professional associations, HIT vendors, state departments of labor, and higher education, among others.
Appendix A: Workforce Task Force Framework of Electronic Health Record (EHR) Core Competency Statements

To view the EHR Core Competencies Matrix Tool visit: www.ahima.org or www.amia.org

I. Health information literacy and skills
II. Health informatics skills using the EHR
III. Privacy and confidentiality of health information
IV. Health information/data technical security
V. Basic computer literacy skills.

Within the Core Competencies Matrix Tool cells we list the skill sets and/or knowledge needed in terms of a competency statement (attached to a role) and using Bloom’s Taxonomy structure: cognitive (C), affective (A), psychomotor (P) indicating the type of learning outcome. A core competency may impact more than one taxonomy category for the learner. Below is the complete list of all core competencies identified by the task group, but only selected core competencies are applicable to each health care worker role by using the Core Competencies Matrix Tool.

Domain I. Health information literacy and skills
1. Differentiate data versus information.
2. Describe the principles of structure, design, and use of health information (such as individual, comparative reports, and trended data).
3. Use health record data collection tools (such as input screens, document templates).
4. Apply standard data definitions, vocabularies, terminologies, and/or relevant healthcare data sets (such as OASIS, HEDIS, UHDDS) as used in the organization’s health information systems.
5. Differentiate between the types and content of patient health records (such as paper-based, electronic health records, and personal health records).
6. Adhere to health record documentation requirements of external agencies and organizations (such as those specified by the Joint Commission, regulatory bodies, professional review organizations, licensure, reimbursement, discipline-specific “good practice”).
7. Adhere to internal organizational health record documentation requirements, policies, and procedures.
8. Ensure that documentation in the health record reflects timeliness, completeness, accuracy, appropriateness, quality, integrity, and authenticity as required.
9. Adhere to information systems policies and procedures as required by national health information initiatives from national, state, local, and organizational levels.
10. Write or update policies and procedures related to health data and information in daily work.
11. Identify incorrect data and take corrective action.
12. Identify methods and types of data collected in health care.
13. Maintain professional standards in all documentation activities.

The health worker should be able to meet the following competencies as applicable to his/her role, setting and workflow:

Domain I. Health information literacy and skills
1. Differentiate data versus information.
2. Describe the principles of structure, design, and use of health information (such as individual, comparative reports, and trended data).
3. Use health record data collection tools (such as input screens, document templates).
4. Apply standard data definitions, vocabularies, terminologies, and/or relevant healthcare data sets (such as OASIS, HEDIS, UHDDS) as used in the organization’s health information systems.
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8. Ensure that documentation in the health record reflects timeliness, completeness, accuracy, appropriateness, quality, integrity, and authenticity as required.
9. Adhere to information systems policies and procedures as required by national health information initiatives from national, state, local, and organizational levels.
10. Write or update policies and procedures related to health data and information in daily work.
11. Identify incorrect data and take corrective action.
12. Identify methods and types of data collected in health care.
13. Maintain professional standards in all documentation activities.
Domain II. Health informatics skills using the EHR and PHR

1. Create and update documents within the electronic health record (EHR) and the personal health record (PHR).
2. Locate and retrieve information in the electronic health record for various purposes.
3. Perform data entry of narrative information.
4. Locate and retrieve information from a variety of electronic sources.
5. Differentiate between primary and secondary health data sources and databases.
6. Know the architecture and data standards of health information systems.
7. Identify classification and systematic health-related terminologies for coding and information retrieval.
8. Know the policies and procedures related to populating and using the health data content within primary and secondary health data sources and databases.
9. Apply appropriate documentation management principles to ensure data quality and integrity.
10. Use software applications to generate reports.
11. Know and apply appropriate methods to ensure the authenticity of health data entries in electronic information systems.
12. Use electronic tools and applications for scheduling patients.

6. Identify policies and procedures regarding release of any patient-specific data to authorized users.
7. Identify what constitutes authorized use of personal health data.
8. Participate in privacy and confidentiality training programs.
9. Follow security and privacy policies and procedures to the use of networks, including intranet and Internet.
10. Follow confidentiality and security measures to protect electronic health information.
11. Maintain data integrity and validity within an information system.
12. Report any possible breaches of confidentiality in accordance with organizational policies.
13. Describe the possible consequences of inappropriate use of health data in terms of disciplinary action.
14. Describe monetary and prison penalties for breaches.
16. Know appropriate methods to correct inaccurate information/errors personally entered in an electronic health record.
19. Identify the source of information entered in an electronic health record.
20. Identify, evaluate, select, and appropriately use computer systems for patient information documentation.
21. Teach others health record concepts, laws, documentation requirements and organizational policies and procedures as it applies to your work.

Domain III. Privacy and confidentiality of health information skills

1. Explain legal responsibility, limitations, and implications of actions.
2. Apply the fundamentals of privacy and confidentiality policies and procedures.
3. Follow legal aspects and regulations of documentation in requests for information.
4. Identify legal and regulatory requirements related to the use of personal health information.
5. Identify and apply policies and procedures for access and disclosure of personal health information.

6. Identify policies and procedures regarding release of any patient-specific data to authorized users.
7. Identify what constitutes authorized use of personal health data.
8. Participate in privacy and confidentiality training programs.
9. Follow security and privacy policies and procedures to the use of networks, including intranet and Internet.
10. Follow confidentiality and security measures to protect electronic health information.
11. Maintain data integrity and validity within an information system.
12. Report any possible breaches of confidentiality in accordance with organizational policies.
13. Describe the possible consequences of inappropriate use of health data in terms of disciplinary action.
14. Describe monetary and prison penalties for breaches.
16. Know appropriate methods to correct inaccurate information/errors personally entered in an electronic health record.
19. Identify the source of information entered in an electronic health record.
20. Identify, evaluate, select, and appropriately use computer systems for patient information documentation.
21. Teach others health record concepts, laws, documentation requirements and organizational policies and procedures as it applies to your work.
Domain IV. Health information/data technical security skills
1. Implement administrative, physical, and technical safeguards.
2. Develop security policies and procedures.
4. Follow access protocols for entry to an electronic health record.
5. Enforce access and security measures to protect electronic health information.
6. Recommend elements that must be included in the design of audit trials and data quality monitoring programs.
7. Implement policies, procedures, and training for health data security.
8. Apply departmental and organizational data and information system security policies.

Domain V. Basic computer literacy skills
1. Apply basic computer concepts and terminology in order to use computers and peripheral devices, computer communications systems, general purpose and organization-specific system applications, and patient care/health-related software applications.
2. Demonstrate use of the essential aspects of file organization, information storage (such as disk or flash drive), protection from data loss, and basic computer skills.
3. Use basic word processing, spreadsheet, database, and desktop presentation applications as applicable to your work.
4. Identify, evaluate, and use Web-based literature resources, CD-ROMs, and Internet resources.
5. Conduct basic file organization and management for routine storage and protection from data loss.
6. Use statistical analysis packages.
7. Use portable computing devices to facilitate data input and management.
8. Demonstrate basic computer operating procedures such as login the computer and logoff, opening, closure and saving files.
9. Demonstrate proficiency in the Windows operating environment.
10. Resolve minor technical problems associated with use of computers.
11. Demonstrate Internet/intranet communication skills.
12. Access and use a Web browsing application.
13. Demonstrate use of email, addressing, forwarding, attachments, and netiquette.
15. Create and name or rename subdirectories and folders.
16. Open and work with more than one application at a time.
17. Demonstrate how to save work to a computer file, and printing and copy a file.
18. Create and edit a formatted document using tables and graphs.

Appendix A
Appendix B: SAMPLE EHR Core Competencies Matrix Tool by Discipline
(complete matrix tool is available at: www.amia.org and www.ahima.org)

<table>
<thead>
<tr>
<th>Domain I. Health Information Literacy and Skills</th>
<th>Competency</th>
<th>Cognitive</th>
<th>Affective</th>
<th>Psychomotor</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Differentiate data versus information.</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>Ancillary Care (Allied Health)</td>
</tr>
<tr>
<td>1.2 Describe the principles of structure, design and use of health information (such as individual, comparative reports, trended data)</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>Ancillary Care (Allied Health)</td>
</tr>
<tr>
<td>1.3 Use health record data collection tools (such as input screens, document templates)</td>
<td></td>
<td>C</td>
<td></td>
<td>P</td>
<td>Ancillary Care (Allied Health)</td>
</tr>
<tr>
<td>1.4 Apply standard data definitions, vocabularies, terminologies, and/or relevant healthcare data sets (such as OASIS, HEDIS, UHDDS) as used in the organization’s health information systems</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>Ancillary Care (Allied Health)</td>
</tr>
<tr>
<td>1.5 Differentiate between the types of content of patient health records (such as paper-based, electronic health record, personal health record)</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td>Ancillary Care (Allied Health)</td>
</tr>
<tr>
<td>1.6 Adhere to health record documentation requirements of external agencies and organizations (such as those specified by the Joint Commission, licensure, reimbursement, discipline-specific “good practice”)</td>
<td></td>
<td>C</td>
<td>A</td>
<td></td>
<td>Ancillary Care (Allied Health)</td>
</tr>
<tr>
<td>1.7 Adhere to internal organizational health record documentation requirements, policies and procedures</td>
<td></td>
<td>C</td>
<td>A</td>
<td></td>
<td>Ancillary Care (Allied Health)</td>
</tr>
<tr>
<td>1.8 Ensure that documentation in the health record reflects timeliness, completeness, accuracy, appropriateness, quality, integrity and authenticity</td>
<td></td>
<td>C</td>
<td>A</td>
<td></td>
<td>Ancillary Care (Allied Health)</td>
</tr>
<tr>
<td>1.9 Adhere to information systems policies and procedures as required by national health information initiatives from national, state, local and organizational levels.</td>
<td></td>
<td>C</td>
<td>A</td>
<td></td>
<td>Ancillary Care (Allied Health)</td>
</tr>
</tbody>
</table>
Appendix C: List of Allied Health Professionals and Associations
(Note: Given the limitations of this project this is not an exhaustive list of health professions and not all health disciplines’ websites were reviewed.)

Anesthesiologist Assistant
American Academy of Anesthesiologist Assistants

Art Therapist
American Art Therapy Association

Athletic Trainer
National Athletic Trainers’ Association

Audiologist
American Speech-Language-Hearing Association

Blindness and Visual Impairment Professions
Association for Education and Rehabilitation of the Blind and Visually Impaired

Blood Bank Technology, Specialist in
American Association of Blood Banks

Cardiovascular Technologist
Society for Vascular Ultrasound
American Society of Echocardiography
Alliance of Cardiovascular Professionals
Society of Invasive Cardiovascular Professionals

Clinical Laboratory Science/ Medical Technology
American Society for Clinical Laboratory Science
American Society for Clinical Pathology
Association of Genetic Technologists

Counseling-related occupations
American Counseling Association

Cytotechnologist
American Society of Cytopathology

Dance/Movement Therapist
American Dance Therapy Association

Dental Assistant
American Dental Assistants Association

Dental Hygienist
American Dental Hygienists’ Association

Dental Laboratory Technician
National Association of Dental Laboratories

Diagnostic Medical Sonographer
Society of Diagnostic Medical Sonographers

Dietetic Technician, Dietician
American Dietetic Association

Electroneurodiagnostic Technology
American Society of Electroneurodiagnostic Technologists

Emergency Medical Technician-Paramedic
National Association of Emergency Medical Technicians

Genetic Counselor
National Society of Genetic Counselors

Health Information Management
American Health Information Management Association

Health-System Pharmacists
American Society of Health-System Pharmacists

Histologic Technician/Histotechnologist
National Society for Histotechnology

Kinesiotherapist
American Kinesiotherapy Association

Massage Therapist
American Massage Therapy Association

Medical Assistant
American Association of Medical Assistants

Medical and Health Informatics
American Medical Informatics Association

Medical Librarian
Medical Library Association

Music Therapist
American Music Therapy Association

Nuclear Medicine Technologist
Society of Nuclear Medicine -- Technologist Section
Appendix D

AMIA Activities

1. AMIA believes that certification of physician clinical informaticians will support the professional needs of individuals in this role. AMIA is developing certification to be coordinated with formal training programs for clinical informaticians as part of the domain of biomedical and health informatics. This is being pursued by seeking a medical specialty to sponsor informatics to the American Board of Medical Specialties using materials developed by AMIA.

2. As soon as this initiative shows progress, AMIA will adapt, if needed, the core content prepared for physician informaticians for doctoral or master’s prepared (non-MDs) clinicians to pursue advanced training in clinical informatics. We anticipate that this will include candidates for a Ph.D. in medical informatics, doctor of nursing practice, doctor of pharmacy, etc.

3. AMIA created the Academic Forum as a membership unit dedicated to serving the needs of post-baccalaureate biomedical and health informatics training programs. The Academic Forum was conceived by recognized leaders to establish a professional home for academic informatics. The mission of the AMIA Academic Forum is to promote the development of biomedical and health informatics as an academic discipline. The Forum provides a vehicle for surveying and analyzing activities in academic units dedicated to biomedical and health informatics and for recommending best practices related to education, scholarship, faculty development, and faculty retention. The Forum provides a locus for discussion of national research initiatives in informatics and a round table that facilitates collaboration among different academic units to further their objectives for education and research.
4. AMIA, working through its Academic Forum, is also identifying a common set of biomedical and health informatics competencies for members, current and prospective member institutions, and the greater health information technology community. Formal and comprehensive biomedical and health informatics competencies will provide a foundation and framework for the discipline and provide guidance to educators and educational administrators for the advancement of new and existing informatics training programs, as well as for faculty recruitment and development. The scope of the effort includes the domains of translational bioinformatics, clinical healthcare and research informatics, and public health/population informatics.

5. AMIA formed the Academic Strategic Leadership Council as a body to assure that a leadership base develops within the academic health sciences. The essential mission of the Academic Strategic Leadership Council is to act as a catalyst of change to enable academic health science institutions to lead the way to improvements in health and health care through biomedical/health informatics. This leadership will be reflected in work force development, research, demonstration of effectiveness and policy. If successful, academic health science institutions will evolve into environments that develop and demonstrate informatics enabled improvements in public health, care delivery, biomedical research and health professions education.

6. Further work is underway to delineate what informatics content and skills are needed in the education of other clinicians and information managers. To this end, AMIA’s Academic Strategic Leadership Council (ASLC) is beginning an initiative in concert with the Association of Academic Health Centers (AAHC) and a few other national educational organizations relating to health. AHIMA is an invited participant to that initiative.

7. Additionally, AMIA has actively participated in the Technology Informatics Guiding Educational Reform (TIGER) Initiative. The TIGER Initiative aims to enable practicing nurses and nursing students to fully engage in the unfolding digital era of healthcare. (http://www.tigersummit.com)

8. AMIA’s 10x10 program is teaching basic knowledge and skills in informatics at the graduate course level (see http://www.amia.org/10x10)

9. AMIA is conducting public health informatics training for qualified participants under a cooperative agreement with the Centers for Disease Control and Prevention (CDC).

10. An emerging AMIA initiative referred to as “20/20 Bits and Bytes” will consist of carefully defined and focused biomedical and health informatics knowledge or skills sets, tools, and content useful and applicable worldwide.

**AHIMA**

1. Creation of the Action Community for e-HIM® Excellence (ACE), composed of HIM professionals who are leading, influencing and making a difference in the healthcare work force. See www.ahima.org

2. The Foundation of Research and Education (FORE) supports an HIM Faculty Development Stipend program to assist HIM educators with professional development funding, offers the FORE Research Institute in its second year of operation, and supports educators and practitioners seeking advanced education or research seed monies. See http://www.ahima.org/fore/about/

3. FORE supports the design and delivery of the Virtual Electronic Health Record Laboratory project which provides web-based, vendor-supported information management technology applications for student hands-on practice serving over 125 HIM college programs at the associate, baccalaureate and graduate levels to prepare graduates for the electronic work force challenges.

4. Launch of Courseshare, a new service for HIM educators as a member benefit giving educators access to peer-reviewed, downloadable content for use in academic settings with cutting edge content contributions from educators and professionals in HIM and related fields.

5. The Assembly on Education (AOE) Summer Symposium and Faculty Development Institute annually provides a forum for educators to share, learn and update their teaching skills to address work force needs
6. AHIMA is a sponsor of the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) which recognizes through accreditation over 250 academic programs in health information management and health informatics at the associate, baccalaureate and graduate levels. See www.cahiim.org

7. AHIMA offers advanced mastery certifications such as Certified Healthcare Privacy and Security (CHPS) and the new Certified in Health Data Analytics credential.


9. Work has begun on an International core curriculum model for HIM in countries embracing EHRs.

10. AHIMA continues to align with AMIA, HIMSS, TIGER and numerous other initiatives to build and strengthen the healthcare workforce for the future.

Selected Resources

ACHE, HFMA, MGMA, AONE and ACPE define competencies for healthcare management. http://www.healthcareleadershipalliance.org/


American Health Information Management Association (AHIMA)
http://www.ahima.org/certification/competency.ccs.asp


Selected Resources

Curran CR. Informatics competencies for nurse practitioners. Ohio State University, Columbus, 43210-1289, USA.


Health Resources and Services Administration (HRSA) Advisory Committee on Interdisciplinary, Community-Based Linkages http://bhpr.hrsa.gov/interdisciplinary/aciebl/reports/ Accessed February 12, 2008


King, FB.; Smith, BC.; Mathews, MB., Health Professions' Education and Practice: A Commentary on Transformation Through the Internet, Journal of Allied Health, Volume 35, Number 3, Fall 2006 , pp. 174-178(5) Association of Schools of Allied Health Professions.


International Journal of Medical Informatics, Volume 76, Issue 5-6, Pages 344-350.


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Nursing Informatics Competencies www.nursing-informatics.com/niassess/tutorials.html


http://depts.washington.edu/uwwchws/chws_professions_all.php?profession_id=1


Public Health Informatics Competencies http://nwcphp.org/resources/phicomps.v1


The American Health Information Management Association (AHIMA) is the premier association of health information management (HIM) professionals. AHIMA’s 52,000 members are dedicated to the effective management of personal health information needed to deliver quality healthcare to the public. Founded in 1928 to improve the quality of medical records, AHIMA is committed to advancing the HIM profession in an increasingly electronic and global environment through leadership in advocacy, education, certification, and lifelong learning. To learn more, go to www.ahima.org.

AMIA is the professional home for biomedical and health informatics. AMIA is dedicated to the development and application of informatics in support of patient care, public health, teaching, research, administration, and related policy. AMIA’s 4,000 members advance the use of health information and communications technology in clinical care and clinical research, personal health management, public health/population, and translational science with the ultimate objective of improving health. Complete information about AMIA is available at www.amia.org.