

**HIT Policy Committee
Certification & Adoption Workgroup
Workforce Development Subgroup
Transcript
February 14, 2014**

Presentation

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thank you. Good afternoon everyone; this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Certification and Adoption Workgroup Workforce Subgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Larry Wolf?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi Larry. Norma Morganti?

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

Here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi Norma. Don Gull? Bill Hersh?

William Hersh, MD – Professor & Chairman, Department of Medical Informatics & Clinical Epidemiology – Oregon Health & Science University

Here and just to let you know I can only be on for the first hour.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thank you. Ed Salsberg? Elizabeth Royal? Gretchen Tegethoff? JoAnn Klinedinst? Joe Heyman? Michelle Dougherty?

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

Here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi Michelle. Nancy Brooks? Patricia Dombrowski?

Patricia Dombrowski, MA – Director of the Life Science Informatics Center – Bellevue College

Hi everyone.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hello. Samantha Burch? Steve Waldren? Stuart Werner? Susan Fenton?

Susan H. Fenton, PhD, MBA, RHIA, FAHIMA – Assistant Dean for Academic Affairs – UTHealth School of Biomedical Informatics

Here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi Susan. And Chitra Mohla from ONC?

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

I'm here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi Chitra and are there any other ONC staff members on the line?

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

Ellen Makar is here.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi Ellen and with that I'll turn it back to you Norma.

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

Well, good afternoon everybody and the last time that we had met I think we spent a lot of time talking about how far we have come in the recommendations that we had made to the Policy Committee and that Larry had taken to them.

And certainly – and I see we've switched up the order of the slides and that's quite all right, part of that was our recommendation to build awareness of the necessary competencies and the vast resources that have been funded over the last couple of years that really support these new competencies in Health IT for incumbent workers and then of course more broadly other educational pipelines for healthcare workers that will need these new skill sets.

So, I think in the past we had presented to you all on the first part of work that we had done for the Office of the National Coordinator under some expansion grant funding that we had received and while I want to just re-introduce you to that work because it links to the most recent work that we had completed in December of 2013 when we finalized our grant work under that funding. Also, kind of just help fill some additional gaps for thoughts based upon that work. So, next slide, please.

So, again we have started all of the work way back in September of 2012 around this notion that we have providers who had adopted and implemented electronic health records and their teams and that there were certainly a lot of new competencies that were going to be required for them to actually leverage that investment in Health IT in pursuit of the Triple Aim. So, next slide, please.

So, we really broke our work down leveraging expertise for folks who had been doing the heavy lifting of transformation, we focused on one model, which was the patient centered medical home model, but we really wanted to expand that and to say, how do other areas of competencies in Meaningful Use and health information exchange, population management all support this patient centered care through Health IT.

So, really the next two slides were really just looking at not only the topical areas that we had developed workforce competencies around but also the supporting areas that our subject matter experts said were really critical to support transformation for these practice teams. Next slide, please.

So, as you can see health information exchange, population management again focusing on turning data into action and supporting team-based care, data quality a lot of these themes were woven through all of the workforce competency frameworks that we had developed. Next slide, please.

I think I had deleted this slide, Chitra, but we'll just glean through this again. So, these really robust frameworks delineated not only some very detailed learning objectives aligned to those big competencies that I just outlined for you but also indicated for the various roles within a practice which competencies and discrete learning objectives would be necessary for somebody in that role to really leverage Health IT in pursuit of a patient centered approach of delivery. Next slide, please.

And we developed aligned learning resources. Again, we had shared that with the federal advisory committee before so this work is now part of the ONC repository. Next slide, please.

And then we built out four hours of E-Learning modules that would support field-based transformation and really these areas that we built out for these E-Learning modules focused on some of the highest priority areas as indicated by subject matter experts in the field including the concepts of team-based care, patient self management, quality improvement change management were really, really a large focus from our subject matter experts. Next slide, please.

So, when we were able to apply for an extension of grant funding in order to support some additional work in this arena the one thing we had noticed from all of that previous work was that leadership and leadership skills and competencies were an underlining concept to all of the work that we had outlined.

So, we had proposed and were approved for an extension from the ONC to develop some leadership support in terms of resources, so that's the piece that I really wanted to just walk the federal advisory committee through today and I don't know, I think Chitra we may have shared the report that came out readying the Health IT Workforce for Patient Centered Team-Based care that was written by you and some other colleagues.

But to the left you can see that one of the things that we really did with this additional grant funding is we built a visual roadmap for transformation because we wanted to stress not only that the road for transformation was, you know, a path that you would move through subsequent areas, for example from just having an electronic health record system through to Meaningful Use Stage 1, ultimately to a PCMH, but that this was an uphill climb and that there is a level of fitness that you would have to have in order to make that subsequent journey to the summit.

And we really then also started to develop competencies around developing strategies for implementation continuously assessing your practice and using those results to improve just really best practice for organizational effectiveness. Next slide, please.

So, in order to do that we did build out, based upon a needs assessment, what we called a practice fitness assessment. It's not intended to be a gap assessment so you identify gaps, but more a holistic approach to a practice's readiness for movement through subsequent stages of transformation and we realized that there were certain areas that the feedback was important and strategy and business model was one of those key areas that had come up through our research.

Obviously, aspirational how to use these clinical decision – these information systems to inform clinical decision, evidence-based medicine that there was a very large people component that there were human resource issues and team-based skills and communication skills that we needed to focus on and that finally technology and Health IT systems needed to be incorporated effectively but with a view of all of those other areas working in cohesive movement.

And then if somebody would take the fitness assessment we gave them a level based upon their responses and you were either given a level of beginner, stretching, conditioned or fit with the notion that moving through these areas was going to take some very concerted focused work to get yourself from one level to the next.

So, we don't expect anyone who is training for a marathon to just go out on the first day and be ready to run the marathon the next day. So, very much we wanted that same approach relayed via this assessment that you could work on certain things and move yourself from being conditioned to being very fit in your strategy and business model and that was okay. Next slide, please.

We did also build out a leadership competency framework to support practice-based teams and their transformations and really focused those major topics on strategic thinking and planning, you know, communication being a very important part of that, team-building orchestration and delineated all of that. Next slide, please.

And then finally because continuous improvement was such a big part of the competencies we wanted to build out an introductory course for lean principles we called it lean principles for the patient centered medical home but really developed it with the notion that, you know, not having to get a green belt in Six Sigma but understanding that process improvement that there were really effective tools out there so they would understand how to create current state maps of clinical and business processes to facilitate improvement, maps of future state. So, all of these were the objectives of the course that we built and is part of the ONC's resources. Next slide, please.

And with the notion that ultimately all of this will be added to the wonderful work that is already up on the healthit.gov site under the workforce development program including all of the wonderful work that came from the university-based training programs and from the national curriculum that was developed by the universities and even all of the work that my colleague Patricia Dombrowski did and resides up on the enter learning site.

So, a wonderful robust set of tools and certainly while we believe that we have so many good resources we still have questions about how to make them readily assessable to those who need them in a timely and relevant way. So, that is certainly something that I think we were talking about as a recommendation. And the next slide, please.

You know, just a couple of questions that I would open up for the group, you know, I added our last piece of work around leadership transformation but certainly how do we as a group continue to support the practice-based teams and acquiring those new competencies and how can we talk about integrating those competencies into educational programs, you know, that will help the future workforce.

And, you know, what are the educational approaches that both currently and in the future that will support patient centered team-based care and then how do we link healthcare workers and educators to that growing body of tools and training, and again in a timely way that really helps them move from those different levels, you know, and get ready for the heavy lift of transformation.

So, I know that was a fast paced move through the last bit of work but I know we had chatted about the previous work and I just wanted to attach that last bit of work and open it up for comments about, again linking to all of these wonderful resources that have been funded.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I'll jump into the silence, it's Larry, it seems like a really robust set of things you're proposing here in terms of the set of competencies, have you gotten any feedback from the world about how these align with things that people are actually doing and what they want to do?

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

Yeah as a matter of fact Larry one of the pieces that has been supportive, and I think Susan is participating as well as Michelle, is that there is some international work being done in combining a lot of these competencies with the EU Working Group and also I think the Secretary just signed a Memorandum of Understanding with the UK that also touches upon aligning our competency models that have been developed or developing one.

And so I think we're constantly looking to validate those on a more national approach and I think we're going in the right direction with the hope that if we agree to some type of common sets of competencies and what it looks like for somebody who is working in x-position in an acute setting that we would be able to then quite robustly share resources that would be meaningful to that particular person in that role. And I don't know Chitra did you want to add any more about that work and how it might fit in? Not to put you on the spot.

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

I think that we do have the need to look ahead and see how we can incorporate some of these training resources in the field because so much has been done and I guess we also need to find out what more do we need to develop right?

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

This is Michelle, this group may benefit from one of our future meetings and exposure to that Workgroup and what they're doing, what they're deliverables are looking like in order to see how it could be leveraged or expanded further here in the US.

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

Yeah.

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

And I think that is something that we actually chatted about. I think that would be a great addition to the research that we're doing because I do think they've come quite a long way Michelle. I know Susan you've been available and they have a very engaged group working on it. So, I'm very hopeful that that work can further inform what we're doing here and maybe some of the recommendations we may make.

Elizabeth Royal – Senior Health Policy Coordinator – SEIU International

This is Elizabeth Royal I think it really could be constructive also to look at sort of how people – what training looks like just in terms of communication because it shows you interesting pathways in terms of, you know, what people need to know.

A lot of things that are sort of – I think a lot of people assume like I know for direct care workers often, say home care workers that are being trained to work in care teams they need to know what needs to be communicated and I think that that's something that's really instructive to remember that, you know, this definitely translates over into using health information technology, you know, within a care team.

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

This is Michelle, building on that comment and what I've found so interesting about the US this competency and how they're mapping it to, you know, direct care and then all different types of workers within, at this point, an acute care setting, is that we start to get to those core competencies that perhaps with outreach and I know we haven't prioritized this as a group yet, but, you know, are the groups that accredit education programs for let's say direct care workers or lead the development of their curriculum at various different educational levels do they have a concise list of competencies around the integration of technology that need to be part of any – whether it's credentialing or, you know, accreditation process or baseline requirements for education for all, you know, for example nurses coming into the field so is that a gap right now.

I thought I heard, you know, maybe 50 percent of the programs have integrated technology but others have not, you know, so it's not 100 percent across the board that we ensure a baseline of education across healthcare professions.

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

So, Michelle, ANSI is looking to develop a credential for Health IT and I think they're beginning to look at competencies but they're still in the early phases of defining what the competency should be for the credential.

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

And I was thinking not a credential but that many – not all professions have this, but I'll just say within the HIM profession many of the programs are accredited meaning the college program is accredited and meets a foundational set of competencies, you know, so the student has some assurance as they go through this and then sometimes it's tied into a credentialing process other than that and I was just trying to think of the bodies actually that set the standards for what the education systems teach in a profession that have we thought of targeting that group and bringing them in around the foundational HIT competencies that should be part of any type of worker if you're an executive, if you're a nursing assistant, you know, a nurse therapist whatever it might be.

William Hersh, MD – Professor & Chairman, Department of Medical Informatics & Clinical Epidemiology – Oregon Health & Science University

This is Bill Hersh I think this is very good, very impressive I guess one issue – I mean, I certainly think, you know, that we're moving towards a healthcare system that's collaborative and team-based and so forth but that's not the whole picture, you know, there are other things and I just wonder whether there are any plans to, you know, expand this in different ways even within team-based care, you know, as we move to things like data analytics and so forth there are those issues as well. So, just a comment.

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

I think –

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

Yeah – go ahead Chitra.

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

I think data analytics outcome is going to be integral to team-based care because outcomes are dependent on doing data analytics.

William Hersh, MD – Professor & Chairman, Department of Medical Informatics & Clinical Epidemiology – Oregon Health & Science University

I completely agree, absolutely.

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

And so the – this is Norma, the work that we've been referring to I believe will get to incorporating that approach, you know, really synthesizing everything and so even, Bill I know that the working group lead had asked anybody who had something that they would like to add into the repository that they're using to distill then these very refined competencies that they would like to look at it.

So, I really feel like they've been taking a comprehensive approach to looking at a lot of materials that are readily available nationally but certainly there may be more that would be informative and I think there's plenty of time, I think we've only gotten through Stage 1 if you will of the first slice of those competencies. So, we should certainly make them aware of other organizations that they should be looking at.

And if we are successful and having a presentation from that group certainly I think that would be part of the conversation how do we depict the entire scope of competencies both not only today but, you know, so they're timely and that they can grow and adapt as technology is adapting.

So, Larry, I don't know that there was any particular outcome from the presentation but just to more prime the pump for subsequent recommendation I guess thoughts that we might propose as to how do we wrap our arms around all of this work and then make some recommendations that, you know, would at least support the awareness and the linkages of tools and competencies and the folks who need to have them readily at hand.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, so I think it actually might be interesting to try and gather some feedback on these slides broadly. Like I've sent some off to one of our HR people to say "what do you think?" Because I think it's actually a really nice presentation summary of the things that we've been talking about.

And I thought the discussion among the Workgroup members that just happened was really sort of very much on point everything from, you know, there is international participation happening in looking to define competencies and down to some of the specifics of, you know, data analytics is an important skill set you may not know how to run the statistics or how to collect all the data but you should understand conceptually how all this stuff ties in and anything we can do to start to improve the ways in which we use the data that we're collecting to improve care and start to, you know, sensitize the workforce that has really been a paradigm shift, right?

We used to have the assumption that, you know, I start with a blank sheet of paper, you know, that's sort of the form, it's my progress note form, it's my order sheet form and that's no longer the right assumption. The assumption is consisting of electronic tools especially interoperable tools that there is a host of information that's already available about the care that's going on and we can start to leverage that information.

So, whether it's complex things like analytics or simple things like here's the patient's allergy list, that that assumption of we don't have data is being switched in assumption of we have data, maybe we have too much data and how do you work with that. So, I think some really important themes.

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

Yeah and I just want to make just one final comment in conversations with some of the folks that are participating from the UK, you know, they in some ways have done a lot of this already from a national approach but I think they're hope at the end of all of this work is that they would link their repository of resources to a larger framework and they've already done some of that and very elegantly I might add, but that the notion that if we could combine that and make this, you know, super repository of freely available resources couldn't we even learn that much more.

And so it was really – I guess I was thinking that about our work here that part of that recommendation would be to advocate to the ONC that, you know, these types of approaches to dissemination linking them to specific competencies and, you know, leveraging all these rich resources nationally that we've produced and then perhaps internationally if we can would be a good use of resources. But that was just my thought. And with that –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah that sounds –

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

Yeah?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

That sounds good, it sounds like we also might get some guidance from the, what, senior leadership and executives on what they feel they need to further those international ties.

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

Okay. All right so that was the end of my presentation Larry.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Thank you that was great.

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

Thank you.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, speaking of international, right, we have a second topic? Is that the next one up?

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

Yes, this is Ellen Makar you guys ready for me?

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

Yes we are.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I think we are.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

Okay. So, I think the last discussion was very relevant to what we're going to talk about here. So, unpaid caregivers they are integral to healthcare. My name is Ellen Makar I'm a Registered Nurse. I work in the Office of Consumer eHealth in the Office of the National Coordinator and we are especially focused on patients as the center of their care team and care givers are very important members of that care team. Next slide.

So, if you take a look at this quote America's stealth weapon against chronic illness is a 46-year-old woman with a family, a high school degree, a full-time job and a household income of \$35,000, she has no particular training in healthcare and to tell you the truth sometimes she doesn't feel that great herself. This was a quote from 2001 and although it was 13 years ago it's still representative of a large portion of caregivers, they're unpaid, untrained, under counted but truly vital to healthcare. Next slide.

Jennifer Wolff is a Health Aging Fellow that is working with us here at the ONC and Giovannetti and Wolff did a look at categorizations of caregivers and there was not a consistent way to really count them so the numbers are a little nebulous as to how many are out there and there is a quote from Rosalynn Carter who is active in this space and her quote is something to the effect of "we are all caregivers at one point either we're caring for someone else or someone is caring for us." So, if we think about this it's a very, very large number. Next slide.

One of the things about caregivers if you just take a small slice of what they do and just consider the office visit, this is also a part of Jennifer Wolff's work, they not only do a lot of physical care giving but they do a lot of the heavy lifting as far as the cognitive processing. So, when they go to an office visit they are asking questions, they are asking for more information about prognosis and the medical condition itself, they write down notes and they are explaining the instructions to the patient. So, it's really important to consider the caregiver as an integral part of the team. Next slide.

It's becoming more widely known that there are this many caregivers in the US. Connecting the caregivers is important. Today's Caregiver Magazine is an example of a magazine that's out there to help caregivers feel less alone in their efforts and to supply them with real tangible, actionable things that they can do to make this job that they have easier. It allows them to share their experiences with people who understand them and in this most recent issue I found it very interesting that there was an article regarding electronic files and HIT. Next slide.

We were talking before about the Memorandum of Understanding and in the UK there is a large carers movement, there are resources that are available for carers and they have a carer's week that is very well publicized, I can remember last year at the beginning of the summer where the carers were trending on Twitter. So, they are very – there are carers clubs there and it's very well known. They also have special groups for younger carers, those who are in their teens and 20s and caring for a parent or a sibling. Next slide.

Oh, one other thing that I wanted to mention before I went to the next slide, just about the UK is that it's been recognized there that this is a national health problem because in the UK there are stress induced illnesses that have been linked back to care giving. So it's also a health issue for them nationally.

And the US also has these organizations that are coming together and in fact there are conferences, so the annual conference comes up that brings these alliances together and there are many different organizations that are supportive of caregivers but the cohesiveness is not as well established in the US as it is in the UK. These organizations are also important because they do supply outreach services for legislative and policy efforts.

So, the next slide has some ideas regarding opportunities. As we were talking about training of the new care team members and education and the whole new way of delivering care that's coming we need to also remember the unpaid caregiver, the caregiver as a team member.

So, who is providing this care and thinking about consistent terminology, definitions and trying to really estimate this workforce, you know, what are they doing and how can we assist them with learning and what are the impacts, costs and benefits. So, enabling our care system to truly value family caregiver.

And one of the things that is important to me is not only valuing the caregiver but also giving him or her access to a dynamic electronically mediated health data exchange so that they can provide the best care possible and this of course will benefit everyone. So, I'll take questions.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Hi, it's Larry; I'll jump into the silence.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

Larry you're always first it seems.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

You know I have like a 5 second counter and then I'm in. If anyone else wants to jump in I'll be quiet for another 5 seconds so you have your chance.

Okay, so this Workgroup is focused on issues around workforce development. Do you have any thoughts specifically around how to help the caregivers do a better job and learn relevant parts of the Health IT or do you think this is more learn by doing? So, what are your thoughts about how we can help them be better?

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

Well, I think the first and foremost thing is to continuously mention them and not leave them out as part of the equation. So, as we're educating this workforce really having them focus on the patient and the family, and that carer and caregiver and that's the difference between the UK and the US.

In the US generally we call them caregivers and in the UK they call them carers, but essentially those workers have the carers and the caregivers at touch points. So, informing them about HIPAA and how that can help them as far as accessing information, accessing to HIT and other transformational processes that they are also learning connecting them to support groups and things that they need to take the best care of the patient.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, I'm hearing that as we work on curriculum for the care team that that both potentially includes the caregivers as part of the team but also includes educating the professional members of the team that there are unpaid members who have a huge investment in the outcomes likely –

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

True, very true like a –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

But are not professionally trained.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

Right.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Or typically not professionally trained.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

Right and for many of the caregivers as, you know, we all know ourselves many times when this happens to you it's baptism by fire, you're thrown into this world of which you know nothing about and you really are looking to your – those who are taking care of your loved one to also take care of you to a certain extent so that you can take better care of them.

So, the other piece is that the information that those in the workforce can get from the carer or the caregiver usually no one knows the patient better than that carer other than the patient themselves. So, really using them to provide the best care that you can, very often it's been said that the patient is the most underutilized resource in healthcare and probably the second most underutilized is the one who cares for them.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, I'm hearing the main thrust here is not training we could offer the caregivers but really training for the professional team to understand and value the contributions the caregivers can provide and maybe also the stresses the caregivers might be under.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

I think that's exactly right. I wouldn't rule out that there isn't a place maybe for caregivers to have some training that would be available to them, but I think more so by training that workforce we can get a lot of that information to the carers themselves.

So, respecting what the carers have to say would be important and then having tools for the workforce to then kind of by proxy train the carers I think is also an idea to think about, to consider.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, where we would be doing patient education that we shouldn't think of the patient as the only one being educated but really look a little broader at the people who are supporting them.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

Absolutely.

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

This is Michelle, are there groups, associations, advocacy type entities that – and I know it's not just one, but seem to be a place for empowerment tools for caregivers?

I know in our family we had experience with caring for an Alzheimer's individual and the Alzheimer's Association and their forums were crucial but you didn't see a lot of integration of how technology might be able to help with some symptom controls and things like that.

So, it was really difficult to find resources for that caregiver that showed how personal technologies might be used in the care management process and so I just wondered if there were groups that could be key to getting messages out to their communities.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

Yeah and I think that's where on a national scale we can think about more of this. I think that they are coming together so the National Alliance for Caregiving, magazines such as Today's Caregiver is an avenue.

There are avenues, there is also the website PatientsLikeMe which is one where very often caregivers are on line interacting with that community. So, thinking about these efforts and how best to link them and tie them together I think we're starting to see some of those communities grow up and social media also has played a big role in that.

But what I have seen through the folks that I've talked with is we have much to learn if we take advantage of that Memorandum of Understanding with the UK and see the progress that they've made also in this area and what they have available and try to, you know, learn from each other as far as growing that.

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

So, this is Norma, thank you for the presentation because I think that there is so much here that's very interesting.

Your last point talking about training those who are connecting and responsible for patient education and helping patients be good managers of their own care and again part of the work that I just presented on, one of those modules was actually called patient self management and a big part of that module was teaching and it was focused on nurses, but practice-based team who are interacting, the appropriate ways to interview or communicate with patients and even motivational support for them, you know, motivational interviewing and so forth.

So, I do think you pose a very important part it's both sides of the equation and those most important competencies may be in those touch points and around effective communication skills and that's very different, I mean, we actually built a lot of scenarios but I think that there is so much more work to be done to help those folks that are in the field really get those skill sets.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

Yeah and it might also be some type of a communication campaign with those who are caring for others as far as how best to communicate with your care team. I know there are efforts to have that shared care plan and to have the carer listed there on that care plan.

So, we are making efforts in a variety of areas but I think sometimes it's just good to pull this out especially with something that we might not necessarily think about and so when we're talking about workforce training it definitely could be very impactful.

And the other piece of that is, yes, considering the patient as your patient, but we also know about caregivers and carers that they disproportionately suffer from illness themselves. So, looking for ways to assist them if we're going to have a healthier nation take care of themselves and look for those signs and symptoms and to be healthy as well.

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

I also wonder about our reach into secondary education and helping teach our younger students and potential patients, and, you know, the communication skills in this new way of care – that they're receiving care and that they are owning their data and so forth.

And I know that we've talked about advocating for more alignment with a more comprehensive approach even into secondary education I think that is where maybe connecting this piece would also be very important and I remember that whole scenario about the seatbelts and, you know, all the campaigns were not really – I think it was something that Malcolm Gladwell had pointed out is that it wasn't until they started teaching children the value of wearing their seatbelts and children told their parents about things that it really took off as everybody started wearing their seatbelts, but I think that we would be remiss if we didn't somehow reach back into that pool of incoming caregivers and help them also.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

So, that's another – that just leads me to another thought to just throw out there as food for thought is school nurses. School nurses are a tremendous resource and if you're thinking about like a family as patient or if you think about the number of young people that have care giving responsibilities that could be a wonderful link.

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

That is a great resource right there and only because I worked many years in secondary education and know the value of those resources and I just recently heard something on NPR about, you know, getting primary care into those underserved communities in the schools and bringing that care and mom, and student in together. So, there are, I think, real opportunities in this new system for us to look at that.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

I agree. So, thank you for the opportunity to present and to give a little additional food for thought and to make another US UK connection.

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

Any more questions or comments?

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

I have one last –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

This is Larry – go ahead Chitra.

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

I have one last question, is anything being done about creating a consistent terminology, the last slide that you have?

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

I – you know, Jennifer is very active in this space which is one of the reasons why she's a fellow with us and I think more research does need to be done. The issue is that it is a shadow workforce and so I think we do want to be able to quantify more – how this care is being delivered and what's happening. So, I think this is going to be an evolving area of research.

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

Okay, thank you.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

Was that Larry, did you have a question too?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I just wanted to thank you for the work you've done and the presentation.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

Thank you.

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

So, Larry there is that 5 second rule again, I know you jump in.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

And you jumped in this time.

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

I did, there you go. So, is there something here that can help us move to the thoughts on our next call or any overarching connections or thoughts from everybody?

And I think these were two presentations that were focused on the recommendations that came out of our last meeting that we said we might need some additional information on and sometimes it's that macro to micro back to the macro again. So, where do we start and what could be actionable if you will?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, let me frame up a short-term need. So, on March 6th if I have my date right –

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

Yes.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

We're going to be talking with the larger Certification and Adoption Workgroup about things to take forward to the Policy Committee as a whole. I know we're going to have the standard occupational codes as a primary topic, it sounds like we should also have this presentation on tools, training and transformation would be a relevant piece to take to the Workgroup and to the larger Policy Committee. Are there other things that we should consider bringing forward?

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

This is Norma, I think and of course we haven't had a presentation on it yet, but just the notion that there is this other work that we referred to with the EU Workforce Development Working Group and that a connection from again piecing together what we've done here over the last several years under ONC grant funding and other funding opportunities that have come out and then a connection to the larger more international approach to workforce development. I think we would just want to put that on the radar but that would – I don't know if we would need to have a presentation ourselves before that could happen.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, I'm hearing a potential third topic then that would talk about a joint partnership?

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

Yeah and I guess I would ask Chitra again, not to put on the spot Chitra, but do you think that there is enough there at this point in time?

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

I think that EU US Workgroup that they've done some amazing work.

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

Yeah.

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

And I think that it would be quite informative don't you think Michelle and Susan? They've both been very active in that group.

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

Yes, I agree.

Susan H. Fenton, PhD, MBA, RHIA, FAHIMA – Assistant Dean for Academic Affairs – UTHealth School of Biomedical Informatics

Yeah.

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

So, yeah, I think that would be a great third topic but I don't know if we have enough time.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, we're going to have half an hour to present for presentation and discussion with the Policy Committee at their March meeting. Clearly the emphasis should be on the occupational codes as a short-term deliverable.

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

Yes.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

But I like the notion of addressing a longer or larger partnership and reporting back on some work that ONC has done. So, you know, depending on how we manage our time in the presentation we could probably touch all three topics. We have, what one more meeting before March 6th is that right?

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

Yes, we have one on the 28th.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, over the next two weeks do you think we could pull together some summary material for the Workgroup and maybe include some of this joint work?

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

Yes.

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

And at that time do you think it would be good to have Jamie present?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I think that would be great, you know, I think if we did it on the 28th I think most of the work on the SOC stuff is already done right, we had a draft circulating?

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

Yes.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

And the tools training material looks pretty polished.

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

So, yeah, so if we had Jamie present to us on where they are, because I know they're really working hard and they're getting a lot done and they just connected with the UK and they have incorporated some of their competencies. So, I think that the 28th they'd be in good shape to present a really good picture to us, it's really great work.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Any thoughts from the rest of the Workgroup? We've put them all to sleep.

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

I know it's Friday afternoon I'm reminded of that.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

It is Friday afternoon that seems to be our favorite time it was the only unscheduled time we all had.

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

Except Bill not for you you're much earlier.

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

Well, I want to add that Elizabeth has connected me with somebody from SEIU who got a CMMI grant and has done some good work with the direct care workers and she might be able to present to us on the 28th.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay, so not to overload our schedule and to let us get focused for the report back to the bigger Workgroup does it make sense to do that work on a subsequent call? Do you think we should do it for the – in advance and plan to present that to the Policy Committee as well?

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

Okay.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I'm just trying to sort out timing and hopefully that work is still valuable in a month.

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

Oh, yeah, yeah, okay that sounds good.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Maybe we can wrap this up early what do you think? Are we ready for public comment?

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

It sounded like enough silence, it's Friday afternoon.

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

It is.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Are we ready Larry you think?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I think we're ready.

Public Comment

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Okay, let's go, operator can we please open the lines?

Ashley Griffin – Management Assistant – 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 public comments at this time.

Michelle Consolazio – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thank you everyone have a Happy Valentine's Day and a wonderful weekend.

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

Yes, everybody stay warm and out of the snow.

W

Thank you.

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation

Thanks, bye.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Except if you're playing in that case enjoy the snow.

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

Exactly, exactly.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Bye-bye everybody.

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

Bye everybody.

W

Bye.

Ellen V. Makar, MSN, RN-BC, CPHIMS, CCM, CENP – Senior Policy Advisor, Office of Consumer eHealth – Office of the National Coordinator for Health Information Technology

Thank you.