

**HIT Policy Committee
Certification & Adoption Workgroup
Workforce Development Subgroup
Transcript
February 28, 2014**

Presentation

Operator

All lines are bridged with the public.

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 and it's their Workforce Subgroup meeting. This is a public call and there will be time for 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.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Hi.

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

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.

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

Hi.

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

Hi Norma. Bill Hersh? Chitra 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. Don Gull? Elizabeth Royal? Jennifer Pirtle?

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

Here.

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

Did I say your last name correctly?

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

Yes.

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

Okay, thank you. JoAnn Klinedinst? Joe Heyman?

Joe Heyman, MD – Whittier IPA

Here.

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

Hi Joe.

Joe Heyman, MD – Whittier IPA

Hi.

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

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.

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

Hello.

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

Nancy Brooks? Patricia Dombrowski? Roger Holloway? Samantha Burch? Steve Waldren?

Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians

Here.

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

Susan Fenton? Hi Susan or was that Steve?

Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians

Correct.

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

With that I'll turn it back to you Norma and Larry.

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

And Larry did you want –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So –

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

Yeah, I was going to say, go ahead Larry.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Go ahead Norma.

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

No, no, no please, please do start.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Well, so welcome everybody I'm just back from a few days at HIMSS, I'm sure others were there as well; it was a pretty full week. We've got some – a pretty good agenda for today and next week we'll be talking with the bigger Certification and Adoption Workgroup. So, a lot going on. Norma, anything else you want to say?

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

Yeah, as a matter of fact Larry I did want to recognize that we had added a few folks to round out the Workforce Group here and we have a new member joining us from the US Department of Labor, Jennifer Pirtle and Jennifer could you just share a little bit about yourself with the rest of the Working Group?

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

Sure, this is Jennifer Pirtle; Norma mentioned I'm with the Department of Labor, the Employment and Training Administration. I work in the Office of Workforce Investment and I have some experience with healthcare occupations in working on the virtual career network which is healthcare related.

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

Oh, fabulous, so lots of information to bring from that experience.

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

I hope so.

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

Okay, wonderful. And then Larry if you don't mind, I certainly – is Jamie Parker on the line?

Jamie Parker – Associate Director, Health Information Technology – ESAC, Inc.

I am Norma, I'm here.

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

Oh, wonderful. So, Larry, if you don't mind since I had the pleasure of sitting in on many of these calls with the eWorking Group I'd be happy to introduce Jamie Parker, she is our first presentation today and certainly based upon some of our previous calls where we were talking about competencies and the necessary knowledge skills and abilities for the new work of health informatics, Health IT, we thought that this Working Group and actually Michelle and Susan also participate, maybe I think Patricia has been on those calls. So, there are some on this Working Group that are very actively involved in this.

So, we think that it is a great model and some additional information that should be shared with this Working Group and rolled up into our larger perspective. So, if there is nothing else I guess we'll turn it over to Jamie to start the presentation since we have a full agenda today.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

That's great, thanks for bringing her in.

Jamie Parker – Associate Director, Health Information Technology – ESAC, Inc.

All right, well thanks for inviting us to present our work to this group. We are excited, we are excited always to talk about the work that we've done and I certainly hope that I do the Workgroup proud by sharing with you all the accomplishments that we've made going forward. So, we're going to talk today about sort of our Transatlantic Model for Health IT and Workforce Development and sort of how that all came to be.

My name is Jamie Parker and I work as the Project Manager for that particular initiative under the S&I Framework under the Office of the National Coordinator. So, you can find our information on the S&I Framework wiki pages. Next slide, please.

So, just a quick agenda, I have about 15 minutes to present and 5 minutes for questions. So, we'll talk a little bit about the background of this project just sort of level set where we are and what we're doing and why it may align with the work that you're doing and maybe slightly different. Then we'll talk a little bit about our step-by-step methodology and how we have achieved what we have achieved to date.

So, we've come up with sort of a method to apply to this work and then if anybody is interested in how to get involved or contribute to the work that we're currently doing, it is an open and publically funded initiative and we're excited to have anybody and everybody who is willing to participate. Next slide.

So, the work that we're doing through the Workforce Development Workgroup started as part of the Memorandum of Understanding that was signed in 2010 between the European Union or the European Commission and the US Department of Health and Human Services.

And so, back in 2010 this Memorandum of Understanding was signed and the goal of the memorandum was really to have more effective use of eHealth and Health IT to be able to strengthen sort of that international relationship and to support global cooperation.

So, the Memorandum of Understanding was written pretty broadly and from there, next slide, we took a look at the vision and, you know, sort of the vision here was to support an innovative and collaborative community of public and private sector entities working toward the shared objective of developing, deploying and using eHealth science and technology to empower individuals, support care, improve clinical outcomes, enhance patient safety and improve the health of populations.

So, that was the overall goal of this work and so from that Memorandum of Understanding and sort of the vision that was presented a roadmap was delivered and developing the roadmap or sort of the milestones that needed to be achieved to help ensure that vision came to be, if you go to the next slide, it quickly resulted in the fact that we probably needed to break this work into two separate entities or two separate Workgroups, one for interoperability and then one for Workforce Development, because we understood that the interoperability only works if you have an environment where there are people who are able to deploy and implement the interoperability solutions.

So, the work that we have been doing in the Workforce Development Workgroup is specific to that piece of the vision and of the Memorandum of Understanding and the roadmap. So, our overall objectives were to be able to identify the approaches to achieving our common goals and for getting a robust supply of highly proficient eHealth and Health IT professionals and ensuring healthcare, public health and allied professional workforces have the eSkills needed to make optimum use of their available eHealth and Health IT.

So, sort of being able to do this not just from the perspective of the US and the US Workforce but to be able to do it from a much more global perspective between the US Workforce and the EU Workforce and so we needed to figure out a way to do that. So, we built a community that consists of members of the EU, members of the US to kind of come together and figure out how we could actually make this happen. Next slide.

And so we came up with sort of a way in which we could do this and we broke it into sort of three steps. So, the first thing that we needed to do is we needed to do a competency analysis, which I'm sure you all have done several times over and are very familiar with this.

Then we needed to be able to identify curriculum based on our competency analysis or where curriculum was lacking and then come to sort of an agreement on the common standards and common, you know, competencies that were needed to say that we were speaking the same or educating the same, or getting the same Health IT Workforce if you were in say France or if you were in the US. So, that was the third phase of our program, you'll see highlighted in purple we are still in phase one but we are on the 5th step of phase one of the work that we're doing.

So, if you go to the next slide we'll talk specifically about the phases of this approach. So, the first thing that we needed to do with the Workgroup and we felt it was really imperative is to make sure that we were in agreement both on the side of the EU and the US on what we could do and what we could deliver and what we thought were achievable goals while we have lots and lots, and lots of goals we wanted to like start out with a success.

So, we came up with a scope statement that the entire community agreed upon and our scope was to create strategies for the development of proficient Health IT Workforce and assuring health care, public health and allied professional workforces have the technology skills needed to enhance their professional experience and performance with the eHealth Health IT.

So, we put together a wiki page, we came up with a scope, we had the group vote on the scope, everybody agreed that this was the scope of our work which laid the foundation of what we were going to do. From there we went ahead, next slide, and developed some goals and while there are lots of things we could do and a lot of things that we probably should do we were really careful to make sure that our goals were achievable within the timeframe we were given.

And so we just came up with a set of goals, I won't read these here, but we do have a set of goals that was also agreed upon, but we really did want to look at competencies, find sort of – you know, identify gaps in competencies, find any sort of learning materials and training that existed, educational opportunities that existed to make sure those competencies could happen and then to do a gap analysis where if we found shortcomings we were able to say "here are competencies that we know need to be in the Health IT Workforce but currently we can't find training or educational support for these types of competencies" so, that's all part of the plan. Next slide.

So, once we did that we moved into sort of step two and this was a big step for the group because we needed to identify a setting in which we could start looking at the Health IT Workforce and we could figure out the roles within that setting. So, we kind of went back and forth sort of whether or not we should be looking at competencies by roles, whether we should be building the bionic Health IT individual, don't call them anything, don't have a role just look if I could create the most perfect Health IT worker what would they look like?

So, we kind of went back and forth and sort of landed back on the let's look at a setting and look at some roles just to make things easier, because, as I'm sure you're all aware, this is a massive amount of work to sort of consolidate.

And so we solicited the community and asked them for what they thought were good settings and we asked them to give us things that – settings they thought were stable, ones that didn't vary too much from the EU and the US and then ones where we thought there was a decent amount of Health IT in both the EU and the US.

And what came out of all of that, and I think we had about 30 submissions, and the one that bubbled up to the top was the acute care setting, we felt that setting was probably most commonly practiced in both the US and the EU. I mean, we did look at medical homes, we did look at pharmacies but there is quite a bit of difference in the way in which those settings are practiced in the EU and in the US.

So, we picked acute care which was quite a large task, to be honest I was hoping we were going to pick a little bit smaller group and go from there, but we picked the largest one and so far we haven't looked back. So, if you go to the next slide and then go ahead and go to the next one.

So, once we identified our setting we needed to look at roles and so we had a group of individuals within our community pull together roles from AHIMA, we pulled together roles from the European Commission and we sort of took these medical roles and looked at all of the medical roles and picked the ones out that we believe best fit into the acute care setting and validated those roles within the community.

So, we said, while there may be a list of 460 health care roles only 130 of them apply to acute care and what we did is we said "okay, this is what it's called in the US, this is what it's called in the EU" and where we had differences we created definitions so we could semantically equate those roles. Next slide.

Once we did the roles we realized we needed to categorize the roles and this is where Susan and Michelle were really helpful in kind of directing us in sort of how to categorize roles. So, we came up with these domains and we said a role would fit into either one of five domains direct patient care, administration, engineering, informatics or research and obviously there are some roles that are sort of hybrid roles that go across domains and we have picked those and we'll deal with those later.

We said that they need to be in a clinical or non-clinical setting and that the skill levels are basic, intermediate, advanced and expert. So, we went ahead and applied, the screen shot is a little hard to see, but we went ahead and applied those categorizations to each role within the acute care setting in both the EU and the US. Next slide. I don't know if it's my system but I think I see it still spinning? Are you all seeing the next slide?

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

I think you –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Describe the slide –

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

No, I think you need to refresh your screen.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

What slide do you want to be on?

Jamie Parker – Associate Director, Health Information Technology – ESAC, Inc.

Okay.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

What we're seeing is step four categorized skills and competencies, collecting competencies from 10 different sources.

Jamie Parker – Associate Director, Health Information Technology – ESAC, Inc.

Okay, so then let me just go ahead and pull up on my end the presentation so that I can just deliver it that way. Okay, so then what we had to do is our next step was to go ahead and start collecting competencies and so what we did is we collected competencies, our community submitted them to us, we did we research for them, we collected competencies from both the EU and the US and we came up with nine, we're now at 10 different silos of competencies and you can see them all listed on this slide.

And what we did from there is we said, okay now that we've got a list of competencies we're going to need to go ahead and apply that same categorization to the list of competencies and so we did the same thing, we categorized competencies in the domain setting and skill level, and so I think we came up – we have somewhere – we're almost close to 3000 competencies that we've looked at across these 10 silos from the EU and the US of competencies, if you go to the next slide.

And what we did is basically created this sort of model where we have 40 different buckets and those 40 different buckets are the five domains, the two settings and the four skill levels, and we said, okay for each one of these we're going to go ahead and populate them, we're going to map roles to competencies and that's what we've done. If you go ahead and go to the next slide.

So, that's what we did, we categorized our roles, we categorized our competencies and now we're in the process of mapping our roles to competencies. So the first test that we did is we mapped the direct patient care clinical intermediate setting to the direct patient care clinical roles, we've mapped those and we've come up with a pretty comprehensive list of Health IT skills and we're in the process of cleaning that list up and making sure it's as consolidated as possible so that anybody who wanted to use that list could do that, if you go to the next slide.

I just have a sampling mapping, I also have the site or a link to our Google documents so you can go ahead, anybody can go in and look at the work that we've done to date and see where we are and what we're working on. And we encourage anybody and everybody to take a look at our work and the good part about how we've done this and the methodology we've applied is, you know, a couple of weeks ago NHS England had asked us to sort of, you know, apply our methodology to some of the work that they've been doing to see if it worked and so we took some of the stuff from their national occupational standards list put it into a silo, put the categorization on it and now we have that part categorized.

So, we can really do this, you know, if you didn't want to do an acute care setting let's say you wanted to do, you know, a patient centered medical homes, you could say, okay, patient centered medical homes apply the same categorization to the roles within that and map that back into our competency database. So, this is what we've been working on, if you go to the next slide.

And this is really what we've completed. So, we've picked our setting, we've identified our roles, we've identified – we've got our competencies, we've identified the categorization of roles and competencies, we've made the initial assignment for direct patient care clinical intermediate and we're in the process of refining those skills.

So, we will continue to do that for sort of every single one of our domains and settings and skill levels and then we will take that information and start looking, with the help of AHIMA, at some of the training that exists within the US and then within the work of some of the group in the UK looking at what exists in the UK and in the EU to train for the EU Workforce. Next slide.

This is how you can get involved, I won't spend too much time on this but certainly we do have a wiki page and you can certainly e-mail me, my e-mail address is at the beginning of this presentation and it's all over this wiki page so please feel free to e-mail me if you are interested in the work we've done and I think we've got about, what, 5 minutes for questions or so?

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

Jamie, thank you.

Jamie Parker – Associate Director, Health Information Technology – ESAC, Inc.

Oh, you're welcome.

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

You've done a tremendous amount of work and I just know that Susanne and Michelle have really been on those calls faithfully and I think there is just so much that we can glean from the work that you've done here as far as being able to connect the dots for these current incumbent workers but also, you know, future opportunities for us to continue to categorize and look at these knowledge skills and abilities, but certainly Larry I want to turn it back over so if we have any other questions from our Workgroup.

Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians

This is Steve Waldren I do have a question.

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

Go ahead.

Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians

So, I agree with the comment about the value of this work I think it's something that definitely needs to be done. I like how the idea that you thought about a particular setting and then kind of categorized those but one question I have is, are these tied to kind of what services or capabilities that particular setting needs to have? So, for example, are they tied to, you know, the notion of population health or discharging a patient from an ICU or – at that level or is it not?

Jamie Parker – Associate Director, Health Information Technology – ESAC, Inc.

So, when we looked at the domains we had sought some input on those domains, we had originally had it just as the clinical, non-clinical setting and then we got a lot of pushback that said that's too broad you need to sort of categorize these a little bit better.

So, then we had them categorized I think in three different domains and then the group pushed back more and said that's still too broad, we still want to – and we did talk about is this just acute care and so when we – we broadened it even from acute care which is why you'll see things like research in there because while we realized that acute care may not be so research focused at some point in time when we started adding new settings, because that's our goal is we'll continue to add settings to this methodology we've developed, we would come across very quickly settings that were more research focused.

So, we tried to be as broad as we could in the five domains we picked and so we hoped that would cover most of the Health IT, we realized that we probably hit the 80/20 rule there but we figure there probably will be room for improvement as we look at this but we tried our best to pick as broad as we could across multiple types of settings. Does that answer your question, Steve?

Steven E. Waldren, MD, MS – Healthcare IT Strategist & Physician Informaticist – American Academy of Family Physicians

Yeah, it does. I think one thing I was thinking was that if there were competencies and skills in that set to like transitioning a patient from one care setting to another that as you think about it going into the ambulatory space or patient, or medical home those same type of capabilities and services that need to be provided are common across, so you can start to categorize, say, okay, well this is the chunk that I need to look at and make sure it's complete for this, but thanks.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Hi it's Larry, let me jump in here –

Jamie Parker – Associate Director, Health Information Technology – ESAC, Inc.

I should say very quickly that we did come up with a group of baseline skills that the community worked on and those baseline skills we think are sort of the most necessary skills for anybody in Health IT irrespective of your role or setting and we put that out, we put that together based on what we collected from all the different silos and we voted on that as a community and the community has approved that level of baseline skills.

So, we know that no matter what setting you're in, no matter what domain you're in and no matter what your role is you will – there is a certain skill level in Health IT that would be expected from that and we've also done – that has been done and voted on and I should have mentioned that earlier.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

This is Larry, can you guys hear me?

Jamie Parker – Associate Director, Health Information Technology – ESAC, Inc.

I can.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay, good. So, this looks like really, really great work. We took a – soaked our toes in this water and said “hey, this is a fulltime job” so it looks like it's been taken on as a fulltime job which is terrific.

Looking at the domains that you had and – well, actually I want to go back to the comment about settings. There has been a big push in the last couple of years focusing on information following the patient as a healthcare setting to care setting and I do think it would sort of be an interesting crosscheck if you looked at what is involved for the transitions of care, how do we do care coordination and sort of think about that as not a setting but sort of a connection between settings and it might be an interesting way to sort of crosscheck to make sure you've got good coverage, I'm assuming you will, but it would be interesting to think about the setting, the different setting if you will even though it's, you know, connecting settings. Does that make sense what I'm talking about?

Jamie Parker – Associate Director, Health Information Technology – ESAC, Inc.

Yes that does make sense and thank you for bringing that up because I think we know within sort of this methodology that there is a few flaws in it and so, you know, one of them is those hybrid roles where they don't – I mean, they cross domains and we also have recognized that there is going to be hybrid settings where some of these roles cross different types of settings and how we sort of map competencies for those and so we have sort of that list going and the thoughts on how to work on that.

So, thank you for bringing that up because that is another area where we know we'll have to spend a little more time and probably even tweak the methodology even further to get specifics in those particular areas.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay. And that's sort of a self-serving question for the Workgroup and sort of the upcoming request from the Department of Labor for input on the next cycle of Standard Occupational Codes. We decided the place to focus on was looking to add some kind of health informatics classification to put into the US Standard Occupational Code Set. Can you comment on that? Is that something that has come up in your discussions with EU, do they have classifications that we should be considering as reference as we start to prepare to respond to the Department of Labor or do you already know – on what makes up informatics, excuse me, you know, the intersection of informatics competencies that maybe we should reference in our work?

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

Larry, we're losing you a little bit.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Sorry, about that. So, my simple question – so the simple question I think is the Workgroup has looked at informatics as an area where we want to extend the US Standard Occupational Codes and if you've already filled in a lot of information about what goes in that domain that might be really helpful to us as we provide comment to the Department of Labor. Is that any better?

Jamie Parker – Associate Director, Health Information Technology – ESAC, Inc.

So, Larry, this is Jamie, so if I'm hearing you correctly are you asking if we've taken a look at that and sort of what the cross intersection is between the US and the EU in terms of Standard Occupational Codes?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, yes, so this is the – so our sense was that there wasn't a good Standard Occupational Code to cover informatics, there is a narrowly defined nursing informatics one but that was it as I recall.

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

So, I think Michelle is on the call, Michelle is probably better – can answer this better.

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

Sure, you know, and I was going to jump in just with a – just to point out, that I do think there is actually alignment to support a recommendation when you look at the domains of the categorized roles, the roles had to fit into five areas direct patient care, admin/management/legal, then engineering and information systems, then informatics was a domain and then research.

And so in that informatics domain then you see those roles that would fall in there and that should be consistent with helping to show different countries, different associations here this joint group is identifying informatics roles or occupations, or jobs very clearly and distinctly from others that are under that Health IT umbrella. So, I think it goes to help support and maybe a good reference point.

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

Jamie, this is Norma, I have a question for you on the future work. When you research existing Health IT curriculum will you also be looking at EU curricula and how distinct –

Jamie Parker – Associate Director, Health Information Technology – ESAC, Inc.

Yes.

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

Okay, go ahead.

Jamie Parker – Associate Director, Health Information Technology – ESAC, Inc.

We have to look at both because sort of our Memorandum of Understanding and our goals and objectives for the group we have to look at both sides and so we've had a lot of push and pull with the community again between formal education, training, what constitutes training, what if you're sort of an old-timer and you've been in the system, you know, this forever and there was no Health IT training and now you're not considered health – so we've had lots of discussions about this. The EU is particularly focused on that.

So, we know that as soon as we get there from the US side I think we'll have an easier time culling the information from the EU side. We've got a couple of contacts that we'll be working with to try and pull together what currently exists over there, but that is really the goal is for them to come to us with here is some of the stuff we've got. But they don't, as far as I know, have a source like AHIMA that's EU centric so we're still kind of working on that, but that is the next pretty big step that we'll need to take with this work.

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

Fabulous, thank you.

Jamie Parker – Associate Director, Health Information Technology – ESAC, Inc.

And if you go to the next slide it has all of the contact information for who at the ONC or who is on the project management team for this, so you've got our e-mail addresses as well for anybody who is interested and wants more information or would like a presentation, or anything like that about this work.

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

Larry, we didn't lose you did we?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

No I'm still here.

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

I just wanted to check, because you sounded like you might be breaking up, so –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Well, it sounds like that's the story for today. No this looks like really good work that we can build on for our Occupational Standards, Standard Occupational Codes; I was just looking to see if there were some things we could directly pull in before we talked to the Certification and Adoption Workgroup next week.

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

Larry, this is Michelle Dougherty, the work that they've done in mapping roles to competencies I think is very significant whether it is part of formal education or incumbent worker training and it seems like we were circling around a lot of those issues early on in the Workgroup and they've done so much work there to help identify those domains and competencies that, you know, somehow I think we should be able to leverage it or at least create awareness of it for building blocks for the next steps.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Great, thanks.

Jamie Parker – Associate Director, Health Information Technology – ESAC, Inc.

And all of this is posted on our wiki and you can go and see all of our Google docs so you can see all of the silos and the competencies that came from those silos then you can go to the direct patient care clinical intermediate workbook, you can go in there, you can see the roles in acute care that map to that, then you can go to the competency tab you can see all the competencies, you can go to the baseline tab see all the baseline and then you can see our work.

We are very – everything is transparent, everything is available to the public so you're all welcome to go in and take a look, make – you all have read only privileges, but make suggestions, we can make changes, you know, we're just in the very first of our 40 buckets we need to do. So, we're happy for any suggestions you all have.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Great, so should we move onto our next agenda item or are there some other questions from the Workgroup? Let's move on.

Jamie Parker – Associate Director, Health Information Technology – ESAC, Inc.

Thank you for letting us present.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

You're welcome.

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

So, Larry, did you – this is Norma, did you – and Chitra, I don't know that either Larry or I have any information for Corinne Eldridge, but did you want to just mention a little bit about Corinne?

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

So, Corinne are you on?

Corinne Eldridge – Executive Director – California Long-Term Care Education Center (CLTCEC)

I am, Chitra, I'm here.

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

Welcome, Corinne, I'm so happy you could join us. Perhaps you can give a little update on what you've been working on before you start your presentation?

Corinne Eldridge – Executive Director – California Long-Term Care Education Center (CLTCEC)

Sure, so thank you for having me, I appreciate the opportunity. My name is Corinne Eldridge and I'm the Executive Director of the California Long-Term Education Center. Through the presentation I am actually going to go through the purpose of our organization and the work that we do. So, if you want I can just transition into the presentation because I think that will give a full scope of the work that then leads into the Health IT portion for direct care workers.

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

Yes, please, this is Norma; I think that would be great.

Corinne Eldridge – Executive Director – California Long-Term Care Education Center (CLTCEC)

Great, so if you could go to the next slide please. So, the California Long-Term Care Education Center also called CLTCEC we're dedicated to providing educational opportunities as tools of empowerment for long-term care workers to build better lives, provide quality care and meet and invest in the critical needs of the long-term care workforce.

I'm sure some of you are aware, but the predictions for the shortages in the direct care workforce are that by 2020 there will be approximately 1.6 million new positions and that's nationally. So we're really trying to figure out, you know, in terms of the investment and the critical needs how we continue to do our work for both empowerment and education for direct care workers and in this case when I say direct care workers it's predominately personal care assistants and I know every state has a different name for what we call these workers and in California we call these IHSS workers, so In Home Supportive Services workers. Next slide, please.

So, the education center is attached to and was created by SEIU Local ULTCW, United Long-Term Care Workers Union, and ULTCW is the second largest SEIU Local in the nation representing 180,000 IHSS and nursing home workers in California.

CLTCEC is a Non-Profit and again we're supported through some funding from ULTCW and we provide educational opportunities for long-term care workers. The education center is the largest training of IHSS, again that's personal care assistants, serving approximately 5000 workers per year. Next slide, please.

My graphic isn't showing up but it was some pillars. So, the three pillars of our work are community colleges work, so relationships that we have with community colleges. We have a training and trust fund which is specifically for nursing home workers and then we were awarded a healthcare innovation award which is our CMMI Grant and I'll go through details on each of those three pillars. Next slide, please.

So, community college partnerships, I'm going to focus specifically on Los Angeles because in California, you know, we're a very large state and Los Angeles itself is a quite large county. So in Los Angeles the union represents 130,000 IHSS workers and we currently have a partnership with Los Angeles Community College where we serve over 2500 students annually on ESL, VESL, IHSS, there should be only one "s" there, IHSS classes and computer skills and without a doubt the class that fills up most rapidly they are the computer skills classes.

So, we've really been trying to figure out how we are able to grow our strategy with other community colleges not just in LA County but throughout the state so that way we can really move this level of education on scale to the members that the union serves. Next slide, please.

Then we have our training and trust fund and this training and trust fund is for nursing home members whose employers participate in the training and trust fund, and so it's a Taft-Hartley Trust, these dollars are used for training these members, there are 18 contributing employers and for 2014 we're offering 13 classes which again are computer skills, ESL and GED prep, as well as a CNA, Certified Nurse Assistant Cohort.

And again, for this group of people and this fund is specifically for nursing home workers, the computer skills classes are always the ones that fill up the quickest. So, again, we're trying to figure out how do we meet this demand. Next slide, please.

Our CMMI Grant, we've been focusing a lot on this work, it was – we're very proud to have received this award. In 2012 we received the healthcare innovation award for 11.8 million dollars, it's the care team integration of the home-based workforce which really meets the Triple Aim of better care, improving health and lowering cost and we're about half way through our grant with the end date of June 30, 2015. Next slide, please.

So, the project partners are the education center, we are the lead agency, it's our responsibility for all of the goals and the overall project administration and management as well as to carry out training. We have multiple partner agencies and are currently operating in three counties within California Contra Costa County, Los Angeles County and San Bernadino County.

The partner agencies range from the labor unions that represent the IHSS workers in the different counties, the departments of aging and health services, UCSF is our evaluation partner and then also the health plans and/or medical groups that serve the population in each of the counties. Next slide, please.

So, the project itself, the care team integration of the home-based workforce, the positive the grant is that we are training 6000 IHSS consumer provider pairs over a 3 year period where the provider is integrated into the consumer's integrated care team.

So, the goal is that we would reduce emergency room visits by 23%, reduce nursing home stays by 10% and achieve a combined savings of 25 million dollars between Medicaid and Medicare. Next slide, please.

So, the intervention on better care, so the training, this is a 17 week class, approximately 62.5 hours of in class training, it requires that there are attendance policies, there are core competencies and through these training the curriculum would enhance the care that the consumer receives and the providers will learn to be a monitor, a coach, a navigator and a care aide as well as the core competencies which are in a later slide.

The integration piece is what I would say is most interesting as we are all moving towards managed care systems. So, the integration piece requires that IHSS workers receive this training and as part of the training it's really the elevated role of being a participant on the integrated care team.

So, the IHSS worker takes on this role and then is incorporated into the integrated care team which differs depending on what the model of care is for each health plan and/or medical group and so this is really the area of innovation where the role of the personal care aide is not just to be providing these services to the individual who needs the services but is really taking on this new role with the health plans with these medical groups.

And this is a consumer's choice, so participation is based on whether or not the person receiving care wants their provider to get this 17 week training as well as have the choice to have their provider participate in the integrated care team. Next slide, please.

So, the core competencies that we're teaching through these trainings, in terms of soft skills, are coaching being a navigator, communication and dressing and undressing which is very important for that of a PHCA.

The hard skills are CPR and first aid, some pieces which are related to clinical hand washing, body mechanics, care of teeth, communication, monitor and care aide, as well as five additional core competencies that are still in development. Next slide, please.

So, I wanted to get a little bit into the details of the actual composition of what an IHSS worker is so that way everybody has an understanding of who we're talking about. So, these statistics themselves are just for Los Angeles County. So, in Los Angeles County there are 130,000 IHSS workers. We do our training in five different languages English, Spanish, Armenian, both Cantonese and Mandarin Chinese, as well as Korean. And when we look at the average IHSS worker we're talking about people who are predominately women roughly around 50 years old, have a literacy level of 6th grade and live in poverty. Next slide, please.

When we've looked at the need for IT training, computer training and we've done some basic surveys with the individuals who come to our classes, we've found that less than 50% have either regular on line access, smart phone access or computer access and in particular with this group of people even if you have a smart phone we do find that there are a lot of turnover with telephone lines based on the ability to pay for those regular monthly payments as well as there are less than 50% feel relatively confident with their skill to use or access technology.

And what I've already said in some other slides is clearly the most popular classes that we have for our training and trust fund and our community college partnerships are these computer skills classes and these computer skills classes range in the skills that the individuals come out with and really at the end of these classes we want the individuals to feel comfortable with using a computer with basic skills that we're all so familiar with about turning on a computer, about accessing the Internet and getting an e-mail address, which seems like, you know, these are things that most people in this world are doing but with this population of workers there really is a level of disconnect. Next slide, please.

So, training for the future, in thinking about the needs for this population, again, I'm just going to talk about California a little bit here. We really need to figure out what educational access on scale looks like. In the State of California itself there are approximately 420,000 IHSS workers, there is a shortage on the horizon. There are multiple papers out that show that the personal care workforce is growing faster than any other workforce across the nation. There are projections that by 2020 there will be a 70% growth in the personal care workforce.

Continuing to professionalize the IHSS workforce, how do we figure out, again, this gap in the computer skills and access, and also preparing CNAs for the electronic medical records with the computer skills, again, how do we provide these resources for certified nurse assistants so that way the nursing homes have the skills in their homes that allow for this level of skill and allow for this level of professionalization. Next slide, please.

So, some ideas that we have about programs to address these emerging needs are somehow to figure out how we are able to continue our CMMI training and get to scale in California. So the CMMI Grant allows for the training of 6000 individuals and again I've said that in California there are 423,000 IHSS workers with a projection of an increase of 70% between now and 2020. So, there are a lot of workers who don't have this access to number one professionalize, get the soft and hard skills and then what is this missing component about Health IT.

So, if there was a way to attach computer labs and specific computer skill training to either our CMMI classes or figure out some way to access, for these individuals, to access Health IT training just so they have a skill set that can then be incorporated into the health plan or medical group in which they are integrated, those are really key pieces for the success of this workforce.

We're also looking again at expanding access to community college offerings in terms of access and scale of these computer skill classes as well as seeing what we can do to work with the community colleges to adopt our CMMI curriculum.

We've also been having internal conversations and have been looking for opportunities to do some sort of smart phone pilot project through grant funding where we would build on the work that we've been doing in our CMMI Grant, the Healthcare Innovation Award, where we have a subset of home care workers who have access to and smart phones in their hands, the physical phones, and do a curricula which is very specific to creating this skill set among this workforce and this key piece of integration so that way in the work that we're doing with the enhanced role of the IHSS worker with the medical groups and health plans so that way there is a benefit and a direct line of information attached to the health of the person that they care for. Next slide, please.

So, I know I went through a lot and went through very quickly and it certainly is different information that the last presenter talked about, but I hope I've been able to really talk about the direct care workforce and really focus on California and some of the work that we're doing here and some ideas of how we can bridge some of these gaps. I'd be happy to take a few questions if we have time for that. Thank you.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, Corinne, it's Larry, I wanted to thank you for the presentation. It sounds like you're doing just a phenomenal amount of work there. I especially appreciate the comments about there being 50% of the people taking the classes that have no routine access to systems that most of us take for granted so that's sort of a reminder that we don't take it for granted.

But, I'm really thinking about terms of an on-the-job or supporting the job work. The work you're talking about with smart phones and I think even use of Apps that might be job related or healthcare related, any thoughts about that in terms of the direction that you're looking at?

Corinne Eldridge – Executive Director – California Long-Term Care Education Center (CLTCEC)

Thank you. So, these folks in particular, IHSS workers, in California they're independent providers and so the direction that we've been looking towards is figuring out an opportunity to continue our partnerships with health plans and/or medical groups so that way we could really do a specific focus where there was a specific application that relates to the skills that we're teaching in our CMMI Grant.

And then a way to really deal with this integration, intervention so that way the IHSS worker could do some things related to monitoring, you know, let's say that the individual they look after has several chronic conditions and they now know how to monitor diabetic levels or sugar levels or, you know, certain things related to health.

Then how can we partner with these medical groups so that way there is a skill building on the technology side in either development of an App that integrates with the technology side of what the medical group does and then having a benefit in terms of what the real monitoring level is for the health of the consumer. Does that get to your question?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes, yeah it does. So, I had lost that these were independent providers that they're not part of a larger organization.

Corinne Eldridge – Executive Director – California Long-Term Care Education Center (CLTCEC)

Yes, correct.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, that's very helpful. And I guess the other piece is I'm hearing that where you're going is really sort of at the intersection of clinical and technology is how to have them both be more helpful to the care process overall and then have them tied in with technology – providers.

Corinne Eldridge – Executive Director – California Long-Term Care Education Center (CLTCEC)

Yeah, that I would agree with you. I think that is where we are headed but we are not there yet. So, with our CMMI Grant we're working with medical groups and health plans on what integration really means on this enhanced role of an IHSS worker.

In most cases there is a telephone line, you know, a hot line to call in and do a level of reporting, a very small number of them have an actual portal, you know, a website to make observations and then with this idea of doing a pilot project, you know, with smart phones and applications that has actually not materialized yet and that's absolutely a direction that we would like to be able to move forward in.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Thank you.

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

This is Michelle Dougherty, just a related question or clarification, are you seeing any interest from the health plans or the delivery systems in having these independent home workers helping to support any sensors, personal devices or, you know, some type of telehealth monitoring as part of their competency and training beyond like the cell phone Apps, you know, types of things that you mentioned already?

Corinne Eldridge – Executive Director – California Long-Term Care Education Center (CLTCEC)

Thank you. We have honestly not got that far yet. So, with the work that we're doing right now in the CMMI Grant we're really trying to figure out what all of these pieces are and again what integration means for each medical group and health plan.

Certainly phone lines and hot lines come up as the most readily accessible way to do reporting of health information so it's on I would say the cusp there and is more easily accessible than these greater IT needs related to applications and/or smart phone.

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

Okay, great, thank you.

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

This is Norma and again thank you so much for this presentation. I have a follow-up question and Michelle that was one great question I was thinking the same thing. And Corinne, I was wondering as far as your work then with the community colleges it seems as though you may be tapping into their ability to support the computer skills portion of that.

Is there any integration of these competencies with their existing curriculum as folks come into their workforce development side and their other training programs, have they updated and integrated these new competencies into their existing curriculum so that you're not – that the pipeline now is getting to use these skill sets?

Corinne Eldridge – Executive Director – California Long-Term Care Education Center (CLTCEC)

Yeah, that's a great question thank you for asking it. We are actively working with the community colleges so that way they can take on these new skill sets and integrate them into their community colleges. We are just at the beginning phases of doing that. I'm sure every state has different models of how their community colleges work but with a county as large as Los Angeles we have 18 separate community colleges in Los Angeles and, you know, each one to a certain extent operates independently.

So, we're really trying to figure out, you know, how do we move this great work that we think we've been doing on the healthcare innovation award side and move that through the community colleges and then how do we then add on this IT piece, because it's a resource question, you know, computers and then we can figure out the curriculum but actually having, you know, computers for people to come and take these trainings on is really, you know, something that we need to grapple with.

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

Absolutely, thank you for that answer, I appreciate that.

Corinne Eldridge – Executive Director – California Long-Term Care Education Center (CLTCEC)

Sure. Well, it might be there aren't any more questions. So, thank you so much for the opportunity to present to this group. My e-mail is on this last slide and if anybody has any questions either now or at a later date feel free to reach out and again thank you for the opportunity to present to this group.

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

Thank you. So, I think we have – Larry, we have one more presentation. We have a very full agenda today. And I don't know if we're ready for Matt Swain to give us an update?

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

Matt is on but Mat Kendall is here with me too and I'd like him to introduce this topic as well.

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

Wonderful, hello, Mat.

Mat Kendall, MPH – Director, Office of Provider Adoption Support (OPAS) - Office of the National Coordinator for Health Information Technology

Hey, guys, how you all doing?

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

Wonderful.

Mat Kendall, MPH – Director, Office of Provider Adoption Support (OPAS) - Office of the National Coordinator for Health Information Technology

Good, well we've got a great presentation that Matt Swain is going to give for you today and I just wanted to give you guys some general contextualization about the findings that we're going to discuss and how they sort of relate to our broader perspective of what we're doing with workforce here at ONC. I think the report that you're going to hear about really is a good summary about the initial HITECH investments that we made but it really is just the initial investments and there is certainly more to come.

I mean, I think if you look at some of the findings that we're going to be talking about the great work that we started with the HITECH money a lot of our colleges are going to continue doing that both in the UBT and the workforce program, in the community college program we're really actively looking at how we can support those folks as they go ahead. We're also seeing that people were very satisfied with the data, the participants enjoyed it. So, we think this is really exciting.

And a couple of takeaways that we're seeing is that, you know, it really did show – the reports illustrate that the students who were in the programs really did get jobs as a result of the programs. More students were employed in both the UBT and the community college program six months after graduating than they were at graduating and that's very important to us.

Likewise, we're seeing that the students that participated in the program were able to get better jobs. I mean, I think the UBT Program illustrates about 20% of the people were able to get a promotion, 33% of the folks were able to get higher paying jobs, I think those are right but Matt can go over those details with you guys. So, we're very excited about that.

But then finally, I think, one of the key messages for us is that we are just at the beginning of a major change in the healthcare field. In the last, you know, five years we've seen tremendous increases in not only the Meaningful Use of Health IT but new payment programs and there is a continuous need for us to figure out ways in which we can work with other folks to continue getting this information out there.

Clearly, you know, the curriculum that we've been developing has been downloaded tens of thousands of times. What we're finding is a lot of our graduates are going into jobs and they're becoming trainers on the job because there are just a lot of people who want knowledge.

So, this is very important to us and I think this is something that we're really committed to doing and looking at ways that we can partner with our other federal programs to be able to monitor this more closely but begin to support it. And with that I'm going to hand it over to Matt who can maybe go through the official presentation and share with you guys some of the exciting stuff that we saw. Matt, you want to take it away?

Matthew Swain, MPH – Office of Economic Analysis, Evaluation and Modeling - Office of the National Coordinator for Health Information Technology

Sure, great, thanks, Mat, happy Friday everyone and thank you all for having me back. Next slide, please. So, today I'm going to walk through the workforce programs final evaluation report. I'm very excited that we're now at this point. I've been working on this project for four years overseeing NORC at the University of Chicago.

Most of this information was presented to you back in the fall so I'm going to move pretty quickly through these slides. If you want me to slow down or want to stay on a slide a bit longer just let me know we can also take some questions at the end.

So, I'm going to walk through some of the key findings from the evaluation and then go program by program from some of those key findings and then look at some crosscutting findings and some lessons learned. Next slide, please.

So, just a quick background, ONC funded NORC at the University of Chicago to conduct an independent program evaluation of these four workforce programs. The contract started in March of 2010 and just recently ended. Next slide, please.

So, the evaluation was organized in these three different research questions, the first focusing on the process, second focusing on the outcome and the third focusing on effectiveness which we define through employment in Health IT.

To answer these questions we conducted 13 surveys in total, numerous site visits to community colleges and universities. We also had focus groups with students with faculty. We had interviews with program administrators and employers, a very comprehensive mixed methods evaluation in sum. Next slide, please.

So the structure of the final evaluation report is as follows; the report is hopefully coming out in March, we're working through some internal processes to make the report 508 compliant and Internet ready, but the final report has been delivered so I'm going to share with you some of those key results.

Each of the program specific chapters in this report covers all three research questions, in the case of university and community college programs and focuses on the first two research questions of process and outcomes for the other two programs. There are also key lessons from each of the programs and some crosscutting findings. Next slide, please.

So, often times in my role here at ONC I'm asked to distill lessons into one slide and key findings into one slide so this is my attempt. As you can see here, as Mat mentioned, we trained tens of thousands of students across the two programs. These students were more likely to have a job after the program than they were before the program.

You can see that 2/3 of students in both programs had a job in Health IT. For the community college program I wanted to note a strong caveat that in the first two rounds of the survey we only asked students whether or not they're employed in Health IT and we're finding that the numbers were hovering between 30 and 40%.

And we realized through the qualitative work that this wasn't capturing all the duties and responsibilities that these students had out in the work field. If you're a nurse and you're now working in an electronic health record system or are training your fellow clinicians on how to use the CDS you may not consider yourself working in Health IT even though you are working with health information technologies.

So, we asked a follow-up question which is represented in this 68% briefcase in the middle of the slide, where we asked the students whether or not they had Health IT related responsibilities in addition to whether or not they were employed in Health IT.

As you can see the curriculum was downloaded tens of thousands of times, as Mat mentioned, during the period of performance and I know that the curriculum is still out there for free download for users, faculty and students to get. And the HITPro exam was administered over 9500 times during the period of performance of the grant.

So, these facts focus on the second and third research questions, outcomes and effectiveness looking at students finding work in Health IT. But the report goes into a lot more detail on the context. The processes that grantees used, what employers are looking for, some of the lessons learned, some of the challenges, how did some of these grantees overcome the challenges that kept bubbling up. So, I encourage you all to review the report when it is release, I'm sure Chitra will alert you all. So, we can move onto the next slide.

And this is just a map of where the students trained across both the university and community college programs and as you can see there are 6 states that had more than 1000 students training within those states.

So, now I'm going to jump into some of the program specific findings starting with the university-based training. Next slide please. In this program the students experienced high levels of satisfaction and a couple of different measures, I included two of them on the slide, just overall satisfaction and whether or not they would recommend the program to other individuals.

And a common theme that NORC found in this program, as well as in the community college program, that students really wanted a more practical experience specifically working with electronic health records. So, even though they were generally satisfied they felt the program could have been improved with more hands on experience. Next slide, please.

I'm not going to spend too much time on this slide, I included it for reference, it has how each of the universities faired in training students. Next slide, please.

Going back to employment, so as Mat was mentioning, students were more likely to be employed six months after the program ended and they also found better jobs and this is demonstrated through this slide where over 1/3 received a salary increase, that another 1/3 received a new title and then 1/5 of these students in total received a promotion. And as Mat mentioned there are many ancillary benefits as well where over half of these students were training other co-workers with Health IT related skills. Next slide, please.

So, this slide covers the perceptions of employers and similar to the students perceptions employers expressed that the practical experience was a key criterion for selecting potential candidates and they were also interested in other skills such as decision making, problem solving and soft skills. Next slide, please.

And many employers indicated that the field is rapidly evolving as Mat alluded to including domains such as technology, delivery, payment. So, the programs and curriculum need to constantly be updated to keep pace with this rapidly evolving field. Next slide, please.

So, now I'm going to jump into the Community College Consortia Program. There were also high levels of satisfaction with this program not quite as high with the UBT Program some students felt that 6 months wasn't enough time for the training to be adequately delivered. Students also wanted more hands on real world experience working with electronic health records and other health information technologies.

An interesting finding from this is that students with healthcare backgrounds found the course work to be more challenging especially the IT course work but those with IT backgrounds found a more difficult time breaking into the healthcare marketplace. Next slide, please.

This slide focuses on some of the findings from the qualitative work. The flexibility afforded to the grantees was a critical element in their ability to launch this program. Many of the colleges changed the roles that ONC had initially asked the colleges to train in and this is great because they were able to adapt the roles to their local workforce market needs.

Some schools found that some of the students were not sufficiently prepared for the level of rigor that these programs involved. Some successful strategies to mitigate those were requiring applicants to have a pre-assessment test, implementing and vetting component with the application process and holding in person interviews with the students beforehand. They also wanted the workload to be more appropriate, the students did, for the length of the program so that was another key finding from the qualitative work.

Moving onto the next slide I won't spend too much time on it, it's just how many students successfully completed or withdrew or failed from each of the five consortia that were funded under this program.

Moving onto the next slide, as I mentioned during the executive summary slide we asked a follow-up question on whether or not these students had Health IT related responsibilities, if you look at the lower bar, which accounts for the total on the first and second survey, you could have an apples to apples comparison of those students that reported that they just worked in Health IT. Next slide, please.

And these are some key findings from employment, I'm not going to spend too much time on this slide because it's pretty similar to what the employers were saying about the university programs. They did suggest for the community college students to have a central repository to help connect them with potential candidates for some jobs that they may have opening up. Moving onto the next slide.

I'm now going to jump into the curriculum and development centers. The common consensus among the faculty and the program administrators were that the materials helped the programs provide a foundation for students to build upon throughout their careers.

There were some concerns which are listed on this slide, but overall the colleges were very happy to receive the materials and many noted that they would not be able to implement the program in such a short timeframe without these curriculum materials. Next slide, please.

This slide includes some information on the different aspects of the curriculum materials. As you can see some colleges raised concern about the quality of the materials especially in the early site visits which was likely due to the very short development time that the curriculum centers had available to prepare the materials, but the colleges did notice improvements in the curriculum as version 2 and version 3 of the curriculum were released. Next slide, please.

We conducted a faculty survey midway through the program, as you can see from this slide 94% of the faculty found the materials to be useful with more than half finding them very useful and then ¾ perceived that the colleges – perceived that the students that they taught were also satisfied with the materials. Next slide, please.

So, I'm going to jump into the competency exam. The exams administered were much lower than expected which the developers of the exam attributed to the low points listed on the slide. There was a large spike towards the end of the grant period.

There was a lot of communication around that this was the last opportunity for students to take the exam for free which may be the reason that this spike occurred, but still employers were largely unaware of the exam which may limit its utility of having it as exponential for potential exam takers.

And then finally I'm going to walk through some crosscutting findings. I'm not going to really read off this slide, but it's important to note that from the start open communication and clear strategic direction is needed when launching these types of programs allowing the grantees flexibility to implement their program in a way that is suited towards their local market is a great asset for launching these types of programs.

And then forging solid connections with employers is extremely important. This is, as Mat alluded to, the world of healthcare continues to rapidly change and if you're not plugged into how the employers are seeing the gaps that they have on their staff in regards to health information technology as well as using the technology to improve health care, health outcomes and efficiency then, you know, the students may end up being left behind.

And then finally, Mat mentioned that a lot of these programs are sustainable. I think in sum there are over 60 of the original community colleges and all 9 of the universities are continuing training.

So, the evaluation is through, it covers the four years of the period performance of the HITECH funded workforce programs, but there is still a lot of work and a lot of opportunity to continue with workforce development training in health information technology.

On the next slide I have my contact information and contact information of the principle investigator for the study, Kristina Lowell, from NORC. I'm happy now to answer any questions you may have and you can reach out to me any time if you have any additional questions.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS - Vice President, Professional Development - Health Information Management and Systems Society

Matt, JoAnn Klinedinst from HIMSS, thank you for this update it was very informative. I wondered if you had statistics on the competency exam pass/fail rate. I note that a number, you know, 9500 is very impressive, but what was the pass rate?

Matthew Swain, MPH – Office of Economic Analysis, Evaluation and Modeling - Office of the National Coordinator for Health Information Technology

I think it's included in the report, I don't know it off hand.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS - Vice President, Professional Development - Health Information Management and Systems Society

Okay.

Matthew Swain, MPH – Office of Economic Analysis, Evaluation and Modeling - Office of the National Coordinator for Health Information Technology

Chitra do you know?

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

I think 9500 is the number that actually passed, but I'd have to confirm that.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS - Vice President, Professional Development - Health Information Management and Systems Society

Okay. Okay and then –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

This is Larry, I agree that would actually be a really good statistic to put on your everything on one slide view. How many people took the exam and how many people passed.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS - Vice President, Professional Development - Health Information Management and Systems Society

Yeah, that's a very important indicator, you know, and across the number of exams that there were. Larry, this is JoAnn Klinedinst, I have another question, should we take others from the audience and come back to me or may I ask a second question?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Why don't you keep going.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS - Vice President, Professional Development - Health Information Management and Systems Society

Okay, great, thanks. Matt you also talked about both a university-based training perspective, community college perspective, as well as employer perspective. These three areas indicated the need for hands on training and I'm wondering if you are aware of any of the programs that did provide hands on training and if so what that looked like?

Matthew Swain, MPH – Office of Economic Analysis, Evaluation and Modeling - Office of the National Coordinator for Health Information Technology

So, my understanding was there was a mixture of what types of hands on training, it's, you know, kind of a catch all term. There were many programs that had practicum elements for students to go work at a health center or work in a physician's office and so forth to get that hand's on training.

Some schools I believe had better success in working with an EHR vendor to provide more hands on training as part of the course work and then within the report we tried to break this down the best we could and I know looking at the community college program we did look at whether or not a practicum or internship was a requirement and to see how that faired on the students finishing, but unfortunately we didn't have outcome data for how many students ended up employed across the programs. But I know there are, you know, some folks on the program and Chitra can maybe speak a little bit more to this as well.

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

So, JoAnn you know the VA VistA was part of the training so that was a generic EHR that was part of the curriculum. But getting internships was a challenge. Some colleges did better than others. East Los Angeles, she was able to find internships for her students. So, it was very different across the country finding those internship opportunities. Norma do you want to comment on that?

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

Yeah, you know, I was going to mention also about the EHR labs and how many actually community colleges successfully did offer those types of opportunities for the students that came through their programs.

I think there was a disconnect between the value of that experience in the minds of maybe, you know, some of those in the acute care setting or others that were what we now say was on the burning platform of getting their systems up and running.

So, many times we felt as though the disconnect was between somebody looking for, you know, 3 years of Epic in a certain setting as opposed to wanting to take the time to onboard this wonderful pipeline of talent that was coming in from the community colleges and working in a very innovative space to structure internships and apprenticeships.

Now in Ohio actually we had one that was very successful with the Ohio Hospital Association where they connected their members to the community colleges but we had an on-boarding process with some staffing companies that helped do that, so they then provided this pool of community college Health IT grads and connected them with – and many times they were like critical access hospitals that didn't have the resources necessarily to do the implementation.

So, we had, in the Midwest Consortium, a lot of successful practicums or innovative internship opportunities like that. Certainly, I think if you talk to all the leads we would have loved to have had more of those opportunities and time to get those up and running because they took time, they took time.

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

So, JoAnn this is Chitra, is HIMSS planning on some kind of an EHR access?

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS - Vice President, Professional Development - Health Information Management and Systems Society

HIMSS is currently involved with a grant funded by the Department of Labor between Bellevue College and HIMSS for Veterans Career Services Initiatives and in that grant opportunity there is funding to establish an EHR sandbox, for lack of a better word, or an EHR lab and we currently have two software applications OpenEMR and VistA but we have capacity to expand more.

So, I was interested to know if others – if there was any information in the research findings perhaps what others were doing as well. Because we're finding that there are challenges with particular instructor needs. One facility has one type of need, another has facility has a second type of need and it's a challenge, but it is something that we are doing.

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

So, will this be only for the veterans or will it be open to other students as well?

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS - Vice President, Professional Development - Health Information Management and Systems Society

I have to pause and ask if Patricia Dombrowski is on the phone at this point?

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

She was not able to join.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS - Vice President, Professional Development - Health Information Management and Systems Society

Okay. This is a pilot program at this point right now and the – I would defer her to answer that question. I don't have the dates on when the pilot ends and then also the intent beyond the pilot. So, I'd prefer perhaps a follow-up with her and that may even be a good topic for presentation for a future meeting.

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

That's a good idea.

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

So, this is Norma, I just wanted to make a comment to Mat, Chitra and Matt, you know, having been on the inside with the community college program I will tell you still to this day I marvel at the fact that we got all the pieces up and running and functioning in a timeframe to produce those types of results for graduates and it's just an amazing model and I think that we learned a lot from participating in it that shows that you indeed can scale and just the notion that, you know, more coordination up front and we knew what the timelines were to get all the pieces off the ground, but still I think that all of the project officers and then the program and the grantees really did a yeoman's job of working together to get a lot done in a very short period of time. So, just my reflection after a lot of heavy lifting by folks on the ground.

Matthew Swain, MPH – Office of Economic Analysis, Evaluation and Modeling - Office of the National Coordinator for Health Information Technology

Yeah, I agree it was quite impressive.

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

And most colleges will continue and adapt to the changing Health IT landscape so that's good news as well.

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

Yeah, as a matter of fact, Chitra, I think it helped from our perspective at the community college arena to really tune into the notion of competencies and these evolving pieces because that's really what we had to do all together is really pay attention to what employers were looking for so we do that on a regular basis but being able then to stand up programs and change them flexibly and to adapt because we know that the whole notion of Health IT is going to be around flexibility and adapting to new technologies and new innovations. So, a good lesson to be learned here.

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

And as Larry has said we need a continuous learning environment and so I think these colleges will be offering that.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay, yeah, this is Larry, so following up on that if there are any head counts on the colleges that have continued with these programs that would also be a really useful addition to the – there was obviously priming the pump done with ONC funding. I know at least some of the programs only did it to the extent in which they got funding but it's really encouraging to hear that other places have continued. Norma does that get us through our agenda for today or do we have something else in the wings?

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

No, I think that actually gets us through the agenda unless there are any other questions or comments by our members?

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

This is Michelle, then are we ready to open up for public comment?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Reading my mind.

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

Larry, can we talk after the call?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes.

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

Thank you.

Matthew Swain, MPH – Office of Economic Analysis, Evaluation and Modeling - Office of the National Coordinator for Health Information Technology

And thank you for having me. I encourage you all to check on the report when it's released, it's quite long but there are manageable chunks and it's steeped in great data visualizations and a table full of rich information as different individuals want to continue the path to train these Health IT workers.

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

So, Matt, this is Michelle once the report is available can you please share it with Chitra so we can just distribute it to the entire Workgroup?

Matthew Swain, MPH – Office of Economic Analysis, Evaluation and Modeling - Office of the National Coordinator for Health Information Technology

Yeah, most definitely.

Public Comment

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

Okay, thank you. Operator can you 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 comment at this time.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Well I'd like to thank the Workgroup members and our guests today. We had some great presentations and we'll be up next week to do our presentation to the larger Workgroup so this is terrific, thanks again for everybody's effort.

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

Yeah, thank you everybody.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS - Vice President, Professional Development - Health Information Management and Systems Society

Thank you as well.

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

Thank you; have a nice weekend.