

**HIT Policy Committee
Certification/Adoption Workgroup
Workforce Development Subgroup
Transcript
March 28, 2014**

Presentation

Operator

All lines are bridged with the public.

Michelle Consolazio, MPH – 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/Adoption Workgroup, and this is the 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 – Health IT Strategist – Kindred Healthcare

Here.

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

Hey, Larry. Norma Morganti?

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Here.

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

Hi, Norma. Bill Hersh?

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

Here and I'll only be able to be here for the first 45 minutes.

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

Thank you. Don Gull? Elizabeth Royal? Jennifer Pirtle?

Jennifer Pirtle – Workforce Analyst, Employment Training Administration – US Department of Labor

Here.

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

Hi, Jennifer. JoAnn Klindinst? Joe Heyman? Michelle Dougherty?

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

Here.

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

Hi, Michelle. Nancy Brooks?

Nancy Brooks – Division of Academic and Technical Education (DATE) – U.S. Department of Education’s Office of Vocational and Adult Education

Here.

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

Hi, Nancy. Patricia Dombrowski?

Nancy Brooks – Division of Academic and Technical Education (DATE) – U.S. Department of Education’s Office of Vocational and Adult Education

Hello.

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

Here.

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

Hi, Patricia.

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

Hi.

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

Roger Holloway?

Roger Holloway, MHA – Executive Director, Rural Health Resource Services – Northern Illinois University

Here.

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

Hi, Roger.

Roger Holloway, MHA – Executive Director, Rural Health Resource Services – Northern Illinois University

Hello.

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

Samantha Burch? Steve Waldren? Susan Fenton? 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

Speaking, I mean, here.

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

Hi, Chitra. And with that, I’ll turn it back to you Larry and Norma.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, a quick welcome to everybody and thank you. We had a really good presentation to the federal Policy Committee, I guess it was about three weeks ago now, two or three weeks ago. They were very happy to hear about the good work we've been doing, some of the inter-governmental work and we got a shout out from the VA thanking us for the efforts because they found the various material ONC produced to be very helpful. So I'm really pleased that we've got the VA here talking to us in more detail today, that should be pretty interesting. Norma, anything you'd like to do by way of welcome, and we have new workgroup member to welcome as well.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

We do and I'd like to introduce everybody to our newest workgroup member, Roger Holloway. Roger is currently the President of the Rural Health Resources Network, if I'm not mistaken, that's the title, correct Roger?

Roger Holloway, MHA – Executive Director, Rural Health Resource Services – Northern Illinois University

Correct.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

And really, just a long not only career in growing health IT across the country, but more specifically in Illinois, where he's very – and still is very involved in the Regional Extension Center work out of Northwestern. And just continuing to bring a perspective to workforce development that is keenly in tune with rural health and the challenges of the workforce in that space, so really pleased to introduce Roger and welcome him to the group.

Roger Holloway, MHA – Executive Director, Rural Health Resource Services – Northern Illinois University

Thank you, Norma.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

So I'll turn it back to you, Larry, unless you want me to do the introductions for the VA, but you can also.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well, go ahead, do the introductions to the VA that would be fine.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Well thank you because I just had the opportunity to chat with them not too long ago, so, really pleased to have Molly Manion and Dianne Bedecarre from the Veterans Health Administration, Health Informatics Initiative that are going to be sharing with us some information that they've gleaned from a 2013 workforce assessment. Just another way that we're going to be able to hear and learn more about what's happening with the current workforce and certainly with such a national initiative, I think there's a lot of insight to be gleaned. So I'll turn it over to, I guess Molly.

Margaret “Molly” Manion, MSN, RN-BC, CPHIMS – Health Informatics Initiative (hi2), Office of Informatics and Analytics (OIA) – Veterans Health Administration

Well hello everyone, I'm Molly Manion. I am the leader of the Health Informatics Workforce Initiative's community development section. Diane could not be with us today, she has an illness in the family, but Dr. Katherine Gianola is also on the line, who can help – I'll give the presentation, but she can help field questions about what we've been doing in workforce development within the VA. We really appreciate the opportunity to share the findings of our 2013 workforce assessment with you. It also will show some comparative data from a baseline assessment that we did in 2011. Next slide, please.

So back in 2010, the Department of Veterans Affairs, the Secretary launched a major initiative to transform healthcare delivery through health informatics. And that has not only a focus on the evolution of our electronic medical record software, but also to build the health informatics workforce across VA, which of course is incredibly necessary to this evolution to our patient-centered model of care and all the evolutions of the technology that will – that are occurring because of it. Next slide, please.

So we did it to assess the readiness of our health informatics workforce to support these very broad-reaching and broadly scoped transformational goal. So in 2011, we did a baseline study to see what the composition is of our health informatics workforce and what the needs might be. And we used those results to do some strategic planning for workforce development. So in May of 2013, we did a repeat assessment to see the impact, and try to assess the impact, of the efforts that we undertook on the basis of the 2011 findings and as well, as a guide to our future planning. Next slide, please.

So the contributors to the study were our Health Informatics Workforce Development Group. We have an Office of Quality, Safety and Value who were highly instrumental in helping us develop the assessment instrument and conduct the analysis. And our partners in the Analytics and Business Intelligence Office were also key to help guiding our efforts, particularly in the area of analytics development. Next slide, please.

So in the first study we had about 1710 participants, in 2013, we had 1085. We don't have solid numbers of how big the health informatics workforce is in VA because there is no standard occupational code that identifies these people in our HR databases. So we estimate the number to be about 6000 on the basis of membership counts of key health informatics workforce mail groups. So it's a rough guess, but we think it's about 6000. Now, we don't have any consistency in occupational codes and we don't have any consistency in the way these positions are named or titled.

So some of the information we wanted to get out of the assessment was, what do people report as their primary and secondary healthcare career affiliation. Someone might identify themselves as both a pharmacist and a pharmacy informatics specialist or a nurse and a nursing informatics specialist. And which one they put on top is probably likely guided by which role they're spending the most time in. For example, our physician informaticists also maintain clinical practices as well, 68% are full-time or near full-time in performing this function and 58% have been in the role more than 5 years. One third expects to leave HI practice in the next 5 years, so clearly we have an indicator of the need for some succession planning. Next slide, please.

So I highlighted in purple for you the top areas in which people are functioning in the role. We came up with kind of a loose top 10 list of health informatics role functions across VA and the ones that people identify the most are performing as a subject matter expert, data collection and analysis and coordination functions. Next slide, please.

We asked people if they possess any certifications in health informatics or any related areas such as project management, and as you can see here, the vast majority, 78% do not possess any certificates nor credentials in health informatics. You can see highlighted in yellow the areas that did come up through T-test as a significant change from 2011, but the populations are quite small. So the most – the highest areas of possession of certification are the RHIA, RHIT role and informatics nurses. Next slide, please.

We also asked our population if they possess any advanced degrees or certificates in health informatics, and as you can see there, highlighted in purple, the vast majority possess neither University-based degrees or certificates, or Community College certificates in health informatics roles. Next slide, please.

We do have a large segment of our population that have participated in other courses related to health informatics, and these are the leading ones that VA staff tend to participate in. We have our own AMIA 10 x 10 Program, but others have participated in non-VA AMIA 10 x 10 programs. There's the Woods Hole Biomedical Informatics fellowship program. And I'd like to call out here, particular to our participation using the ONC content, is one of the first things we undertook in 2011 was a partnership with Bellevue College, and I see Patricia Dombrowski is present on the call today. And we had a wonderful partnership and were able to create a cherry-picked curriculum for our staff; it was an instructor led 8-week program. And we had 1000 enrolled, but probably 730 completed. We also have a Healthcare Data Analytics Certificate Program that is well attended by our VA staff. Next slide, please.

We wanted to know also if people were – are members in professional organizations, and you can see the areas that are highlighted as significant change from 2011 in that significantly there are more that do not possess membership in professional organizations now than in 2011. But the leading ones are AMIA, HIMSS and ANIA – oops, and AHIMA too. Next slide, please.

We also wanted to assess training needs, and these curriculum areas might look familiar to you. To assess this we used the 20 curricular areas for the ONC content to try and divine where people's training needs were. And the findings from 2011 and 2013 are very similar. Healthcare analytics always rises to the top in our survey, as does networking and health information exchange and project management. Decreased significantly from last year, but still significant in the findings are fundamentals of workflow process analysis and redesign and health management information systems. Next slide, please.

So we also asked the participants, what are their barriers to completing the training. And really, the story lies in time and money. People identify that they're either too busy during work or personal time to participate and that they lack funds, travel funds most notably, but also personal funds to engage in career development and a lack of VA tuition funds to support attendance in degree programs and the like. Next slide, please.

Now our approach to workforce development has been a three-pronged approach. We focus in on competency development, but also career development and community development, so we also asked them what they perceive as barriers to their career advancement in health informatics at VA. And again, time and money is the story, people identified that they're too busy at work and lacked personal time. They also identify a lack of opportunities for career advancement in health informatics at VA. And some, lack of knowledge about what health informatics positions exist at VA, when they're new and wanting to break into the practice. They're also indicating a high degree of being unsure about what education or skills are needed to advance in health informatics. And a new question was about mentorship opportunities and their perception of available mentorship opportunities in health informatics. Next slide, please.

We asked people, we know that so much learning occurs in networks of health informatics personnel and that there's a lot of – significant transfer of knowledge that occurs between older – more seasoned and newer members of the health informatics staff. So we really encourage folks to collaborate. So we wanted to know what barriers there were, and again, time is a significant factor, they find themselves very busy during their working day to be able to participate extensively in collaborative activities. Similarly to a lack of time in their personal lives and some unsureness about what communities and tools are available for networking. Next slide, please.

So overall, we wanted to see if they're perceptions or understanding of health informatics and awareness of educational opportunities had changed between 2011 and 2013. Because a lot of our activities focused on educating people about what health informatics is and how to get some introductory training, and we did a lot of early introductory training, much like the ONC sponsored course that we partnered with Bellevue to do. So we could see that there was a lot of self-rated improvement in their understanding of health informatics and awareness of educational opportunities since 2011, but definite lag in their awareness of advancement opportunities and collaboration opportunities. Next slide, please.

So, part of the lag can be explained by our timeline. On the green diamonds or triangles that you see at the bottom of the timeline, you can see our project start and then I marked the end of 2013. And we put little flags there to denote some of the educational opportunities that we did and some of our major initiatives, and their proximity to when we did the first assessment. So we had offered the first HI 101 course, which was our ONC sponsored curriculum with Bellevue just about the time that we did our first survey, and we also had two nursing informatics workshops.

Since that time we launched a 301 lecture series, which is a series of 41 lectures with top luminaries in the field, many of – some of you on this call did participate in that. We had leaders like Homer Warner and so we have really a star-studded cast in this 41 lecture series. So we launched that between that timeframe as well. We launched our first AMIA 10 x 10 course in the middle of the timeframe there. We had two more nursing informatics workshops. Now, as you can see, approaching to the second workforce survey, in close proximity to that, we launched a standardized position description for a health informatics specialist position in January, which was close to when we surveyed in May. So that really had not taken root or had a chance to socialize, there – still today, we have people who are being reclassified into those positions, so it takes a while to get initiatives like that on the ground.

We also launched a collaborative platform using JIVE Social Business Software as an interesting collaborative prac – platform for health informatics. But that production launch didn't happen until after the second workforce development, so that does explain some of the lack of movement in the metrics that we were looking at. Next slide, please.

So what are we doing with the data? What we're doing in competency development at this time is increasing opportunities for VA supported certification prep courses. In this past year, we did one for the clinical informatics specialty board review. We did – we had hoped to do more for the prep for the nursing informatics certification; we had done four of those before, but did not this year. We had 200 seats in a CP-HIMSS prep course and we're planning to do more of that this year. We want to collaborate the strategies to really nail down a competency-based training plan for these new health informatics specialists and clinical application coordinator positions. So, we're dissecting the competencies out of there and cross walking that to – in hopes of developing a training plan for that group.

The VA AMIA 10 x 10 course, we only have 35 seats and it's been highly competitive. We've been getting about 200 applications every time we put out a call for participation in our course. So we could not increase enrollment because it is a very intense faculty led course, but we did increase our frequency from one session to two sessions per year. Since our offering with the – we refer to it as the Bellevue HI-101 course, based on the ONC curriculum, that was wildly popular and people were really wanting to see a continuation of that. So what we did was, we took that content and repackaged it into self-learning modules so that folks can self-enroll and participate in either one or all six of those on demand. And they continue to be incredibly popular. Next slide, please.

We're looking for strategies and trying to develop strategies to increase leadership support for release time for staff to engage in HI training opportunities. In the environment of face-to-face travel being a rarity in the VA as of late, we are delivering a lot of our training in virtual strategies and folks are finding it difficult to get protected time during the day to balance that between their normal duties and participating in continuing education online. So we're looking to beef up some strategies to help leadership identify the importance of giving people protected time to do that.

We certainly want to recognize all the staff that complete these health informatics courses. One of the things that we're doing is having folks sit down with their supervisors and identify these things in individual development plans, so that they can show that their accomplishments in completing these courses at the end of a year. We're looking for opportunities to increase tuition support and create tuition support mechanisms for advanced degrees in health informatics staff. And we still find the need, and it came up frequently in the survey that non-health informatics leadership still have difficulties understanding what health informatics is, how it's different from IT and what value that brings to the organization. So we're working on some additional course work and some instructional videos to educate non-HI staff about what health informatics is and why it's important to the system. Next slide, please.

For career development, we are really promoting memberships in professional organizations. The VA has corporate memberships to AMIA, a limited under of those, as well as HIMSS, and really promote that – importance of that involvement. We've developed a qualification assessment tool for the position for the position that helps HR staff understand what HI is and to be able to glean through applications for qualifications for those roles. We are looking to increase mentorship opportunities through our technical career field and our field informatics leader mentor group program and academic partnerships.

We are trying to socialize the HIS recruitment and retention plan with human resources staff and other stakeholders so that they can understand the importance and the rarity of people with this skill set and why it's important to recruit and retain them. So we're creating also job description for other informatics roles such as nursing informatics. We're promoting HI careers through VA at the site, MyCareer@VA and that's out on the Internet if you'd ever like to go see that. And we are collaborating with industry and federal partners to help define HI occupational roles. Next slide.

Analytics is big in VA. There is a definite need, it shows up on every needs assessment we do, that people really are needing to be skilled and improve the data drivenness of their organization. So the field-based analytics program has expanded to assist – and facilities in developing and refining their analytics program, really increasing virtual training opportunities, having monthly calls to promote best practice and provide education. And for the first time this year the all employee survey will have some measurements of the data drivenness of our organization. They've developed a new portal that is a one-stop shopping site for all of the training related to data and analytics. Next slide, please.

So what have we learned through our efforts so far? One that it requires dedicated resources and high-level leadership support. An initiative of this magnitude would not have been successful without either of those things. And that results don't happen instantly, it takes years to fully appreciate and achieve the desired effects. And that the programs are going to need and will need in the foreseeable future, ongoing support to maintain them and refresh them. Next slide.

And so how does our – how might our findings benefit other organizations? We have benefitted greatly from learning from other organizations such as the Office of the National Coordinator, AMIA, AHIMA and HIMSS. And I think it's important that we have the open dialogue with each other so we can learn from each other's experiences as we journey down this road together. We are contributing to the larger conversation about how to develop occupational – health informatics occupations such as those being led by the ONC, the Office of Personnel Management, AMIA, AHIMA and our industry partners. And we will continue to contribute to the education and development of informaticists through fellowships, residencies, internships and other training programs that we welcome our non-VA participants and fellows into. Next slide.

And so that's the end of my slides. Here's my contact information, if you have any additional questions after this question and answer period, don't hesitate to contact me, I would be happy to answer any questions and share our findings with you. Are there any questions?

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

Yeah, I have some questions. This is Bill Hersh. I probably have enough questions to take up the remainder of the call, so I guess maybe my first question is can I contact you offline with some more detailed questions? But let me just ask a kind of big – a couple of general questions. I think this is really interesting and it's nice to – as members of the workgroup know, I've been advocating that we be more data driven in our assessment of the workforce. I guess one question is do you plan to publish this with more details? Because I think there is probably really rich data in there that I'd be interested, for example, the – you said a lot of the informatics people are – come from clinical backgrounds. And what proportion of time – maybe if you sort of segregate the things they do by how much time they put in, because maybe people who do 90% informatics do different work than people who do 10% informatics, I think it would be interesting to look at that.

One other question as well, when – I'd be curious if you defined – how you sort of chose your population. Did you ask everyone who touches IT systems? So would that bring in IT people? I notice that you have some people with HIM backgrounds, so did you include HIM as well? That would be interesting to know.

Margaret “Molly” Manion, MSN, RN-BC, CPHIMS – Health Informatics Initiative (hi2), Office of Informatics and Analytics (OIA) – Veterans Health Administration

Yes, all of those are published in data tables in the full results of the study. And we do have plans to publish, but I would be happy to share those with you.

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

Okay. One other – one comment, because it's been a topic of this group, and then I'll let others talk and won't hog the floor, the – you mentioned about the lack of a SOC code and as you may know, that's been a big interest of this group. I guess my one – one of the challenges I've come to learn with SOC codes is that at best, we'll get one code for health informatics when your data show eloquently how varied the positions within health informatics are. So, I mean I think the code will be useful in many ways, but I don't know that it'll – for those of us who are really interested in drilling down into what people do, that it will be that valuable.

Margaret “Molly” Manion, MSN, RN-BC, CPHIMS – Health Informatics Initiative (hi2), Office of Informatics and Analytics (OIA) – Veterans Health Administration

Well I would be happy to make the study available to this workgroup, as a matter of fact; I do believe – I believe I gave it to Chitra. If not, I would be happy to share that for your internal use, so you can see the full data tables, because it is illuminating when you look at the full tables to see how people describe themselves, what their titles were, what they identified as their primary and secondary roles. And I agree with you, I think it's going to be a real challenge.

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

This is Michelle Dougherty, I have one question and it – we just talked about the SOC being – the lack of an SOC being a problem. Does the VA system have its own – and my understanding was the VA system has its own categorization, for occupations? And is it linked to the SOC or is it unique to the gover – to a government system like yours?

Margaret “Molly” Manion, MSN, RN-BC, CPHIMS – Health Informatics Initiative (hi2), Office of Informatics and Analytics (OIA) – Veterans Health Administration

I can't answer that question, as I'm not the person in our workgroup who has been working with the career, but I certainly could get an answer to that. Dr. Gianola, would you know the answer to that one?

Katherine Gianola, MD - Chief, Health Informatics and Telehealth - VA Medical Center

I don't, we really need our HR specialist to answer that.

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

Thank you.

Margaret “Molly” Manion, MSN, RN-BC, CPHIMS – Health Informatics Initiative (hi2), Office of Informatics and Analytics (OIA) – Veterans Health Administration

It's a whole other job field in HR and the way positions are classified within human resources within the VA and it's an area of specialization I just don't have. But we'd be happy to get that answer for you.

Larry Wolf – Health IT Strategist – Kindred Healthcare

This is Larry. You had talked about estimating that there may be 6000 folks in a variety of health informatics roles and you got that estimate based on participation in some email distribution groups, it sounded like. So could you talk about sort of the tools and techniques people are using to do networking, to do information exchange within the VA with peers?

Margaret “Molly” Manion, MSN, RN-BC, CPHIMS – Health Informatics Initiative (hi2), Office of Informatics and Analytics (OIA) – Veterans Health Administration

Sure, I'll answer both – and I believe I didn't answer Bill Hersh's question completely either. But, we cast a very broad net in our definition of health informatics because some of these fields are emerging, we did include HIMSS, we included analytic staff. Some people are still, as you know, in VA's OI – the technology group is now under VA and the informatics is under Veterans Health. So we cast a net across IT as well, because we have people who are still prac – in health in – practicing in health informatics roles that are under the IT umbrella. So, to help discern that confusion, we cast a very broad net with these groups. The second – in answer to your second question, I'm sorry, what was the second question? I launched on that and I lost track of your second question.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, so you talked that there were some distribution groups that you were using to get your 6000 estimate –

Margaret “Molly” Manion, MSN, RN-BC, CPHIMS – Health Informatics Initiative (hi2), Office of Informatics and Analytics (OIA) – Veterans Health Administration

Yes.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– and I was more curious about the groups and how they were set up in level of participation in the –

Margaret “Molly” Manion, MSN, RN-BC, CPHIMS – Health Informatics Initiative (hi2), Office of Informatics and Analytics (OIA) – Veterans Health Administration (VHA), Department of Veterans Affairs (VA)

VA does not lack for communication and collaboration tools. If you can name it, we have it in the VA and that in and of itself is a bit of a problem because it dilutes the message, it dilutes the places that people go to communicate and collaborate. But one thing that is common and highly used by all VA staff and that is Outlook. And we have a global address list that has everybody in VA in it, and within it, there are distribution lists. So we cast a broad net to identify all of the health informatics related distribution groups and we call it the mother of all mail-group lists. So, we split those groups open and looked at individual members, we eliminated the duplications to come up with this 6000.

But you know what’s interesting is, there are a lot of people interested in health informatics that aren’t members of that group. That – it has – they’ve been difficult to reach because these are your wanna be health informatics people who maybe aren’t practicing in health informatics at this point, but would love to engage in some health informatics educational efforts. So it’s been a real challenge to get the work out – it’s not been a challenge to get the word out to health informatics people, and people like to share in the VA. But it’s been a real challenge to find those nurses or physicians who are practicing in clinical roles, who really are excited about health informatics and want to get involved. So, our collaborative tools are SharePoint, like everyone else, but they’re n – SharePoint isn’t very interactive and it’s not a great way to identify subject matter experts or have robust discussion.

So we are using a collaborative tool, which we term ForumForUs and it is based on social business software called Jive. What we like about it is that the way we have it hosted, we’re able to invite in our non-VA partners into communities where we want to communicate and collaborate. So, we’ve extended those collaborative tools to include our invited non-VA partners as well. Did that answer your question?

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, that was helpful, thank you. Do we have any other questions from the workgroup? Molly, let me thank you –

Margaret “Molly” Manion, MSN, RN-BC, CPHIMS – Health Informatics Initiative (hi2), Office of Informatics and Analytics (OIA) – Veterans Health Administration

Well, I thank you all for your time today. If you would like me to make the full report available to this committee, I would be delighted to do so.

Larry Wolf – Health IT Strategist – Kindred Healthcare

That would be great. It sounds like Chitra may already have it.

Margaret “Molly” Manion, MSN, RN-BC, CPHIMS – Health Informatics Initiative (hi2), Office of Informatics and Analytics (OIA) – Veterans Health Administration (VHA), Department of Veterans Affairs (VA)

All right. Well thank you all.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Thank you.

Margaret “Molly” Manion, MSN, RN-BC, CPHIMS – Health Informatics Initiative (hi2), Office of Informatics and Analytics (OIA) – Veterans Health Administration (VHA), Department of Veterans Affairs (VA)

Bye bye.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, moving on to our next topic. So, now we're going to swing the lens from government organization to the long-term care sector. So Norma or Chitra, can you introduce our speaker?

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Chitra, I think you may have more of the background on Dusanka, I know she's on the call.

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

Hi Dusanka, do you want to give a little background of all the work you've been doing?

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

Yes. Hi, I'm really delighted to be able to represent non-profit long-term care. I ha – I'm a CIO of Westminster Ingleside Foundat – Ingleside Retirement Communities and we'll give you a little bit of a background during my presentation, if that's okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

That's fine, thank you.

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

Okay, so next slide, please. So I will give you a little bit of background on the Westminster Ingleside, the drivers for adoption of electronic health records and health information exchange and then the problems that we are facing with adoption of these technologies. Next slide, please.

Okay, about Westminster Ingleside, we are three sister communities, each in one – in a different state. Ingleside at Rock Creek is in DC and it was built in 1906 by the Presbyterian Church. Westminster at Lake Ridge was opened in the 1980s and Ingleside at Kings Farm in Rockville, Maryland was opened in March 2009, so we just celebrated 5 years. We also have Westminster Ingleside Foundation, where we mainly support residents who run out of funds and we are just starting to gain more initiatives for capital campaigns. We established in 2012, Westminster Ingleside Supporting Organization that helps us unleash the power of the system, do some kind of supporting services for all three communities and the Foundation. All three communities are continuing care retirement communities, non-profits. The continuing care retirement community means that we support all – the continuum of care. So we have independent living apartments, we have assisted living apartments and we have skilled nursing or comprehensive care units at each community.

Next slide, please. So, as I said, we have skilled nursing and assisted living. The comprehensive care comprised of memory units as well or Alzheimer's units. We have been implementing electronic health records I would say for years now. It all started with the implementation of a minimum data set, which is implemented in all three communities. Then we've tried to move on to care plans, point of care where we chart the ADLs, activities of daily living, and then move to medical records. However, we faced huge problems in adoption simply because, and I was blown away by how similar issue they had in VA during their – during the previous presentation, the problem that we have at long-term care as well.

One of our communities was lucky to receive a grant from the State of Maryland last year. It was one of the Challenge Grants, so in King Farm, was granted about \$160,000 to include health information exchange, meaning, participate in the Maryland Health Information Exchange. That went extremely well. We started using encounter notification system and Direct messaging and since long-term care is a little different than hospitals, we were try – we learned a lot from this system about our organization and about our residents. But also, the state and the Maryland Health Information Exchange learned a lot about long-term care and the changes that we'll have to implement in the system because of the specifics. Next slide, please.

The drivers for adoption of health information exchange are similar to other fields. Although some federal health IT initiatives benefit long-term care, long-term care communities are not eligible for direct financial assistance through the Meaningful Use Incentive Program. So without funding to offset the IT investment, the long-term care facilities must be more effective and efficient, and also creative in their efforts to adopt electronic systems and technology. One of the driving forces, huge driving forces is the arrival of the baby boomer generation, where it's changing resident's expectations, meaning that baby boomers and their families expect and demand more and better communication.

So when a resident is being admitted in one of our communities, they wanted to get informed for every single step of their either recovery process or their coordination of care. That requires culture changes. Culture change management was hugely important for our staff and for us, and we invested a lot in culture change. During the implementation of health information exchange, we learned how important it is to have a link between hospitals and different providers, such as labs and radiology providers and our community. We learned so much and we became so much more efficient because of that.

The other factor is quality of care and resident safety. When a resident moves to long-term community, the expectation is to have zero medical related errors simply because people are in the community and they have direct contact with the Medical Director or Medical Doctor every single day. It – the health information exchange and the implementation of health records was hugely important in that effort. We are currently looking into implementation of Telehealth and Telemedicine, simply because the new generation of people are expecting to stay at home and age at home. So we are trying to adapt our services to that behavior.

Administrative efficiency and effectiveness, it's very important for non-profit sector as for for-profit sector, of course, and it's provided us better understanding how we can improve our process and workflow internally. We are experiencing the going green and initiative because we are lead certified community, so we have pressure from residents and they're keeping us on tip of toes trying to lower our storage expenses and going green. As I said before, we are looking to expand our business model to include aging at home and care coordination due to that. We're looking to partner with accountable care organization and also participate in Bundled Payments Initiative by CMS. Next slide, please.

Long-term care is very specific because it offers continuum of care, meaning that people coming to the independent living units then go to higher level of care and that's very different from hospitals. Therefore, our units are smaller and our teams are smaller. The units, I'm taking about skilled nursing units and assisted living units are mostly run by caregivers and LPNs. We have one or two; it really depends on the size of the unit, registered nurse on the floor. So we discovered that the implementation of the electronic health records and the health information exchange strongly depends on the technical education of these lower level positions. Residents stay longer and some live there, so they're expectancy for customer care is very different from the hospitals. The main – one of the main problems that we are facing is the cognitive impairment, so we are training heavily the all the nursing and caregiving staff on how to deal with cognitive impaired people.

We looked into hiring a health informatics specialist; however, the only person that we could find was the one with a master's degree. Unfortunately, we discovered that small units and – are not challenging enough for them, they want to work in hospital settings and also, on the other side, we cannot afford to hire a health informatics specialist with a master's degree because of the cost, it's not good return of investment for us. So, we looked into the Montgomery College HIT Pro and discovered that it does not really fit our needs. Next slide, please.

So we – looking at the ba – the competency needs for our staff, we are facing a lack of IT skills, especially with more seasoned workers. Meaning that our people that – on the caregiver level are in the mid of their 40s and so that age and also the – most of them they come from different countries, most of them they work multiple jobs; we need to train them constantly on basic IT skills. The knowledge of electronic health records, the concept of it, it's strange to them, so we invest a lot on electronic health records training and meaning what is – how that will improve their daily effectiveness and how that will improve the benefits for our residents and for us as an organization. They are trying to be a liaison between the clinical teams and IT, simply because the IT does not understand well the clinical aspect and these people have to explain what their needs are from the IT.

So as I said, we spend a lot of time training GNAs and CNAs. And one of the ways we found effective implementation is building interdisciplinary teams with dining, with housekeeping, with maintenance. Meaning that they as CNAs and GNAs, they work in collaboration with different aspects of teams with dining, for example, it's nutrition. So the data that they input into the electronic health records is connected to the dining specifics. Also, we work with housekeeping and maintenance simply to include them in the training and to supplement sometimes the needs of the GNAs and the CNAs.

We invest heavily in training for dementia and Alzheimer's. We work together with Alzheimer's Association, so they send people to train, but also we have mandatory monthly trainings where we include all staff, not only CNAs and GNAs and clinical staff, but all staff into cognitive impairment. We are looking to learn more about care coordination, simply because we want to integrate all levels of people – residents in the medical assessments. So when we admit people to the independent living, at the current time we don't do good assessment of their health needs, so sometimes the family members are not aware of the situation of their loved ones and we are training our social workers and our resident services people on medical and health assessments. Next slide, please.

The specific competencies for GNAs and CNAs are part of the basic computer skills are understanding of coding. We find difficult to train our CNAs and GNAs in simple terms like meal sizes, each of them find it's different. So we are trying to establish some kind of a standardized training and going to conferences with our LeadingAge, that's the name of the association of the non-profits long-term care, we find that across all CCRCs that it's – the coding it's a huge problem. So then, when the CNAs and GNAs do not code in the ADL charting correctly, then there's a problem with further assessments and further charting.

As I mentioned, dementia training is huge. We are constantly retraining and training and now with the health information exchange, we are – and with electronic charting, we are training GNAs and CNAs on security and privacy of health records. Many of this – they have a part of dementia training in the GNA and CNA certification, but there is not a lot of the security and privacy in there. Next slide, please.

I just wanted to mention that, it's not in the presentation, that we are trying to implement the health information exchange in our other two communities and luckily the CRISP, which is Maryland Health Information Exchange was contracted to do a health information exchange in DC. So we are in the process of implementing the health information exchange there, but we have issues with Virginia health information exchange because it's not – we don't have good communication with and good understanding what is the status of it. Our EHR vendor it's called Answers on Demand and we were really happy to work with them, but also realized how difficult it is for long-term care electronic health records to include in their EHR data, like CCDs, for example, which just became standardized, so not many electronic health record systems are ready for health information exchange. I guess that's it. I'll answer any questions.

Elizabeth Royal – Senior Policy Coordinator – SEIU

This is Liz Royal I have a question.

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

Um hmm.

Elizabeth Royal – Senior Policy Coordinator – SEIU

What is – so, what sort of – how did you prepare your training or did you sort of – did you take a training that already existed or how did you sort of think about what training would be necessary to really get folks to work in an interdisciplinary team and to be able to be trained and then retrained on the technology?

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

We are using our own training that's evolved from experience, I guess.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Um hmm.

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

And in a search for training materials, we actually used the training materials from our EHR vendor.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Um hmm.

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

They have been implementing their electronic health records systems across the United States and we have had huge help from them. However, in the implementation of electronic health records, we were stalled simply because of many reasons that the previous presenter mentioned, lack of time, lack of incentives, so instead of hiring an outside health informatics, we promoted a person who was doing MDSs internally and who was heavily involved in the care plan training and implementation. We promoted her to continue working on the EHR implementation.

Roger Holloway, MHA – Executive Director, Rural Health Resource Services – Northern Illinois University

This is Roger Holloway I have a question.

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

Um hmm.

Roger Holloway, MHA – Executive Director, Rural Health Resource Services – Northern Illinois University

Was there any interest from the acute care facilities in expansion of their electronic health records back to your facilities where it might offset readmission process going on within – between your facility and acute care facilities in the area.

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

Yes, we actually collaborate with Shady Grove Hospital, but also part of the – one of the main topics of the grant was reducing the re-hospitalization in 30 days. And we were very successful with health information exchange, but partially had to do some work manually. We – their system, it's not really compatible with our system, so we had to go through a – we used state-designated organization, MSO named – to help us with that process. And during the implementation of the grant, we found CRISP changing their direction from not – at the beginning of the grant, they said they would push the labs and rads into our EHR –

Roger Holloway, MHA – Executive Director, Rural Health Resource Services – Northern Illinois University

Um hmm.

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

– so they changed the direction and we had to work with – to establish a community partner connector, which is middle man that actually gets the data from the hospitals, from labs, from rad providers and then pushes it to us in a form of CCD, which is a continuing care document.

Roger Holloway, MHA – Executive Director, Rural Health Resource Services – Northern Illinois University

Very good. Thank you.

Larry Wolf – Health IT Strategist – Kindred Healthcare

This is Larry, I wonder if you could speak a little bit about – so you have a very broad range of individuals in the CCRC.

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

Um hmm.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Are you using the EHR just in the nursing center or is it used throughout the campus in various ways.

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

We are trying to use it in the campus in various ways, simply because sometimes the individual from the independent living goes to hospital and they didn't want to go to our skilled nursing unit, they want to recover at home. So, we're getting the data from the hospitals and save them in the – our system. However, there is a glitch because they're treatin – we don't have a treating relationship with their doctor, so we are finding ourselves in a position to sign all kinds of documents simply because we are keeping their medical records in our system and we don't have, as a community, as a facility, treating relationship with them. But I think that training residents and educating them, they find it very beneficial for them and as we're trying to coordinate care and improve their health, if we use medical records in our system.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, so I guess continuing down that path, is there some kind of patient or resident access that they can have to the information for themselves, or if they want to either review the information or possibly update information, is that anything that your supporting?

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

Not at this time, we submitted an extension for the grant to the State of Maryland, where we actually collaborated with a personal health information – health records company –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right.

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

– that would enable that. We didn't receive a grant, so at this point in time it's stalled, but yes, there is a possibility and we are looking to implement that in the future.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, you mentioned that in the transitions of care and looking to reduce readmissions that you had some information was electronic but there were some manual things as well.

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

Um hmm.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Could you speak about which things seem to work well electronically and where you use manual activities to supplement it?

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

Demographics was very easy to use, but any data such as labs and radiology results, we are still finishing up the process of – we are completing the interface. And that data was not coming into our EHR however, we all – some of our clinical staff, like Director of Nursing or the Wellness Clinic Director, they have access to CRISP's portal, so they can download the labs and rads directly from there and not wait for faxes to arrive or for call to arrive. We found electronic notification, encounter notification system very helpful –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Um hmm.

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

– simply because our residents sometimes do not tell us that they go to the hospital or the emergency – the EH – the emergency departments simply receive – they go to the emergency centers and we don't know they're going there. And after a few days, they're coming to our door looking for skilled nursing beds, so – and we are completely unprepared for them. So that was a huge improvement for us, for the residents and their family members.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I guess that's part of good news/bad news, right. If they're in independent living, they have some health crisis and they seek their own care, when they come back needing skilled care for a period of time, they may just be assuming you know what's happening, but clearly –

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

Right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– without some specific notification, yeah.

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

Right and that was happening very often so now with ENS, we are fully aware of who's going to the hospital and what is happening with the person there.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Thank you. Any other questions from the workgroup? Well I'd like to thank you for taking the time. I think the situation you're describing of having mostly CNAs, GNAs as staff on the nursing unit and having to leverage their skill set rather than having a – the deep resources that an acute care hospital might have, or even a large medical practice might have, I think really highlights the broad needs that are there to make these systems really effective. Thank you very much.

Dusanka Delovska-Trajkova – Chief Information Officer – Westminster Ingleside Retirement Communities

You're welcome and thank you for having me on the discussion.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I think we're ready for our next topic – Patricia do you want to –

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

So –

Larry Wolf – Health IT Strategist – Kindred Healthcare

– go ahead.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Yeah, I was just going to do some preliminary for Patricia because I think she has done so much work, been a big fan of the work that Patricia has been doing not only under the Community College Consortia, but continuing to really leverage very deep, but wide state and regional national resources to really get behind workforce development. So I'm really excited to hear from her about what they've done in her state around just health IT industry, because it seems like we certainly do need these kind of resources in every state. So thanks, Patricia.

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

Thank you, Norma and back at you in a big way. And thanks to all of you for a chance to say a little bit about what one of our health IT workforce development initiatives at Bellevue College looks like now. This one is standing up State Health IT Industry Education Council. Are we going to go to the slides? Yeah, thanks. Great, just in time for the next slide, thank you.

I wanted to say too, it's really neat to be having the floor for just a moment on the day when Molly Manion and her colleagues are presenting to us. Because there could be no finer example of a collaboration between an educational institution and health IT workforce development and another entity, in this case, a federal agency of course, US Department of Veterans Affairs. It was unbelievably collaborative and educational for us, I just can't say enough about the work that they do, and how much we learned from them and how grateful we are for that incredible participation from VA Medical employees. It was unbelievable.

I know you've heard me say this before, but because they're on the line, it really bears repeating. When we developed that Health IT 101 class, it was opened up to all veteran medical employees, anybody, anybody at all, anyone at any level. And in the first few hours that registration was open, when the West Coast hadn't even awakened yet, a thousand people signed up and a thousand people were wait-listed for that online class – 8-week online class and that was only because our system maxed out.

We don't even have a sense of how many others would have signed up; get this, on their own time with no compensation. I don't think there's any higher way to praise VA Medical employees, so fantastic. And would that every collaboration were exactly like that. The ONC and other federal and state agencies have made really considerable investments. We've talked about some of them within this workgroup in health IT workforce development that in part brings education and industry together. Norma Morganti's work in Cleveland, and certainly Bill's at OHSU is perfect examples of that. Next slide, please.

Originally coming from industry, this was my picture of what education looks like and the idea that everybody was around the campfire and singing the same song. I assumed that the full spectrum of education was a sweet group hug. Next slide, please.

After jumping in to education, however, I found that the reality has many, many sides to it, often fraught with competitiveness, definitely, and forward unified motion is really heavy going. I don't believe that this is unique to my state, the great State of Washington, and I've certainly worked with many other states across the country, Bill and Norma, be sure and call me out if your state works in perfect, unified motion. Okay, hearing no objections, next slide, please.

Health IT employers, on the other side, really are concentrating on just wanting to – education to get their act together and produce the workforce that they need to move forward and to keep production going and in many cases, produce profits. I mean, overall they have advisory committee fatigue and they're frustrated at the results that often come at the speed of education. Next slide, please.

As part of the work at Bellevue College that the ONC funded through the American Recovery Reinvestment Act, and now with the support of the Department of Labor, we've established a Washington Health IT Industry Education Council to create efficiencies in workforce production within the state. And it's a very low to the ground idea, bring people to the table, they get along better. It brings high-level representation from all parts of education, from K-12 to post-doc programs in the state on one side. And then on the other side of the table is leadership from state chapters of health IT related associations and organizations, such as HIMSS, AHIMA, let's see State Hospital Association, the State Medical Association, MGA, those are a few examples. The goal, of course, is to cut short that distance between industry and education and really to agree on some 360 priorities, just so there's less wheel spinning, especially on the part of education. Next slide, please.

The Governor of – the Governor's Office in our state really likes this idea because it lines up with eliminating duplication and waste and promotes economic development. And what Governor doesn't hold those elements to heart. Our Governor appointed our State Health IT Coordinator, who is also the Director of our Health Policy – Director of Health Policy for the state, as our convener. And in this slide, that really puts him in the driver's seat of the helicopter. I'm not suggesting that this is an easy job, but certainly work worth doing. Next slide, please.

The Department of Labor has funded us to support replication of the Health IT Industry Education Council in other interested states. We're just getting under way in the last about 7 months, but we are now working with four additional states and while we don't have dollars to deal out to other states, we can provide resources, primary among those are consultation by our convener and his State Agency and the educators on our side of the table. And the other really valuable aspect, as long as we have federal funding to support this effort is, we can encourage and really routinize connectivity from state-to-state if multiple councils are established. Next slide, please.

Our State Health IT Coordinator sent a letter to all of his peer Health IT Coordinators in all the other states to let them key into this. We were very active at HIMSS, talking with some – at some state meetings and we'd really love to see as many states as possible grow some council legs over the next 2 years, while we still have the ability to provide some support. Right now, we have a little start-up kit, a brochure, the primer and the worksheet and that's kind of you – if there's a glimmer, this would provide some very practical information. But I think the real benefit of the federal support that we are receiving now is that ability to walk them through, hold hands and talk them through this.

So just in closing, if this is an idea that you think industry that you are in contact with or states that you live or work in would be interested in, we'd really like to talk to them while we have the juice, we'd like to get in touch with them. So, that's it. Any questions please let me know and if not, of course you know where to find me, I'd love to hear from you. Thanks Larry and Norma.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, Patricia, you mentioned some materials at the end.

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

Yes.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Were those sent out to the workgroup or could they be sent out to the workgroup?

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

Absolutely. Yes.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– be doing something –

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Patricia, this – sorry Larry, go ahead –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Go ahead.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

– and then I'll follow –

Larry Wolf – Health IT Strategist – Kindred Healthcare

No, go ahead

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Okay, I was going to ask Patricia, I know that you also are reaching back into secondary education –

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

Um hmm.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

What has been the biggest challenge with working with the whole system from K through 16 or PK through 16? And then, also then coordinating that with employer expectations. And I know that this is a huge undertaking, not only in your state, but any insight onto what's working there?

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

Yeah, we've been really fortunate in our state because we stipulated very high-level representation. So we have presidents, for instance, of the associations – the professional associations, we have the Director of Health Sciences at our Office of K12 education, Superintendent of Education in the state. So we have people there that have really wide-view and the ability to go back and make things happen. So we don't have a lot of that too granular a discussion and we're – and as any – almost any group that comes together that thinks that they can't get along, we have found so much commonality that it's just been – it's been very, very helpful in our state.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Do you think you've gotten to a point where, and I know that we've all been advocating for more around apprenticeships or internships and a lot of times just the state work really is probably a better place to incubate some of that. Any more work around that in your state through the Council.

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

Yes, in fact we are working now on linking veterans to the health IT apprenticeship and that, of course, requires employers to commit. So we have a Veterans Military Transition Council in our state, it's the first in the nation, but as I understand, it's going to be replicated in almost every military intensive state. And there's a great opportunity for people coming out of – returning military, especially from Iraq and Afghanistan, who are technology heavy, but not technology focused in health IT, to move into this profession. So our state Health IT Industry Education Council has been just very central to that effort and it's such a great thing to be able to kind of come together with representation like that and talk through the "what if" scenarios. So yeah, I think – it's – the only snag that we've hit is it's really hard to schedule meetings, but other than that, we're doing good work. Thanks.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Thank you and thanks Larry for letting me ask the question.

Larry Wolf – Health IT Strategist – Kindred Healthcare

No, go ahead, I was really going to comment on how hard it is to get broad-based groups together like you've been doing Patricia, so, it's doubly wonderful, not just what you're doing, but that it has moved ahead so well.

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

Yeah well, fingers crossed. Thanks again.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Any other questions from the workgroup, I know a couple of people had to leave early. Okay, are we ready to open up for public comment or are there any other things the workgroup should be talking about?

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Larry, its Norma, I was just going to ask Chitra, and I know Michelle Dougherty had to drop off, but any new news on the SOC code?

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

I have not heard anything more from the Bureau of Labor Statistics.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Okay, so still silence, just checking. Thanks so much.

Public Comment

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

So otherwise, it sounds like we're ready to open up. Operator can you please open the lines? Sorry.

Rebecca Armendariz – Project Coordinator – Altarum Institute

If you would like to make a public comment and you are listening via your computer speakers, please dial 1-877-705-2976 and press *1. Or if you're listening via your telephone, you may press *1 at this time to be entered into the queue. We have no comment at this time.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well I'd like to thank the workgroup members, all of our presenters today, ONC staff, in particular Chitra Mohla, who's been just terrific in pulling these presentations together. It's really good both to see the need that's out there and to see sort of the reality of what people are doing to make their organizations work well. It's been a really good day here. Thank you.