Certification/Adoption Workgroup
HIT Workforce Subgroup
Draft Transcript
August 14, 2012

Presentation

Operator

Ms. Robertson, all lines are bridged.

MacKenzie Robertson – Office of the National Coordinator

Thank you. Good afternoon, everyone. This is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Policy Committee's Certification and Adoption Workgroup Health IT Workforce Development Subgroup. It is a public call and there will be time for public comment at the end, and the call is also being transcribed, so please make sure you identify yourself before speaking.

I'll now take roll. Scott White?

Scott White – 1199 SEIU United Healthcare Workers East

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Scott. Larry Wolf?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Larry. Nancy Brooks? Patricia Dombrowski?

Patricia Dombrowski – Bellevue College – Director of Life Sciences Informatics Center

Hello.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Patricia. Michelle Dougherty?

Michelle Dougherty – American Health Information Management Association – Director

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Michelle. Michelle Fox?

Michelle Fox – U.S. Department of Energy – Chief Strategist, Education & Workforce

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Michelle. Samantha Burch Halpert.

Samantha Burch Halpert – Federation of American Hospitals – Vice President, Quality & Health Information Technology

Here.

MacKenzie Robertson – Office of the National Coordinator
Thanks, Samantha. Bill Hersh?

Bill Hersh – Oregon Health & Science University
Here.

MacKenzie Robertson – Office of the National Coordinator
Thanks, Bill. Joe Heyman?

Joe Heyman – Whittier IPA
Here.

MacKenzie Robertson – Office of the National Coordinator
Thanks, Joe. Deborah King?

Deborah King – 1199 SEIU Training & Upgrading Fund
Here.

MacKenzie Robertson – Office of the National Coordinator
Thanks, Deborah. Norma Morganti?

Norma Morganti – Cuyahoga Community College – Executive Director, Midwest Community College Health Information Technology Consortium
Here.

MacKenzie Robertson – Office of the National Coordinator
Thanks, Norma. And Nadra Tyus for Ed Salsberg?

Nadra Tyus – Health Resources Services Administration – Public Health Analyst
Yes, I'm here.

MacKenzie Robertson – Office of the National Coordinator
Thanks. Gretchen Tegethoff? Gretchen, are you on? I think you're on; you just might be on mute.

Steven Waldren?

Steven Waldren – American Academy of Family Physicians
Here.

MacKenzie Robertson – Office of the National Coordinator
Thanks, Steve. Stuart Werner?

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Development
Here.

MacKenzie Robertson – Office of the National Coordinator
Thanks, Stuart. And Don Gull?

Don Gull – Bryan University
Here.

MacKenzie Robertson – Office of the National Coordinator
Thanks, Don. Is there any staff on the line?

M
Yes, ….

Chitra Mohla – Office of the National Coordinator
This is Chitra Mohla from ONC.

Cinyon Reed – Office of the National Coordinator
And this is Cinyon Reed from ONC.

Mat Kendall – Office of the National Coordinator
And this is Mat Kendall with ONC.

MacKenzie Robertson – Office of the National Coordinator
Thanks, and are there any Certification/Adoption Workgroup members maybe on the line?

Okay, I'll turn the agenda back over to Scott and Larry.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
This is Larry Wolf. I'd like welcome everyone back. This is our second call. I know Don is joining us for the first time today, and then we'll we've got a pretty full agenda. You probably noticed that there was an abundance of material sent to you in advance of the call. There are going to be two presentations and I'd really like that we try to hit the ten minute mark for each of those 'cause it only gives us 20 minutes for discussion afterward and then another ten minutes to sort out our next steps—oh, actually five minutes to sort out the next steps and then see if there's any public comment.

So pretty tight agenda, pretty full hour, with that, Scott, anything you want to add before we get started?

Scott White – 1199 SEIU United Healthcare Workers East
Nope, just that I look forward to everybody's presentation, and I'm just excited to get moving, so let the games begin, as they say.

MacKenzie Robertson – Office of the National Coordinator
This is MacKenzie. I'll just note to the presenters on the phone, the folks running the webinar, if you do say next slide can advance your presentation for you if that's easier.

W
Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
So let's get the first one queued up.

MacKenzie Robertson – Office of the National Coordinator
Is there a slide presentation …?

Alison Gary – Altarum Institute
We didn't receive a slide presentation, no.

Nadra Tyus – Health Resources Services Administration – Public Health Analyst

No I, I don't have a slide presentation. This is Nadra Tyus. I am actually filling in for Ed Salsberg at the, at HRSA National for Center of Health Workforce analysis. My charge here is to provide kind of an overview of what is the health care workforce and basically I'd just like to start that the mission of the National Center is to basically support the informing of public and private sector decision making related to the health workforce through our provision of providing good quality data projections to the nation on the health workforce and also to promote the supply and distribution of workers for efficient and quality health care. And basically the national center was developed under the Affordable Care Act, and was placed in HRSA, a formal iteration of the national center; some people may know what's at HRSA, so the best fit was to keep it within this agency. So basically our main activities are to build on existing sources of data from professional associations, states and other agencies to develop our capacity for data collection, analysis and also dissemination.

Right now we are doing a lot to promote and develop a national uniform minimum data set for various professions. Ah, we are also working on primary care projections. I am the lead for a diversity on a health professions report and we're also looking at new projections around nurse practitioners, PAs and other nurses, registered nurses. We're also doing a national sample survey of nurse practitioners and then I am also the contracting officer on the area health resource file and am also working on the public health enumeration.

So let me just give some background for how we develop the reports. So for example for the diversity report, what we provided to you all was the Center for Health Workforce Studies in Albany, we provided their report was basically go through the Bureau of Labor Statistics. Um, their way of looking at the projected health occupations for the next 20 years. What we did is we looked through that looked through that list and we came up with the largest occupation for which we can actually obtain data and right now we see government data as the primary option for us because it is readily available. It provides us data across, over 50 or health professions and as you can see from that list the PDF that was sent to you all, you have primarily 50 or plus occupations for which there is a standard occupational classification, or SOC code.

So what we've done is we've gone through, like I said, and obtained the largest occupations, so for the diversity report, for example, we have about 30 occupations for which we can actually obtain race, ethnicity and sex data and using the SOC code allows us to then analyze the American community survey data, which is one percent sample of the U.S. So that's what we have as our fundamental data source for a lot of the reports that we're doing here at the National Center.

So as we use the American community survey, which provides us information from the long form of the census, we're able to actually get a good amount of data on the total number of people working in each occupation and, like I said, some demographic information. Race, ethnicity and sex will be in our report, but you could also get age data from that from the American Community Survey.

Within another good federal source of data is actually the IPEDS data and so IPEDS is the U.S. Department of Education, their integrated postsecondary data system which we are actually looking at the number of graduates, so looking at the pipeline into these health professions. And like I said, you know, sort of from this list and the appendix one of the larger CHWS report, the health care employment projections you can see that there are numerous occupations for which there may not be a formal entry into that profession. So what we've done is we've actually worked with IPEDS to determine, you know, how do we actually understand where people are going into these various professions. And with the IPEDS data, you are able to get total numbers actually by race and ethnicity and sex going into these, while getting certain award levels for various professions, so it may be easy something like PAs, where they may just obtain a Masters in PA or nursing, you know, there may be registered nurses, so at the associated bachelor levels and then we have advanced award levels.

So you are actually able to get a lot of information on health professions who are going into the types of degrees people are getting. There is a SOC, which is the BLS data, which is also used in the American Community Survey, and I'm going to just say ACS as I talk. So you're able to actually do a crosswalk between the BLS data, the American Community Survey data and they also put out a crosswalk between IPEDS, which each award level goes by CIP; it's called a CIP code. So we actually have a nice medium for us to understand a little bit more about the various health professions.

Another interesting data source that we are coming on is something called the National Provider Identifier, the NPI. We at the National Center are very excited about the NPI, which is something that the Centers for Medicare and Medicaid Services provides to each provider who actually has to bill for Medicaid and Medicare. So actually it provides us some good information about many health professionals who are working out there, where they're working, also some of the more demographic data, and we're trying to develop a workgroup around the NPI to develop that database with CMS. So it provides us the way to actually track people who are currently working and track people who retire out of the system do a little bit more with migration and understanding practice patterns of various health professionals.

So, you know, when we were asked to talk a little bit about the health workforce, I guess my overall thought is that it's a broad mix of professionals. You have some various clinical practitioners to social workers to a lot of technologists and technicians including, you know, we know that people are interested in the health information technicians and right now that is one SOC with medical record. So we know that there are several issues and the titles of the SOC groups are very arbitrary, but this does provide you good information about what occupations are out there, what their projected growth is, what do the total numbers look like now and then the National Center will actually have more information on some of the complexity of each of the various occupations. Right now for the diversity report, we're going to look about, look at around 32 professions. Then we have another report, a national health occupations report that's being completed by a contractor that will have about 50 occupations in it, and you will actually be able to have a state data on health professions to determine where they look in the state, as well as national data on the health professions.

So that's my primary overview of the health workforce. If there's any specific questions that I can answer or if I didn't—if I wasn't clear on anything, please let me know.

Bill Hersh – Oregon Health & Science University

Nadra, can I ask you a question?

Nadra Tyus – Health Resources Services Administration – Public Health Analyst

Sure.

Bill Hersh – Oregon Health & Science University

This is Bill Hersh. I'm one of the workgroup members, and the many on the, the rest on the workgroup know, know that I've raised these issues before. I actually want to thank you for your presentation, which was a nice overview. One of the challenges that, that we face when we talk about the health IT workforce which you alluded to is there is code there that from my understanding mostly refers to individuals who have ah are certified as a registered health information technician, RHIT which is of course only a very small subset of the total number of people who work in health IT. And unlike a lot of the health professions, it's a still evolving and defining um, field. But I, I, hope and, and maybe that can be one of the activities of this workgroup, um would be to better define the people who work in health IT not only the IT people, but also these growing cadre of people who work in clinical informatics some, some of them have health care backgrounds, including physicians, other health professions and so forth, and, and maybe better defining this field so then we can talk about things like competencies and certification and so forth.

Nadra Tyus – Health Resources Services Administration – Public Health Analyst

So Bill, I'm glad you pointed me there, so initially I was, I can't say bamboozled into doing this presentation, because I thought that this was going to be kind of in that direction that you're speaking. Um, our director, Ed Salzburg, is actually the HHS representative on the BLS Stock Committee, so we have been working with … and others here at HRSA to think about where do we start for health IT. Um, so this has come up in discussions that I've had with my public health enumeration work and other people who have done work to identify, for example, community health workers. So essentially they're here at an opportune time to you know, make or potentially have this as a focus of the workgroup, because what will happen is the B, the BLS will provide put out their notice in the Federal Register and we are thinking that that will come out in early 2013 but put out a notice for all interested parties to tell us a little bit more about the occupation or what you think needs a SOC alone. So, you know, this workgroup can help make the case for, you know, health IT being a separate SOC, as well as you have to be very specific about what activities are important for that profession.

So there are opportunities to you know, define what you mean as health IT. There are opportunities to develop more than one SOC, but they're there our guidelines for which you do follow in order to meet the requirements for SOC to even consider your interest into a SOC. So a perfect example of community health workers, well, let me do another example. A perfect example would be nursing. So for years you had the registered nurse classification, but underneath a registered nurse, you also have nurse, or you had nurse practitioners, nurse midwives and nurse anesthetists.

Well, you know, through the years, the nursing world—and when I say this, you know, it really will take a lot private interests imply that um, collaboration in order to move this issue into, to where the SOP, because it can necessarily be HRSA or ONC saying, hey, we need health IT. It has to be a HEMA and other people who see the need, and I know they've been doing this work. It's just collecting that work, making your case for what activities each of those health, different health practitioners are doing, as well as who will, will they be able to go to get data? Are those going to be a hospital? What are the various industries in which these professionals work?

So, you know, we have provided information and can do that to your workgroup about how do you make your case for a particular SOC and or a group of professionals. And I can say, you know, the SOC is inundated with a number of requests, so you have to be very skilled at, you know, how you present your case, as well as be very specific about what your, the occupation is, what they're doing and not necessarily how to beneficial, but basically how can where would the BLS go get that data, 'cause basically what they do on a monthly basis as you all may know, that they provide surveys to employers throughout the country and they have to report on it.

Well, if I'm working in a hospital and I don't know who my health IT people are, or I don't have specific definitions for people to understand who they are, then you're still going to have the muffled numbers. So it will take time for people to get used to the SOCs, like community health workers. We're not getting the, the numbers that we need for it, but over time, you know we know the importance of the health IT classification and, you know the National Center is very committed to working with whomever on making sure that, you know, you have a good case for that matter.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So this is Larry. In the abundance of materials you provided, there's a report that looks like it has a table at the end, appendix one, health care employment by occupation.

Nadra Tyus – Health Resources Services Administration – Public Health Analyst

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Ah, 2010 and projected for 2020 and it has a matrix code, so that's the SOC code you're talking about.

Nadra Tyus – Health Resources Services Administration – Public Health Analyst

It is, correct. That is the BLS code, those data occupational classification.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Um, so that would give us then a feel of the current level of granularity in other parts of health care.

Nadra Tyus – Health Resources Services Administration – Public Health Analyst

And I can also send um, … or whoever leading the group the information that we provided to say these are the guidelines and the minimum of what you need to have in order to make your case for S, a new SOC.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

That'd be great. Thank you. Any other questions before we switch to our next presentation?

Okay, well, let's move on.

Norma Morganti – Cuyahoga Community College – Executive Director, Midwest Community College Health Information Technology Consortium

Hello, everyone, it's Norma Morganti, and I'm waiting for the slides. I think that in the in, information that you had received and I think Stuart is going to assist me a little bit when I, when I call upon you, Stuart, because certainly—

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Development

You have me.

Norma Morganti – Cuyahoga Community College – Executive Director, Midwest Community College Health Information Technology Consortium

…. Wonderful, the Department of Labor work in these areas and working in collaboration with the Office of the National Coordinator and building some of these models out, understanding the transformation that's occurring through the infusion of health IT is really important. And so maybe, Stuart, if I could just call upon you to remind everybody how these competency models kind of come to be and where we are with the one that I'm going to review and then perhaps the one that's in flight right now with the IT focus.

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Development

Very good, Norma. This is Stu Werner. I work in the employment and training administration in the Department of Labor in the Office of Workforce Investment. And working with subject matter and technical experts over the past couple of years, ETA has developed 20 different industry models, including the so called health EHR, electronic health records model than Norma will present on.

Ah, at the beginning of this initiative, ETA engaged a contractor who worked with industrial psychologists to determine the foundation layers or tiers as we call them in the building blocks model that Norma will show you. Ah, the electronic health records model represents one of three current health care related models that I mentioned on the last call. Ah, working with the Department of Health and Human Services, Health Resources Services Administration and the Department of Education Office of Vocational and Adult Education, we were able to identify a core knowledge group that helped guide the creation of a so called straw man document that eventually was vetted and validated by subject experts, including Norma Morganti is on the call, and Patricia Dombrowski and other community college and industry association leaders with ah, a variety of different perspectives.

Earlier the spokesperson from the health workforce information area mentioned the HEMA and we've also worked with … as well in identifying subject and technical experts for these models. Ah, Norma and her team in the Midwest Consortium have been really active taking the model out to the health care employers and the workforce investment system, and I think that's what's particularly exciting about this.

Norma?

Norma Morganti – Cuyahoga Community College – Executive Director, Midwest Community College Health Information Technology Consortium

Thanks so much, Stuart. So as we were thinking through, you know, some of the work that we had accomplished last week and really kind of talking about the segments that we were looking at workforce training needs, and certainly that's something that we spend a lot of time thinking about here in the field in the, in the Midwest Consortium, how do we not only prepare our current group of graduates out our consortium based programs that … had presented to you last time, but how do we get ahead of the curve and start to fill the gaps where we know that they will exist within health care and then within the IT support systems within health care and so forth. Um, I thought that certainly looking at the work that has been done already within these competency models, might be something that the, the group would want to at least examine and then perhaps build upon or, or validate or somehow use those as some very good work as a starting point.

So, is, simply this first slide is, is just explaining, you know, the definition of, of the competency model. Some of this comes from the document that was circulated to all the members of the committee. Next slide, please.

And really just wanted to say that where we've been focusing definitely is on these higher tier, tier four and tier five seem to be appropriate when we think about existing workers within health care and what the subject matter experts that came together on these developments, um calls and meetings had defined as being important both for industry-wide technical competence on tier four and then more ah, refined industry sector technical competencies on tier five. And so and again you can see kind of the description of both of those and certainly Stuart just spent some time talking about how, how they get vetted.

Um, can we go to the next slide, please? So I thought maybe we could just look at something on the health care specific … EHR competency model and I just lost my computer screen, sorry about that. Oh, here I am. Um, but for example on that tier four, we have health information, literacy and skills which are the knowledge of the existing and emerging principles and concepts of health records, but you can see that some of this we're already utilizing and the national curriculum certainly covers a lot of these areas. But these are what subject matter experts said were critical work functions to support that competency for that tier so certainly by examining those, those of us at in particular in education can clearly understand what we have currently that we're training folks to be able to do when they go out into the workforce or continuing education. Or we can start to identify where gaps exists and start developing new training materials or curriculum.

Ah, next slide, please. And this one in particular I told this competency from tier five because it certainly does talk to what is different within health care using electronic health records, and so much of this is some of the new materials that we find that we're covering or many of our colleagues across the country are starting to integrate and it's used into the instructions on whether there if the nursing programs or you know, medical assisting. Ah, certainly there's just so many areas where these competency models can identify critical skills sets that workers will have to have in order to really help transform health care with electronic health records, health IT and move forward.

So I just really did not want to spend too much time on lecturing about the competency model, but maybe pointing the group to the value of looking at the work that has been done within the competency model and talking through, next slide, please that maybe we could just either validate or it would be a starting point for asking some questions and then additionally, Stuart had mentioned that the IT and health care competency model is currently being completed that would address that second group that we had talked about IT professionals within health care and then don't know about that third group that we had proposed ….

So I'll turn it back to you Larry.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Great, so thank you for this quick run-through. I think it's, you know, it's a rich model, and I guess we have a taste now of what it offers us. And—

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Development

Larry, this is Stuart—Larry this is Stu Werner. I might add that if our group members were to visit the competency model clearinghouse and you can search under that this is a site that would have the web ready versions of these, these models where as you pass your cursor over each one of these cells, each one of these building blocks, it yields the information that Norma has provided in, in reference to both tiers four and five. And as a common reference, many times we talk about what happens on tier four as being content that might be covered in a 101, if you will, university or community college course on this particular topic. Ah, certainly tier five gets into the industry sector technical competencies at a higher level, but I just wanted to add that the web-based versions really do live again with many other tools embedded within this model.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay, and I guess probably for those of us who are suffering a little bit from information overload maybe we could get the web address for that. Was that in the presentation?

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Development

I'll be certain to provide that.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay, that'd be great.

Joe Heyman – Whittier IPA

Also Larry, this is Joe. Um, I'm sure it was made very clear, but somehow I missed the three separate groups that were just mentioned.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay.

Joe Heyman – Whittier IPA

They were, what are the three different workgroups workforce groups?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So let's see if I can pass the test here and others can jump in. So, so we have the health care workers who need to know something about IT. We have the IT workers who need to know something about health care, so this is mostly the, the behind the scenes guys, the guys who are running the computer systems and maybe doing some of the technical work around security and things like that. Um, and then we have the people in the middle, who live in the hybrid space of applying IT into health care or directing the use of IT in health care. Um, typically they have ah, some kind of blended background in both, both areas.

Joe Heyman – Whittier IPA

I remember now.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay. Let's make sure everyone else agrees I have the three groups right.

W

Very good.

M

I do. I might use the word informatics to describe that middle group, clinical informatics.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Ah, I think that's really good. Um, and, and that probably heads into some other discussion about the various names in that middle group.

M

Um hmm.

Joe Heyman – Whittier IPA

One other question I had from the reading, this is Joe again there was some document, there were so many documents, it's an awful lot of reading to be between meetings, by the way, for people who have other jobs. Um, there was some document that described the number of workers per—I guess it was per capita in health care for different countries and all of them are about 50, 50 health care workers per, I think it's per capita.

Bill Hersh – Oregon Health & Science University

Yes. Yeah, this is Bill and you're, you're referring to the paper of mine that, that was circulated around to the group and that, that number comes, there's not much research in this area and the paper which I don't know whether we can provide or provide a citation to, because it's copyrighted in a journal, but it, it has been relatively constant of about 50 information support people per oh, I'm sorry, one information support person per 50 people in, in a variety of health care settings.

Joe Heyman – Whittier IPA

Oh, so for the U.S. I saw a number 60 instead of a number 50, so is that the implication of that that it's one person per 60 people in the U.S.?

Bill Hersh – Oregon Health & Science University

Yeah, it's a very imprecise number, though, so I would view the number as kind of like a ballpark figure.

Joe Heyman – Whittier IPA

So that means we sort of have a shortfall compared to other countries.

Bill Hersh – Oregon Health & Science University

Well, I, I don't know that I would, I don't think we have enough data to really be able to compare countries. I, I wouldn't read that into it.

Joe Heyman – Whittier IPA

I see.

Bill Hersh – Oregon Health & Science University

Um, I would instead, I think the, the walked away lesson from that is, is just that that's it's about 2% of the workforce in health care organizations are devoted to information.

Joe Heyman – Whittier IPA

I see, okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So that, that sort of sets us in the ballpark, it's not a half a percent and it's not 20%.

Bill Hersh – Oregon Health & Science University

Correct.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay. Are there any other focused comments on those two presentations, or should we move into a more general discussion?

Okay, very satisfying presentations, so thank you again for those.

Um, so my sense is these two presentations really frame the big question in front of us of who is workforce in health care and what's a model that we can use to talk about competencies and then what to drill into that as the workgroup does its work. Ah, and it sounds like we've already had one, at least one area surfaced in terms of ah, the formal way in which labor statistics collects information on workers and what they're doing doesn't, it doesn't really do a good job of addressing the breakouts that we're talking about and so we'll probably want to come back to that and look for some recommendations around that.

Scott White – 1199 SEIU United Healthcare Workers East

Larry, it's Scott. Um, just another observational comment one of the things that has challenged us on the Policy Committee is just the, the vast array under the umbrella of health care and then when you dig down even further, the vast array of titles and, and, and job specifications that, that are using IT and, and falling within somewhere within this, this umbrella. Um, I just want to kind of mention and maybe caution the group to not go too high or, and, and forget about the bottom of, the base of the pyramid, if you will with regards to the workforce that you have many, many levels that we have to kind of coax through and training, and involved in this process, um. But I'm just hesitant to begin discussions at academic levels when maybe the vast majority of the workforce is at levels somewhat below that.

So I just throw it out there to keep it fresh in our minds that, you know, we don't want to run before we walk on this either.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So I have to assume you mean that there are many people who don't have a bachelor's degree when you said non-academic.

Scott White – 1199 SEIU United Healthcare Workers East

Correct, thank you for the clarification.

Norma Morganti – Cuyahoga Community College – Executive Director, Midwest Community College Health Information Technology Consortium

This is Norma Morganti, and I would say that the use of the work at the Department of Labor within the competency model really does address every potential worker and it's not really set at an educational level as much as it is, you know, looking at each perhaps classification and what part of that and, and Stuart can help me out here, what part of that tier is necessary for them to function in, um ah, a health care system and the EHRs. And so, I, I think that there's a lot of flexibility from workforce training, entry level and up, up until, you know, clinicians who are utilizing the system. Maybe it's not all there, but certainly it's a way for us to, to start and I, I do believe that it encompasses all parts of the workforce.

Am I right, Stuart?

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Development

Yes, Norma, I would certainly agree and to add to that I, I think that the, the process that we're using is primarily to support our, our grant investments, which typically train at the technician or technologist level resulting in certificates and certifications leading up to Bachelors level credentials certainly in some areas, but probably think of programs that can be completed in two years that are less a full time study.

Scott White – 1199 SEIU United Healthcare Workers East

I will tell you, this is Scott again, the competency model … through the clearinghouse and scrolled over, and as you said is outstanding. It's kind of … to me 'cause I, within this, this wonderful pyramid, I, I see the levels of, of health care worker that we're talking about, so kudos to, to whomever put it together and, and you know, again, just for the group to con—continue to think about health care work in the most broad sense.

Joe Heyman – Whittier IPA

So this is Joe, can I just ask do we, do we know how many people there are currently trained at at least the associate level and exactly what projection we want to have trained by a certain period of time?

Bill Hersh – Oregon Health & Science University

We, well, I, this is Bill Hersh, although I should really let the BLS people talk. I mean we know, because there is the one standard occupational code for associate trained health information technologist, but they represent, a very well, a small or piece of the puzzle, um. You know I, you know, maybe what, you know, one thing we, we could advocate for in this group would be to collect better data. I think that would actually serve everyone well to find out who, you know, works, 'cause you know, there, there's not a single department, there's not a single type of training. You know, it's a very, you know, diverse and heterogeneous group and, and many people actually have no formal training at all. But in many health care organizations people gravitate oftentimes from clinical positions into jobs which would be called health IT so kind of getting a handle on the data would, would actually be good. I, some of the research that I've done, I've tried to do that, but it's still a very incomplete picture.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, this is Larry, I guess I'm hearing there's a variety of … we probably want to start to look at that affect how we think about workforce, right, so we have the training levels of the workforce in terms of formal training. We have the, the reality that a lot of the training actually happens on the job as well whether it's in, you know, internships of various kinds at various levels and practicum's but also the training that happens as new things are introduced into health care. So it might be you know, a new hand washing procedure, or it might be a new kind of um, bedside data collection device, or it might be some, you know, comprehensive electronic health record system going in.

There's all scales of training that happens in the context of working on, on the job or working in a, in a community and what the expectations are for what you can do and what the employer will, will supply. Um, and, and the ability to deliver those services depends a lot on the organization in which you work. If you work for a very large health care system, there's formal training programs. If you work for a solo practitioner you know, there is a training program. They'll probably bring in some minimal resources and people to their programs, but the span—

Joe Heyman – Whittier IPA

In my case I am the program.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

You are the program. You got it, Joe, and you were the pioneer as well, so you really had to create the program.

M

But you know, there, there might also be companies that that provide this kind of organization.

Another issue, I don't know where this fits in, but it's certainly an issue out here in the Pacific Northwest where there's a huge amount of investment by most hospitals is that the hospitals are led to kind of poach each other's employees and in this kind of zero sum game, that they all recognize as a problem because they have these acute needs when they're implementing certain—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Oops, Michelle, everyone, heads up on don't put us on hold. We get your recording.

Samantha Burch Halpert – Federation of American Hospitals – Vice President, Quality & Health Information Technology

Hi, Larry this is Samantha Halpert and I just wanted to piggyback on what was just said, because I think, you know, this phenomenon is approaching kind of happens at two levels. It happens, sort of, between institutions and it's happening within institutions and so I think as we're having these discussions thinking through, you know, the unintended consequences for the work, for the health care workforce as a whole. So I may solve my problem by exacerbating somebody else's. I mean meaning whether it's a nursing shortage or, you know, health IT, whatever the factor of health care may be that we're, we're continuously thinking about sort of that macro level, which is why I really appreciate how all of this has been presented so far, because, you know, we're never going to, kind of, solve these issues by just shuffling, you know, the same cards that are already in the deck, and how do we, sort of, infuse and develop new talent and promote that, so that again, we're sort of not just solving our own problems and exacerbate another.

Joe Heyman – Whittier IPA

So this is Joe, I, I know that at the start, we heard a goal for the workgroup, but I'm not sure what it is anymore, so I was going to ask specifically what is the goal? What are we supposed to come out with at the end?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So we have pretty broad scope in terms of workforce, and our goal is to bring some recommendations to the Policy Committee.

Joe Heyman – Whittier IPA

I see, so just in general, just recommendations about the workforce in general. Any specific—I gotcha. So there's no—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Clearly we can focus them, our goal is going to be to them so that we can say, you know, here are specific things that are actionable that we think you know, ONC and other parts of the government should take action on.

Joe Heyman – Whittier IPA

Gotcha.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Um, and, and we also could do recommendations that were broad. We could say here's the strategic hole that we see, and maybe we don't know enough to actually frame a specific recommendation, but we could say we've been talking about this and we realized there's, you know, there's a collective ignorance and we better find out more about this aspect before we go ahead.

Joe Heyman – Whittier IPA

Gotcha.

Deborah King – 1199 SEIU Training & Upgrading Fund

This is Debbie King. I had just wanted to make a comment on what Nancy said, which is I think that whatever we're doing here, we really should be looking at career pathways and how the training that we're doing, whether it's as Scott was talking about from the more entry level positions up can actually be building blocks, so that we are creating a flow of people going into these jobs. And I think we have a very good opportunity when these new trainings are being developed to do that, 'cause I think one of the problems that we have in health care is we don't really have, you know, a good articulated career pathways. And I would hope that would be one of the things we would try to do here.

Steven Waldren – American Academy of Family Physicians

This is Steve Waldren, and one of the things I like about the, the competency kind of framework is it is a scaffolding to build all these other things on top of, so if we're talking about the care—the career pathways or we're talking about, you know, associates degree, all those are going to be at some in my mind, I guess, at some way a proxy for a set of cape—competencies that an individual or class of individual is going to have to, that we assume are going to get some kind of outcome, so I, I really like this model. I think it separates things out significantly. I could see us drilling into each one of the cells and deal with those issues of, kind of, well what do you need entry level, all the way up to, you know, you know, PhD expert and, you know, that's going to, that's going to lead to research in this particular area.

I could see us having different, you know, implementations of that set of cells if it's going to be, you know, for somebody that comes from a clinical background that we're adding the IT too or the IT back end adding the clinical to you're going to have different levels inside those cells, so I really like this particular model and I could see us taking this to go look at which new codes do we need for the workforce data collection and base it off of the set of competencies that we, we define here. So I really think that this is phenomenal work.

Bill Hersh – Oregon Health & Science University

You know, I, this is Bill Hersh again and I agree, although I would just caution that this isn't a linear and the model doesn't necessarily imply that, but um, sometimes I get nervous when I hear the term career ladder because it's almost like a web of, of how people get into different kinds of positions in health IT and they vary so broadly from the physician who's the chief medical informatics officer who comes out of medical training and maybe gets some additional informatics training to, um kind of, more midlevel of clinical informatics IT and so forth. So I, I would just caution us to not be too linear in, in whatever kind of pro—models we develop.

Deborah King – 1199 SEIU Training & Upgrading Fund

Yes, think, I think, I think, I think that that is a good point, but, you know, my experience has been that sometimes when various professionals have some of the same training, it somehow doesn't articulate it or it's not accepted and we ought to be looking at how some of this can go across different professions.

Bill Hersh – Oregon Health & Science University

Yes, absolutely.

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Development

Right, and this is, I agree wholeheartedly with the conversation and, and want to stress that the competency models are not viewed as an end product, so that really there are these opportunities to build upon them. And similarly with our colleagues at the Department of Education, we've developed a career pathways toolkit, which I think speaks to some of the concerns that that we've heard about old, old and outdated ladders or this kind of linear progression.

Scott White – 1199 SEIU United Healthcare Workers East

Larry, just to keep us on time, we're about ten minutes to the end.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes, so here's my thoughts on some next—well. So I heard a couple of things that surfaced for me as we were talking that felt like they're additional broad based background things that maybe are worth bringing into the workgroup early on. Ah, so one of those was other issues that's facing the health care workforce. Ah, Sam talked about, you know, if you're just shuffling from one to another group, you're not going to address the fundamental needs for more nurses, for example. Um, and on the other hand, I don't expect this workgroup is going to solve the problems that have been longstanding problems in for example having sufficient numbers of nurses. Ah, but I think it might be useful to understand what the actual, the broad deployment needs of the staffing needs are for the health care providers as well as others in the industry clearly, we've got vendor needs and, so a host of support people who are providing services into health IT.

So any thoughts about that as a topic for us to do some kind of mini briefing on the next call?

Joe Heyman – Whittier IPA

This is Joe. I, I guess maybe this is the same thing, but the reason I was asking those questions was because I feel like in, if you need, in order to solve a problem, you have to understand what it is.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Uh, huh.

Joe Heyman – Whittier IPA

And it seems to me without knowing what we have now and what it is we want in the future, it's kind of very mushy.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes it is.

Joe Heyman – Whittier IPA

So that's why I asked about the goal again, because—

Bill Hersh – Oregon Health & Science University

This is Bill.

Joe Heyman – Whittier IPA

It seems so open-ended to me.

Bill Hersh – Oregon Health & Science University

Can I propose a goal for the group, which kind of builds on what we've talked about today, which is so, and I don't know what resources are available, but trying to really get a better handle on, on what's happening out there and some of the research that I've done did some of that, but it was relatively small 'cause I didn't have a big grant or anything to do it. But um, wha—are there resources that I don't know the government or others could put towards trying to get a good handle on, on, you know what health care organizations are doing, how for example are they responding to the, you know, the high tech initiative. I, we all probably have anecdotes. I mean I can report on organizations in my area, but, but somehow trying to capture them in a larger way could, could inform then future decision making in terms of training and, and models and so forth.

Gretchen Tegethoff – Athens Regional Health System, Athens

This is Gretchen Tegethoff.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So I think that is at the heart of one of the things we've been asked to look at we're hearing that there are workforce issues as high tech issues get implemented.

Deborah King – 1199 SEIU Training & Upgrading Fund

In order to do this, you know, in just hearing about, you know, doing this in some type of an organized way, I would certainly think some of us could find out from our various employer associations in our areas whether or not they have been doing any surveys, but it wouldn't be, you know, complete national scale, you know, for example, you know we represent health care workers and for five states on the east coast. And we could potentially try to find out, you know, from those employer associations; Massachusetts, New York, Maryland, Florida and New Jersey what, if they have done any such studies and what they say and collect them, but again, who would do the analysis etc.?

Patricia Dombrowski – Bellevue College – Director of Life Sciences Informatics Center

This is Patricia Dombrowski. Um, I know that HEMA does a very similar work but ah, HIMSS certainly has analytics and I'm on the, chairing the career services taskforce, and I think that that it might be an interesting question to bring to HIMSS to see if the idea of, of surveying not just employers, but sort of industry principals as well push it up through chapters and that can be to other professional organizations as well. Maybe we could this group could develop sort of a master survey. In other words, we're developing one right now in Washington State, by the way.

And then I just wanted say also that I think our, our first our first speaker pointed to something that's, that's really basic for us and that is that we don't have a definition that we're moving forward on. And sometimes the definition would be something like a SOC code or, or whatever, but undertaking that work is, is very lengthy and, as she said, you know pretty aerobic stuff. But I think that it may worth this body considering because until we can identify in, in terms of quantitatively, who's in this industry and how many people are employed in it, then we'll, we will only be getting sort of a secondary kind of employer surveys and not the baseline kind of information that we probably would prefer. So I'm, I'm wondering if we wanted to circle back probably in our next meeting to the idea of how maybe this would be a recommendation or maybe it would be something that a subgroup could undertake, but establishing some kind of a SOC code.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So maybe this is a good point to talk about how the workgroups and the Policy Committee in general function and that's experts are assembled like the group we have here to address an area. And if we feel that there's a broader information base that we need to make a recommendation broader than things that we just know as part of, you know, our experience to date that we would bring in other experts. Ah, we might hold some public hearings to, to create a forum in which the experts could present things to the workgroup and the larger workgroup that we're part of or the whole of the Policy Committee and generally we don't have the, the, the luxury, I guess, of commissioning studies and we're pretty limited in terms of our own time for actually being able to take on new work other than the synthetic work of holding our meetings and responding to what we learn in hearings.

Samantha Burch Halpert – Federation of American Hospitals – Vice President, Quality & Health Information Technology

Larry, this Sam Halpert again, and I think, you know, obviously we're working within, you know, certain constraints of how we're supposed to function, but I think it would be a real missed opportunity if we didn't sort of do some type of gathering about what data is out there and then some output of this process be, you know, what data do we think we need moving forward at least being able to factor that into some of our recommendations, because the decisions are only as good as the data they're based on. And if we don't initially come out of this process at least having that as part of our recommendations, I think that would even be moving the ball forward.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well, and I don't want to discourage this notion of that we should tap various associations on the shoulder ask them if they have information or could easily get information. Um, I know that there have been examples of, you know, spot surveys being done by an association and just send them an email blast and have the three question survey and a few days later there is some answer. It may not be, you know, a fully representative of the larger population, but it does give a sense of the variety of responses that are out there. You know, I don't want to discourage that we, that we in fact use the resources we have access to. Um, I just didn't want people to feel like we're about to engage in a major research project.

M

I think that what we need is a major research project, um—

Scott White – 1199 SEIU United Healthcare Workers East

And that might be the recommendation we come up with, that's true.

M

But, and, but I also though wanted to add it would also be good to if possible to collect information on, on what um, some of the, particularly leading organizations see as the skills they think they need going forward. You know I hear a lot of people, you know, talk about things like analytics and business intelligence and, and, you know, quality measurement and improvement, things like that would be good to capture as well, because the, the jobs may change as, as we you know, as we move forward. Health care changes. Um, more and more people have implemented EHRs and so forth.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well, and you know, you're pointing to that there are people who do this for a living in terms of search firms and various other employment avenues that look at you know, who's out there in the pool of people looking for jobs and what are the requirements of people who are hiring and trying to do matches and who do run analytics on what they believe is the current need in the current available workforce. So that might be something if those of us who got any connections into that world might want to tap, tap into them and see if there's something that's available. I think as well there's some various professional organizations, because I'm thinking that both the HEMA and HIMSS got mentioned and they both have certification programs, and they have experience of what does professional development look like in this field.

Scott White – 1199 SEIU United Healthcare Workers East

Larry, that's good time to cut the discussion down, I'm sorry to say.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay, so thank you, Scott for keeping us on track. Um, I guess I'll go to the public comments at this point.

MacKenzie Robertson – Office of the National Coordinator

So Larry, this is MacKenzie, so we don't have any, I think there's an active poll out for scheduling future meetings, so we don't any scheduled yet, so if everyone could just if they haven't already responded to the, to the poll sent out by ONC FACA, please go ahead and do that, and then we can have another meeting scheduled.

And operator, can we open the lines?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And, and maybe we should, maybe we should think about a second poll. That poll was focusing on Tuesdays on a particular schedule.

MacKenzie Robertson – Office of the National Coordinator

Um hmm.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Um, and I know that for several of us like my Tuesdays, it turns out the Tuesdays that were picked for the survey were exactly the ones I have afternoon meetings, but other Tuesdays were open, so.

MacKenzie Robertson – Office of the National Coordinator

Okay, um.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Let's, let's think about a broader survey to find a time.

MacKenzie Robertson – Office of the National Coordinator

Okay, we can talk offline to that.

Operator, could you please open the line for public comment?

Public Comment

Rebecca Armendariz – Altarum Institute

If you are on the phone and would like to make a public comment please press *1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We have no comment at this time.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay, I'd like to thank everyone for their time. We'll work on getting a, a time scheduled that will work for us and also framing up some questions to help move ahead on our own for our own framing of requirements and moving forward.

Deborah King – 1199 SEIU Training & Upgrading Fund

So in the meantime should any of us try to get information from any organizations that we deal with, or should we just wait until our next call, so that we're not spinning wheels?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

You know, I think I agree with you. Go out there and see what you can find.

Deborah King – 1199 SEIU Training & Upgrading Fund

Yeah. I think that I just want to say also we have these labor management trainings funds that are SEIU connected around the country, you know, for example on Kaiser Permanente. I think it would just be useful to just put some feelers out, so that for the next call, I can say whether there is anything there.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

That'd be great.

Deborah King – 1199 SEIU Training & Upgrading Fund

I'm going to do it.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Thank you.

Maybe that's a good reminder to all of us if you feel that there's an area that you want to bring forward some information to the group please feel free to email Scott, MacKenzie and myself, … which you've all been copied on the original in the email invite, email chains we're getting and we'll assess that and circulate it to the group and bring it into our conversation.

Scott White – 1199 SEIU United Healthcare Workers East

And just to reiterate what MacKenzie said, please when we get those survey times, send them back as quick as possible, so we can get it on everybody's calendars, 'cause as we all know, our calendars are movable, so just as a reminder. And I want to thank everybody as well for all their time.

All righty?

W

Thank you.

MacKenzie Robertson – Office of the National Coordinator

Thanks, everybody.

M

Thanks.

Scott White – 1199 SEIU United Healthcare Workers East

Bye, bye.