



# Advocacy

BY

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**Open Letter Series**  
**AHDI Board of Directors**  
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Dear Colleagues,

As many of you know, advocacy and alliance building are a part of who I am, so it seemed pretty natural for me to write this letter to share with all of you. I hope you will agree that our advocacy campaign this year is the best yet. Volunteers and staff have been working closely with Dewey Square Group to harness the essence of our patient safety campaign, [Capturing America's Healthcare Story](#), and I bet you'll agree the tools you will have at your disposal are an extension of a voice each one of you can identify with in your work and your life. Full details can be found on our [Advocacy Summit](#) page. Also view [AHDI and CDIA's Advocacy Agenda](#).

I want to take this opportunity to explore in greater detail how advocacy and alliance building can make a difference as an individual and as a group. Advocacy is supporting a cause you believe in through active participation. Advocates can be lobbyists. Advocates can be you and me. People develop different means to promote their rationale. When you stand up for your child's education, you are advocating for your child. When you ask the nurse why they are giving your loved one an incorrect dose of medication, you are advocating for your family or friend. When you flag a document because of a discrepancy in the dictation, you are advocating for the patient you never see. When you stand up for why our sector is critical to patient safety and risk management, you become a part of the unified voice directed at preserving quality patient care. Through advocacy and alliance building, we gain trust and support from groups or individuals outside of our unique sector and we expand the reach of our unified voice.

Advocacy can come in many forms, from a simple explanation in the grocery line or at a church social, explaining what we do and why it is important to the health industry—that's one avenue. Then we have the complex and vast options shared in our [Advocacy and Alliance Outreach blue prints](#), which range from joining the [Advocacy Summit](#) efforts May 3-4, 2011, in Washington, DC, to building an alliance with your local AHIMA chapter or business educators, to becoming a legislative leader in your state, to promoting credentialing either individually or the entire MTSO or hospital/facility workforce and beyond, to teaching those in your social network how to obtain and review their personal health records.

We advocate for a fully credentialed workforce, and the AHDI HOD did so by passing a resolution in August 2010 endorsing mandatory credentialing. However, just because we say that is the pathway to take, AHDI cannot make it so. What is going to make a difference toward credentialing becoming the new normal (instead of the exception) is having multiple alliances on the same page at the same time. We have seen some movement/action in that direction, but we need to continue to make bigger strides. I'm pleased to announce that [Acusis](#) is the first MTSO to take advantage of our bulk pricing for our new RMT/CMT/CQE exams. That is a huge action item for Acusis and I applaud their efforts to create a path to a fully credentialed workforce. See our [Who Cares if You're Certified?](#) page.

The Clinical Documentation Industry Association (CDIA), our association partner representing MTSOs, endorses [RMT/CMT preferred and RMT/CMT required](#) in their job advertisements and

their job descriptions. We have the AHDI and CDIA boards working together to promote pathways for MTSOs to endorse credentialing their workforces in some kind of organized fashion. The AHDI board has asked AHIMA to look at our credentials and consider formally endorsing them, as they do coding credentials as career path options in the HIM domain. We see facilities asking in their RFPs (request for proposals) for credentialed MTs. I believe that is a direct reflection of AHDI taking the advocacy lead on turning the tide toward a fully credentialed workforce.

One thing I specifically want to address in this letter is comments I have heard from individuals within every level of the organization that the advocacy work we are doing is not effective, or as some have put it, “a waste of time and resources.” Now, I will admit I am biased because I believe advocacy and alliance building are the foundation to providing patients with quality healthcare through accurately documenting and processing their health information. But, I am biased because I have seen results. Through my work as board liaison to the Legislative Issue Group and the legislative leader program, through being a director on the AHDI national board, through working with our CDIA advocates and Dewey Square Group, through a multitude of meetings with Peter Preziosi (our former CEO) and many allies, through my own personal experiences of advocating for this profession for over seven years and leading the LIG for two years, and through reading the comments of those who have either written letters to their legislators or commented during meaningful use open comment period, I am very close to the sources of what kind of impact we are having.

When I talk to my HIM colleagues at the San Diego Health Information Association local chapter, they agree we have a problem with the “once and done” theory, that there are gaps and challenges with EHR innovation. They agree self-edited speech recognition can raise risk management issues. They agree that as we migrate to EHR templated patient documentation something is being lost if the comprehensive story is omitted. AHIMA, AHDI, CDIA, and clinicians agree, if it is not documented, it never happened. My hope is to see all that agreement turn into action items and building alliances with our closest allies, such as AHIMA, is one great way to continue finding the common ground.

We have seen David Blumenthal at the Office of National Coordinator (ONC) endorse requiring EHR vendors to include a dictation/transcription/narrative option as [essential to telling the patient’s entire healthcare story](#). That endorsement comes directly from being a founding partner in the Health Story Project (HSP) and having active volunteers participate in HSP. It comes from our members and our allies commenting during open-comment periods on meaningful use. That’s you—that’s your voice, my voice, your leaders’ voices, OUR advocacy—that has directly impacted the abyss of politics and regulatory bodies and everyone wanting something for their piece of the pie. As I am fond of repeating, here’s a direct quote from Ms. Sara Miles, legislative assistant to California State Senator Christine Kehoe, “If you are not talking to us, someone else is.”

Advocating directly with legislative officials is not for everyone; yet to be successful, we must come together as an organized sector working together to create a unified voice directed toward our advocacy efforts. What lights my fire and fuels my desire to press on is when a member or future member comes up to me and says, “Wow, I get it,” or the first-time advocate to Washington, DC, says, “That was fantastic. Let’s do it again and I want to bring others”; or a student who says, “AHDl really is fighting for our future, aren’t they?” What smothers not only my personal enthusiasm but also the spark of engagement for others is when someone implies that our advocacy is a waste of time and valuable resources—or worse yet is when they say we will never make a difference.

Medical transcriptionists and anyone who has experienced our craft first-hand and has become an ally for our contribution to healthcare knows: We are the subject-matter experts, and we can make a difference. As our professionals find the advocacy voice within themselves and as we define who we are and what we are advocating for, I stand here ready to assist you in making a difference, to help you learn how to share your story, your voice, your experience, your desire to speak for the unspoken—the patients we will never meet but need our unified voices to stand for them now more than ever before.

A handwritten signature in black ink that reads "Karen L. Fox". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Karen L. Fox, CMT, AHDI-F  
AHDI Director 2009-2012