In August 2015, HIMAA announced a Workforce Summit to be held in conjunction with the HIMAA NCCH National Conference in Sydney (27-29 October 2015). The purpose of the summit is to address the health information management workforce shortage and configuration challenges highlighted in the 2013 Health Workforce Australia (HWA) Health Information Workforce Report currently under review by the Australian Health Ministers’ Health Workforce Principal Committee (Health Workforce Australia 2013).

**Workforce shortage**

While the 2013 HWA *Health Information Workforce Report* details no new research insight into health information workforce (HIW) shortage, it reports on a body of previous studies that warrant, as one of its six recommendations, the addressing of ‘known health information workforce shortfalls’ by increasing the national supply of CCs and HIMs (Health Workforce Australia 2013: p.7).

HIMAA has long been committed to addressing the workforce needs of the health information management profession. Workforce was the main motivation for HIMAA’s initiation of distance learning clinical coding coursework in 1990, for instance (Watson 2013), and HIMAA remains the largest supplier of clinical coding graduates at the Vocational Education and Training level in Australia.

Similarly, since 1992 the accreditation of health information management degree courses has been intended to provide a clear career path for HIMs. The consistently stronger enrolments in HIMAA-accredited courses compared to other HIW degree and diploma education is apparent in the HWA report. Overall, however, the report shows that enrolments in health information education at degree level and above has been steadily declining since 2007 (Health Workforce Australia 2013).

Education alone has not been an adequate workforce solution for the health information management profession. The Australian Institute of Health and Welfare’s (AIHW’s) study of clinical coding and health information management workforce published in 2010 indicated a need for CCs to be between 3,101 (high) or 1,757 (low) full-time equivalent (FTE) HIMs by 2015. Evidence from the 2011 Census has shown a radical downward trend in the CC workforce (Table 1).

However, workforce data are far from consistent. The Census increase in HIMs in Table 1, for instance, is highly inconsistent with the AIHW finding of 630 FTE HIMs in 2009 (R=86%). There is a need for comprehensive workforce engagement with industry to establish actual current need, and to monitor the impact of workforce strategies on an ongoing basis.

In the meantime, there are indications that the health information management workforce is at increasing risk right now. As reported in the last issue of *HIM-I* (Lawrance 2015), HIMAA membership research in December 2014 found that one in three respondents were experiencing CC vacancies within their organisation at a mean of 2.3 FTE, and one in five report health information management workforce gaps at a mean of 1.7 FTE.

One in three respondents to the HIMAA survey forecast that in the next three years, a demand for HIMs averaging an additional 2.25 FTE per organisation, while CC demand was expected to average 3.12 additional FTE. Yet supply for...
both disciplines was reported as poor by more than 50% of respondents.

The time is right
The HIMAA Board has decided to bring together relevant stakeholders with the membership of the health information management profession to develop strategies to address the workforce challenge, in line with Recommendation 5 of the HWA HIW report. The time is right for a national summit, with state government initiatives in two states, Victoria and NSW, which point a way to firm solutions.

The Victorian Certificate IV in Clinical Classification development was reported in the last issue of HIM-I (Lawrance 2014). In NSW, a collaboration between HIMAA and the NSW Department of Health, also reported in the last issue of HIM-I, has demonstrated the achievability and value of introductory clinical coding traineeships funded by state government, and the value of an in-service career path for CCs, if supported by the health service hierarchy (Stephanou 2015).

Enrolments in HIMAA’s HTLCC401B Intermediate Clinical Coding coursework over the two-year Clinical Coder Workforce Enhancement (CCWE) project (59 pax), for instance, almost exceeded HIMAA’s annual national average intake over the same period (65.5 pax). The same is true for HTLCC402B Advanced Clinical Coding (30 pax in NSW Health CCWE vs HIMAA’s national average annual intake of 34.5 pax). Thus it is clear that, if the support is available, CCs will engage in professional career development, and tangible improvements in workplace performance can result.

Workforce configuration
While the need for action on health information management is supported by the HWA HIW 2013 report, it is less successful in addressing the role of the health information management profession in the future configuration of HIW. As noted in an analysis of this report in an earlier issue of HIM-I (Lawrance 2014), the 2013 HWA HIW report starts out with a strong recognition of the role of the health information management profession in frontline health information workforce, identifying HIMs and CCs as 64% of Level 1 occupations in Australian Health Informatics Education Council’s 3-level framework for HIW (Health Workforce Australia 2013). However, by the time the report reaches its analysis of the future configuration of the HIW, health information management professionals seem to disappear from the landscape.

At an executive level the Chief Information Officer in health service infrastructure takes on the operational role of ensuring data transfer by technology and software. The infor-
…the HWA HIW Report is actually replete with examples of required skills sets and competencies that could have been straight out of the HIMAA suite of competency standards… But the report does not identify them as a coherent skills base from which to build an HIW suitable for the Australian health care system (Lawrance 2014: p.8).

At a time when the Australian Health Ministers’ Health Workforce Principal Committee is considering implementation of the HWA Health Information Workforce Report, in conjunction with state health departments, it is vital that both industry and government engage with the health information management profession to address its role in the future configuration of health information workforce.

Without the key involvement of health information management, the quality of care improvements expected of e-health and the curtailment of health care costs to the community will be severely impaired.

The HIMAA Workforce Summit will be held at the Dockside Cockle Bay Rooms in Darling Harbour, Sydney, on Friday 30 October 2015.

Contact membership@himaa.org.au to register.

References
Watson, P.J. (2013). The first fifty years 1949-1999. Medical Record Librarian to Health Information Manager Sydney, Health Information Management Association of Australia Ltd.