

**HIT Policy Committee
Certification/Adoption Workgroup
Subgroup: Health IT Workforce Development
Transcript
January 14, 2013**

MacKenzie Robertson – Office of the National Coordinator

Thank you. Good afternoon everybody, this is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Policy Committee's Certification and Adoption's subgroup on Health IT Workforce Development. This is a public call and there is time for public comment built into the agenda already. The call is also being recorded so please make sure you identify yourself when speaking. I'll now go through roll call. Scott White?

Scott White – 1199 SEIU Training & Employment Fund

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Scott. Larry Wolfe?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Larry. Patricia Dombrowski?

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

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Patricia. Michelle Dougherty? Don Gull? Samantha Halpert?

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

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Samantha. Bill Hersh?

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

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Bill. Joe Heyman? Deborah King? Norma Morganti?

Norma Morganti – Cuyahoga Community College

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Norma. Gretchen Tegethoff?

Gretchen Tegethoff – Athens Regional Health System – Vice President and Chief Information Officer

Present.

MacKenzie Robertson – Office of the National Coordinator

Thanks Gretchen. Steve Waldren?

Steven Waldren, MD, MS – American Academy of Family Physicians

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Steve. Nancy Brooks?

Nancy Brooks – U.S. Department of Education

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Nancy. Michelle Fox?

Michelle Fox – U.S. Department of Energy

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Michelle. Ed Salsberg? And Stuart Werner?

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

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Stuart. And any ONC staff members on the line please?

Chitra Mohla – Office of the National Coordinator

This is Chitra Mohla.

MacKenzie Robertson – Office of the National Coordinator

Great, thanks Chitra. Okay, I'll turn it back to you Scott and Larry.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Go ahead Larry.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay. So, welcome everybody. It's been a while, I hope everybody had a good break and we're ready to dive in to trying to make sense of all the good things that we've done and to set the stage a little bit with current events. So, I'm sure many of you saw the article in the *New York Times* last week, doing what they called a second look at health IT and a similar article in *Health Affairs* out of RAND, pointing out that just acquiring HIT is not enough to make a difference. And clearly, workforce is a huge piece of the missing ingredient of what does it really take to make these tools effective. So, as we look at what we're doing here, I think there really should be a sense of urgency to really communicate clearly, what it takes to be successful with using this technology, and how much of that is the human side of the story, the human capital, not just the information technology. So, with that, maybe we can jump in.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Agreed.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Let's go on to the next slide. So, creating a learning atmosphere for all levels of the workforce. This was intended to be sort of that overview of what we're trying to accomplish. So, let's see if this aligns with what folks think we're doing. Is there any discussion about this as our goal?

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

You know, this is Scott, one of the things that I think the first ONC had Dr. Blumenthal's – was that the – he wanted to create a learning environment, and I'm not sure what people knew about that. But it seems that we've taken that to its base level and so, just looking at it in terms of getting the workforce the requisite knowledge skills, the abilities and attitudes, seems to, coming back to Larry's original point about the *New York Times* article, seems to be the engine that could when it comes to the IT. So, I think that we've captured our positions on this and I'm curious to where the group is and does this reflect some of our conceptual conversations.

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

This is Bill Hersh. I think this looks great. I recommend a couple of tweaks. I mean, I think we're hopefully doing more than just creating an atmosphere. I'm almost thinking of something more like a framework that, you know, that to me atmosphere just kind of implies we're just going to sort of create this kind of nebulous thing as opposed to something like framework or a similar kind of word, would be more precise. And then the one other – I certainly agree that the patient centered medical home model is important, but in reality, that model has not yet penetrated healthcare quite...it certain...and not to say it's not important, but there's a lot of healthcare that is delivered that is not under the patient centered medical home model. I'm, I was going to maybe suggest kind of accountable care as an alternative, but even that is, hasn't been widely adopted.

Joe Heyman, MD – Whittier IPA

Actually, this is Joe Heyman. I would say that most healthcare does not, is not administered in either of those sorts of platforms and the rest of us are still using Health IT and we still need support. So, we shouldn't just reference those two models.

M

I would agree that we're moving in that direction.

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

I was just going to suggest that, you know, maybe just to not, just to take out the name, patient centered medical home, moving towards a healthcare system that delivers comprehensive, coordinated, patient centered, because I think all those things are important.

Steven Waldren, MD, MS – American Academy of Family Physicians

Yeah, that's what I was going to say, this is Steve, is if we changed patient-centered medical home model to care delivery ... or not care delivery because you have delivers there, but if you just call it just supports care, which delivers comprehensive. Because the PCMH is just your structural, the things at the end of the sentence are all your outcomes that you want and it doesn't matter what care delivery model is, PCMH, ACO or the next thing to come around, it's all about those outcomes.

Joe Heyman, MD – Whittier IPA

I agree.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

This is Scott. So, I heard a suggestion or a counter if you will, and I'll throw out there as well, removing...I mean, I think all care theoretically is patient centered. I think that technologies trying to...and the conversations at the Policy Committee level are trying to put that forth, so what if we removed medical home model and just support patient centered care.

M

That's fine.

M

Um hmm, yeah, that's fine.

M

Yeah, then you have the long list of specifics.

M

Sounds good.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay, Chitra, I'm assuming you're kind of taking notes on that one, but can you make it so?

Chitra Mohla – Office of the National Coordinator

Yes I am.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I've got a question about the title here. So, the phrase learning health system has been used as well and I'm wondering if that, in fact, belongs in our title here or it belongs somewhere on the slide? We've done a lot of discussion about teams and team care, and what the team members need. And not to cite that I'm completely driven by current events, but James Brent's presentation to PCAST a couple of weeks ago was a really forceful reminder of how we have failed to incorporate broadly into all of the clinical training programs what it really takes to use the IT in a way that creates a learning system, as opposed to just using it for care.

Joe Heyman, MD – Whittier IPA

This is Joe. I think that the title actually does not relate to what's listed underneath in a very direct way, and that maybe the title should be another bullet, if you're going to suggest that there be, however you want to say what you're trying to say in the title.

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

So, this is Bill. I agree the title is something different, and I'm a big supporter of the learning healthcare system, but I think we're talking about a kind of learning framework that's focused on the workforce in the title. If we change the word atmosphere to something along the lines, I suggested framework and not beholden to that word; but really what we want to do is kind of create a learning framework, for lack of a better term, that then the bullets get into. But, I think the learning health system is sort of in the same bucket as the medical home and accountable care organizations, something we all...I'm sure we all support, but is still a relatively modest part of the healthcare system as it now stands.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I'm fine with moving it into one of the bullets and I think you're right, I think the focus of what we're talking about is the framework of learning and educating for the workforce, so ...

Joe Heyman, MD – Whittier IPA

Also, this is Joe. The third bullet, traditional roles within a practice must adapt to this new model of care. I don't think we've stated what that new model of care is, because most of us have patient centered care anyway. So, since we've removed the patient centered medical home from the first bullet, I think we just need to say that traditional roles within a practice have to adapt to this new technology, which may require new or updated skills.

M

I like that.

M

Um hmm.

M

Any counter opinions or anybody in agreement.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, I like that, but I want to do – I want to make this adapt ... get us beyond the adapt, meaning I can use it to ... and the word that's in my mind is leverage, but I don't know if that's really the right word, adapt and leverage this new technology.

Joe Heyman, MD – Whittier IPA

That sounds fine to me.

M

I'm okay with that, too.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay, have we killed all of our high-level bullets?

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Any more comments to this page? If not, I guess we can move on to the next one.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay, let's go to the next slide. So, this was the original set of milestones, although this is, as you notice, there's no dates on any of these milestones, that's what we're looking to accomplish. The next couple of slides have some recommendations in them, so maybe what we should do is consider coming back to this at the end, to see if there's anything that we're not covering in our charge.

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

This is Stu Werner from ETA, I'd just like to think that perhaps since we have a couple of representatives on this group that have worked with the Labor Department to establish those electronic health record competencies for the workforce, that we might be able to incorporate that. As you may recall, this was an early presentation during this group's life.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So ...

Stuart Werner – Health Care Industry Lead, Office of Workforce Investment – US Department of Labor, Employment & Training Administration

This would be the second bullet, identify needed competencies, and I think we've done that.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, I agree and I'm wondering, in terms of structure, if the way to think about that is to have an appendix, which provides some of the information we got, and maybe a reference to the more detail.

Stuart Werner – Health Care Industry Lead, Office of Workforce Investment – US Department of Labor, Employment & Training Administration

That would work.

Scott White – 1199 SEIU Training & Employment Fund

I like that suggestion as well. Shall we move on to the next slide?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Sure. So, speaking of competencies ... so, it sounds like we're actually wanting to make some, a stronger statement than this, right. We actually have some specific competencies, I'm not speaking today, that we should incorporate or we should reference as a ... piece of this.

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

This is Patricia Dombrowski at Bellevue College. I'm taken by the scope of this recommendation, because incumbent workers of course, we're talking about incumbent workers across many parts of the sector so, I'm thinking that we probably need to – I think we need a little bit more discussion on this specific recommendation. I don't think we'd be able to identify and validate competencies that would apply in a major medical center as well as a critical access hospital as well as a physician practice or even a dentist's practice, for instance. So, I think this probably needs to be either broken down a little bit or expanded somewhat.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, what the slide is saying, I believe, is we're recommending that there should be identification and validation, I was maybe jumping a little too quickly trying to close the process here. And I think that breadth of recommendation is, in fact, what we're talking about and Patricia what maybe you're suggesting is a really broad charge and maybe the supporting commentary for this should be that there are a huge variety of care settings and that the solo practitioner setting, the very rural setting, the very high tech, you know, multispecialty medical center setting; that they all have different demands on their workforce.

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

Right. I think that level of specificity. And also, would this body consider the means by which that identification and validation might happen, for instance,

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

Yeah, you know actually, this is Bill Hersh. My ... is this something that the committee is sort of recommending that someone else do or recommending that we do. I mean, because I see this as a huge undertaking that, at least if I'm understanding what this is calling for, that a committee of volunteers that talks on the phone once a month and does a little bit of work in between. If the committee is charging itself with doing this, this is going to be a pretty substantial amount of work.

Scott White – 1199 SEIU Training & Employment Fund

Need another full time job?

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

Yeah, really. On top of the two or three we already have.

Scott White – 1199 SEIU Training & Employment Fund

Exactly. I was thinking as you were – just before you spoke about, you know, we're recommending to ONC that they should do this type of stuff, I think that's where we're coming from on this rec – and maybe there's a word or two missing that says, recommend that ONC identify the competencies, and then with a little recognition that there are so many areas that this touches into, that it's almost imp –. I don't want to say it in the recommendation, but it's almost impossible for the workgroup to kind of break it down to its minute deliverables.

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

Right, and especially ... well, we should really define what we mean by validation, but does that mean going out and asking employers and healthcare organizations and educators and a lot of other people what ... whether they're valid. So, there's some vagueness here.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

I mean, it seems to me that the vagueness is intentional because of what you said Bill, is that there are so many settings that we can't possibly touch on, so that – but it needs to be done to support the incumbent workers, not just those who are in the academic field as well. Kind of what I'm reading on it, or maybe it's a few words here or there that just need to be added and some understanding underneath.

Joe Heyman, MD – Whittier IPA

This is Joe. I just want to point out that in the original charge, the implementation plan from July 26th that you guys sent out about a week ago, in the first quarter, the first bullet is identify needed competencies for the healthcare workforce using health IT.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

And maybe the answer that we've come up with is that it's too broad of a charge and that we can't possibly list all the competencies for all the different venues that we're talking about.

Joe Heyman, MD – Whittier IPA

I would agree with that. I just wanted to point out the sort of inconsistency between what they've asked us to do and what we're coming back with. But yes, I would agree with you that it's very difficult for us to do that.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, at the risk of giving us more work to do, is there a set of key competencies or, I don't want to go as far as saying this is the minimum set that it would apply to everybody, but are there some specific things that have surfaced that we want to say. You know, in particular, these competencies need to be broadly addressed in the different care settings, as well as specific competencies needed, varying by care setting. I guess what I'm thinking about is, if you look at some of the work that like the folks in the Privacy Workgroup have done over the last several years, they've been pretty focused recommendations and, in a similar way, the members of that workgroup have day jobs, but their day jobs inform what they're bringing to the workgroup, and they haven't given a complete, this is the complete privacy security model you need, but they have addressed key things that need to be incorporated in policy broadly.

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

This is Michelle Dougherty ... lead. It may be easier to identify some competencies if we were able to break down, and I believe a lot of work that we've done to this degree, into some job families, and how do we roll out some of the competencies that we see that are similar across those families. I think that's one of the challenges I've found, when we talk about the workforce, is your competencies seem to break down by clusters of types of rolls that are played and by getting our arms around that, it may help us get started.

Norma Morganti – Cuyahoga Community College

This is Norma Morganti. I think that that approach could work here, Larry both what you said and Michelle, what had been added on through your comments, and that perhaps we just point to some critical competencies that we're seeing across the workforce. And again, from my reference, thinking about those providers and systems that are moving towards Meaningful Use Stage 2 and beyond. So, something will be better than nothing at this point, as far as some starting point for the competencies. And I always get a little bit nervous when we try to expand too large, because I do think that from the work at least that we've been involved with the Office of the National Coordinator, there is specific funding that has been put into place that all the other maybe working groups are focusing on supporting, too. So while I understand there's a lot of need out there, and it's very broad, I'm hoping that we can continue to be more focused in our approach to what we're talking about when we're talking about validation of competencies for the workforce.

Joe Heyman, MD – Whittier IPA

This is Joe Heyman. I'm on this advisory board for Bryan University – I don't know if Don Gull is on the call, but, I'm looking at their Applied Health Informatics program and, they say stuff at the end that a graduate will be able to, and then they list a bunch of stuff like: analyze, present and interpret health data in relationship to organizational business practices and provide decision support; evaluate healthcare organizations and determine process changes needed to achieve organizational goals and institutional excellence; evaluate and recommend healthcare technology solutions based on organizational need. Are those the kinds of ... and there are about four more bullets –are those the kinds of things we're talking about, a more general sort of thing or are we looking at very, very specific?

M

Well you know, I think Joe, that the challenge is that I suspect you can probably find a lot of degree programs – those are pretty kind of broad and they're not sort of specific to the job you have, it's just sort of like the ... if you probably look at the competencies of a physician coming out of medical school, they may not be able to sort of do all those things operationally once they specialize in an area. But, this is where we get to the sort of validation thing, in terms of how, what process is going to be used to validate all this.

Joe Heyman, MD – Whittier IPA

Well I'm just thinking if we have to be more specific than that, it really is very difficult for us as a workgroup to be able to do that – it's, we would have to list a whole bunch of occupations and then a whole bunch of competencies for each of those occupations.

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

Well, this is Michelle again. It does ... back to the career mapping tool that we had used to organize the HIM/HIT roles through our research, and it's the same tool that – Michelle Fox is on the line as well – that they were using within her agency and I'm wondering if that's something that would help us organize and be able roll up competencies, but also in a very nice, graphical way, represent types of roles that are in that job family.

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

This is Patricia Dombrowski at Bellevue again. I just wanted to make sure that I understand what we're charging ourselves with. This slide, this recommendation, I believe is, as someone mentioned before, all of us agreeing to recommend that this work be done, not how this work is done, but that this work be done. And, I'm the one that thought there needed, initially thought there needed to be more specificity, which I believe there does. But in terms of how that work is accomplished, I think that that's really maybe step two outside of today's agenda.

Norma Morganti – Cuyahoga Community College

But, this is Norma Morganti, I agree with Patricia's comments in that the recommendation, as we understand, is just that this process is important, that identification and validation how it would get done, it may be beyond the scope of what we're doing right now and should they come back to us and ask us for some models that could be part of additional work. But I think just the recommendation that this is something that's necessary, I feel comfortable with.

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

Yeah, and this is Bill. I think you hear the educators speaking up in unison on this, really recommending these things, because this is a lot of work. I mean, and a lot of us have done things like this for the specific segments of students that our different programs educate, which are different among us. But I think that recommending that this work be done is probably the first step, because actually rolling up our sleeves and doing all this is going to take a tremendous amount of time. And someone raised the analogy 'of the security committee, I'm not sure the security – I don't know, maybe I'm wrong, but, I mean, security, it's a big area, but it's a little more focused so, I too would advocate that we really make the recommendations that this work be done as a first step.

Scott White – 1199 SEIU Training & Employment Fund

So then, with our new understanding of this, are we okay with making this recommendation that there needs to be further steps beyond this and that we are identifying this as an important piece of the process?

W

Yup.

M

Um hmm.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Joe, you okay with that, too.

Joe Heyman, MD – Whittier IPA

Absolutely.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Okay. All right, so we can kind of put the note that we maybe have to come back to that at a later date. Chitra, you got all that?

Chitra Mohla – Office of the National Coordinator

Got it, thanks.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Can we move to the next one then, Larry, if that's okay with you?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

That's great.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

You got that Larry.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Okay, go ahead.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah, so, next recommendation that these competencies be widely disseminated to the following communities. So, this is sort of a recognition that we need to do outreach and communication broadly, because we're learning a lot of things, it's not clear that the folks out there who need to learn from us are learning a lot of things.

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

This is Patricia Dombrowski. I would suggest adding the K-12 system, not just higher education, because that way we're creating a pipeline opening career awareness up.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Interesting, I hadn't thought about that.

Scott White – 1199 SEIU Training & Employment Fund

I don't have a problem with that recommendation.

M

Yeah no, it sounds good.

W

I agree with that.

W

Um hmm.

Scott White – 1199 SEIU Training & Employment Fund

I agree – Chitra, can you add that please?

Chitra Mohla – Office of the National Coordinator

Yes.

Scott White – 1199 SEIU Training & Employment Fund

One of the things that we were talking about, Larry and I, was so we compile a lot of this information, but does it really get out there and do some good. So, that's ... was that charging I guess ONC with putting, you know, reaching out as opposed to just being a repository for information, so, I think we're – I'm okay with this one. Everybody else okay with this recommendation?

M

Um hmm.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I should let you know, I've suggested a couple of minor edits, maybe others want to chime in. We have a long list of organizations and associations here. The HCA I believe is supposed to be AHCA, American Health Care Association. I think we should at least add American Nursing Association as a group that's consistently at the Policy Committee saying, don't forget about nurses. And now I clearly am opening up the Pandora's Box of every ... in the world.

Joe Heyman, MD – Whittier IPA

Yeah, well then – this is Joe. I mean, let's not forget about doctors either.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Let's get AMA on the list.

Joe Heyman, MD – Whittier IPA

Exactly.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, with a sensitivity towards that ...

Scott White – 1199 SEIU Training & Employment Fund

What if we took out "such as?"

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Are there a couple of folks that we similarly ought to include besides the nurses and the docs?

Scott White – 1199 SEIU Training & Employment Fund

I think to the idea of if we leave somebody out we're amiss, what if we stop the last bullet at support organizations and, you know, not insult anybody and not misspell anybody or miss ...

M

Say like health information organizations, healthcare professional organizations so we could put categories ...

Joe Heyman, MD – Whittier IPA

Yes, I think that's a good idea.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Great idea. We're demonstrating teamwork today.

Scott White – 1199 SEIU Training & Employment Fund

It's problem solving at its highest level, which might be one of those poor competencies that we should be talking about across all different professions. Lead by example, led by example. All right, any other questions, comments on recommendation number two.

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

Yeah, this is Stu Werner with ETA. Again maybe to Michelle Dougherty's comment earlier about job families, maybe we could speak to Allied Health Occupations. I know there's an association of schools of Allied Health Professions as well as the Health Professions Network.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

That sounds good. I like that addition. Anybody else?

Gretchen Tegethoff – Athens Regional Health System – Vice President and Chief Information Officer

Yeah, this is Gretchen Tegethoff. Just on the sentence of recommended these competencies be widely disseminated, I mean, is it supposed to be inferred that we'd be working in collaboration and cooperation with these groups, or just disseminating? I'm thinking we might need another word there just to recognize our intent or is it just disseminating?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

You're right; there should be a two-way dialogue.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Sure.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

We – ONC and the Policy Committee have a long history of having hearings of various kinds and listening, and then issuing a recommendation and unfortunately, all too often, it seems like that's the end of the public story. You know, if it winds up in regs, it obviously becomes encased in regulation, but short of the things that wind up in regulations, it's not clear that there's a really strong emphasis on getting the word out. So I think that was the intention here was to get the word out ...

Gretchen Tegethoff – Athens Regional Health System – Vice President and Chief Information Officer

Okay.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

... but I don't want to lose the fact that this should be a dialogue.

Joe Heyman, MD – Whittier IPA

This is Joe. I'm looking at that first bullet and I'm wondering why the words "addition of" are there.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Good point.

Norma Morganti – Cuyahoga Community College

It probably could come out or you could combine it, this is Norma, with secondary and post-secondary education.

Joe Heyman, MD – Whittier IPA

And I'm also wondering about is it higher education departments or is it universities or colleges or...I'm not quite clear.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Well maybe it would be best to just say secondary and post-secondary educational organizations and ...

Joe Heyman, MD – Whittier IPA

(Indiscernible)

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

... kind of ...

W

Agreed.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

... broaden ...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Very good. We are on our game today. This is a good Monday, whoever started it off ... doing it right.

Michelle Fox – U.S. Department of Energy

Should we recognize state agencies? This is Michelle Fox.

M

Federal and state agencies.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Another excellent ...

Joe Heyman, MD – Whittier IPA

We should go all the way, federal, state and local, especially if we're trying to get those K-12 folks.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Absolutely, especially when you think of large cities, like New York or San Francisco or, you know, those places have huge departments where they could be doing some of this stuff.

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

This is Patricia Dombrowski. Perhaps just the phrase public and private sector stakeholders and then we're pretty much covered end-to-end.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Any of the other bullets?

M

How about just get the word out to everyone?

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Anybody with a pulse, please, listen up. Chitra, you have suggestions there, you can wordsmith it, right, and put it all together for us?

Chitra Mohla – Director, Workforce Programs Office of Provider Adoption Support (OPAS), Office of the National Coordinator

Yes, I will do that.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Thank you. Thank you. All right, I think we did pretty good on that one. Maybe we should move on to the next one Larry.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes. Yup, we should. Let's go to the next slide.

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

Well, this is Bill. I'll speak up. Again, I think the sort of patient centered medical home model is a little too specific ...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Right.

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

... so, maybe just stopping at team-based care or something like that. But then, actually I think another issue, as one who's director of a graduate program, I don't know that we want to have programs align as much as, and I'm trying to think of the right words, thinking off the top of my head, but to sort of offer this kind of pathway as an option. Because there are other, you know, graduate programs in informatics have different tracks and pathways, there are other areas of informatics besides this very sort of healthcare focus. So, I'm trying to think of the right language, again off the top of my head. But, I think we want to advocate that existing programs, at least at the graduate level, make this an – make these sort of teaching to these competencies, a pathway. Although some programs just are going to have a different focus.

Joe Heyman, MD – Whittier IPA

Also, this is Joe, I'm wondering if what we're talking about more than a patient centered medical home or an ACO, is population health in general. And I – you could remove the words "align to," and just say "advocate that existing undergraduate and graduate programs in healthcare support the competencies required for team-based care and population health," something like that.

M

Um hmm.

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

And to Bill's earlier point ... words, Stu Werner. Career pathways are often used to describe both that transition between secondary and post-secondary and then there may be even the idea you might have been looking for, might have been that articulation agreement where they really don't align necessarily, but at least just have to articulate those competencies.

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

Yeah, although I'm just thinking that, you know, like for example programs that have a focus in bio-informatics, you know, which is ... genomics and all that stuff, which is different from this, so, we would want to encourage programs that are focused in this area to align with the competencies, but there are other programs, at least in the informatics field, that are focused on different areas.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes, point well taken.

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

But I think if we just pull out align and just say, you know, support the competencies, you know, then we're not ... aligned kind of implies that they're sort of changing their curriculum as opposed to supporting it, is a different kind of meaning.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I'm okay with that.

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

(indiscernible)

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Go ahead Patricia, I'm sorry.

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

Sorry. This is Patricia at Bellevue. I'm wondering a little bit about the cast of this recommendation. I'm unclear why it targets existing undergraduate and graduate programs, or even those programs. I'm wondering if the advocacy is more towards accelerating and expanding educational opportunities supporting, I don't know, relevant technology adoption for patient safety...around patient safety. I'm not sure what the turn of this phrasing is, I know that it's exclusionary in some ways, again the K-12 system, but also, there are programs that are...depending on who's defining it, could be defined as neither undergraduate nor graduate programs. They might be professional development, for instance, and I don't know that, again, we want to touch on that existing designation.

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

Well, you know to expand that further, I mean, are we talking about healthcare professions or health IT professions, because then that's...

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

Right Bill, I agree. And it almost seems like when educators wrestle with this, they wrestle with creating new programs or they ... and also wrestle with infusion of relevant technology instruction within programs someone mentioned allied health programs for instance, just a minute ago. I think maybe more, if we speak about it more broadly, we're probably better off saying that we recognize ... saying in some words, somehow that we recognize that education needs to be accelerated, whether it's infusing into existing programs the requisites of health information technology, or developing new programs to meet workforce need.

Norma Morganti – Cuyahoga Community College

This is Norma. Patricia, I would support what you just said. I think that is appropriate and we would not just be focused on undergraduate or graduate, but I think that's the sense I was getting is that it's far beyond just the footprint of health IT, but it's all encompassing across healthcare and that we acknowledge that there has to be yes, infusion or new programming that has to happen, based upon what the employers are expecting competencies to be.

Scott White – 1199 SEIU Training & Employment Fund

So, this is Scott. So, who was that that made the last recommendation, did I hear like eliminating the terms existing undergrad and graduate programs and just maybe using educational programs as a generic term?

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

This is Patricia. That's the way my thinking went.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Um hmm. Chitra, do you think you could put that all together in a counter-recommendation for us?

Chitra Mohla – Director, Workforce Programs Office of Provider Adoption Support (OPAS), Office of the National Coordinator

Yes, I can. I think that sounds good.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Any more comments on this recommendation? In hearing no comments, Larry, I'd like to suggest may we move to the next one.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Sounds good to me Scott, let's go on to the next slide.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Hmm, you can probably skip that slide as well, it's the same as the original one.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay. So, we're really asking ONC to take on some work, right, so the second sentence here, if we want to rephrase this a little bit so it ...

Scott White – 1199 SEIU Training & Employment Fund

... I mean, it seems to be saying to me that there's been a lot going on beforehand and we should kind of take a step back, review what's been effective and what hasn't been effective and expand or shorten some of the programs that we have there, so, I think it conceptually makes sense to me, but I'd like to go with what the group has, but it makes sense to me. This is Scott, by the way.

Bill Hersh, MD – Chairman, Department of Medical Informatics and Clinical

Well, you know ON – this is Bill – ONC has actually engaged NORC to evaluate the effectiveness of the program, so, some of that has already been done, or is being done. But again, this is this issue of whether the committee is going to review the effectiveness or whether the committee's going to recommend that someone review the effectiveness.

Norma Morganti – Cuyahoga Community College

This is Norma. And would we have a report then, could we have a report back to the Committee, as to maybe some of the insight that has already been gleaned from the NORC work, and at least be informed. But I do agree, I don't know that we have the ability to do that work, if it's already in process, but at least we should have it within our discussion and awareness of what has gone before. Because some of us have been involved in a lot of that work, but there may be many other members of this committee that would want to know.

Chitra Mohla – Director, Workforce Programs Office of Provider Adoption Support (OPAS), Office of the National Coordinator

And we might also want to know what the gaps are. This is Chitra. In what NORC has done.

Norma Morganti – Cuyahoga Community College

... and then make recommendations upon that, right Chitra?

Chitra Mohla – Director, Workforce Programs Office of Provider Adoption Support (OPAS), Office of the National Coordinator

Yes. Um hmmm.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, since we seem to be focusing on NORC, does anyone know what their timeline is and what their scope is, in terms of the work they're doing?

Chitra Mohla – Director, Workforce Programs Office of Provider Adoption Support (OPAS), Office of the National Coordinator

Well, they've already evaluated the year one and year two of the programs and they will be doing a second evaluation of year three. So, we do have some work that's already been done.

Scott White – 1199 SEIU Training & Employment Fund

Chitra, has that been published or is their report accessible to us?

Chitra Mohla – Office of the National Coordinator

The initial report is accessible, yes.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Sounds like we're giving ourselves some homework.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Maybe the recommendation should be more specific to NORC in that – any other thoughts, comments?

Stuart Werner – health Care Industry Lead, Office of Workforce Investment – US Department of Labor, Employment & Training Administration

This is Stu. I think that this recommendation number four might start with the second sentence and just say, “identify and review the effectiveness of the workforce initiatives sponsored by the Office of the National Coordinator,” and then move through the rest of the statement.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

That makes sense.

Stuart Werner – Health Care Industry Lead, Office of Workforce Investment – US Department of Labor, Employment & Training Administration

It just would align more with the earlier bulleted approach.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

I’m okay with that.

Norma Morganti – Cuyahoga Community College

This is Norma. I’m okay with that too and I think that if we are not specific to NORC, but know that if there are survey instruments available to us to review, but there may be also some partnership collaboration type stories that we would be able to review. That could also be rich information that may not be included in the NORC. So, I’d like to keep it at least high level and then know that we have recommendations that may be the ONC can ... surveys and resources that they already have collected.

M

Yeah, that’s true. ONC has a fair amount of information on the programs as well. And some of us are a little conflicted here because we’re funded under those programs, but, as long as the process were objective, I think all of us would feel comfortable with it.

Scott White – 1199 SEIU Training & Employment Fund

Okay. Is there one more recommendation, I think? There are five. Then we can move on to the next one.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay, so the next slide actually is more recasting, so let’s get on to the one that says recommendation.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Right.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Thank you. We have a numbering problem here, I think.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Yeah, I just noticed that, too.

Joe Heyman, MD – Whittier IPA

This is Joe. I’m thinking about one of the incongruities of what is being proposed for ACOs and patient centered medical homes is that on the one hand their talking about patient centered care and on the other hand their talking about population health; and actually those two things are very different from each other. So I think if you’re going to talk about a patient centric care model, probably we ought to add population health in there as well. Because population health means, you know, you go through data analytics to find those people that you, for example, think in the next year will be ill or may be ill and you need to identify those people ahead of time so that you can intervene before they become ill. Whereas patient centric care is more about sharing decision making with patients and trying to comply with patients desires and wants, at least that’s the way I’m looking at them.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Well I think if we ...

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

But there's really a whole set of characteristics, this is Bill, that we want to see and so obviously one of them is patient, is population-based care so clinicians and healthcare organizations taking care of top ... of a population of patients. And so, moving away from just treating acute problems, keeping people healthy ...

Joe Heyman, MD – Whittier IPA

Right.

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

... making sure they're screened, things like that. And then I agree with you, the sort of patient centric or patient engagement, like you say, patients having access to incorporating their preferences and needs. Also these days, a lot of patients want access to their information, and also want to be able to interact with their healthcare organization the way they interact with banks and airlines and everything else we do online. There's another piece of this too, which is the sort of healthcare organization side of it, new models of care. We've talked about patient centered homes and accountable care organizations, all of this is neatly packaged in that IOM report that came out last fall, the best care, lower costs, that really talked about transforming the healthcare system. The question is, how many of these we actually want to enumerate. I would certainly argue that anyone who's becoming a health IT professional certainly have exposure to these sorts of things, but there's probably a lot of other things they need exposure to as well.

Steven Waldren, MD, MS – American Academy of Family Physicians

This is Steve Waldren. This is one of the things that, and I don't want to get off...sidetrack here, but this is one of my concerns. I think use that report or something, but I think there also needs to be a recommendation of defining, at least at some level, at least characteristic or attributes of the system we want this workforce to work in. It's kind of like saying that we want to create a bunch of competencies and skills for assembly line workers and never describe what actually is the assembly line and what it is that they're actually working in and working on. So, I'd almost say that if we had that type of recommendation that they at least need to define that in somewhere, at least some place that needs to point to what is the system that this workforce is supposed to be working in.

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

Yeah although then, that then begs the question – what about people who, there are some states that are engaging healthcare reform more robustly than others. Does that mean we want to ignore people who aren't working in more, for lack of a better word, you know, progressive healthcare kinds of settings. It's – I think it's a slippery slope that we probably need to be careful about, because we really want to train everyone. We want people to be able to function in those systems and those ... that more reformed healthcare systems will better be able to take advantage of IT, but, just because an organization doesn't, doesn't mean we don't want someone well trained in that, to be able to work in that kind of organization.

Joe Heyman, MD – Whittier IPA

So, this is Joe. In that first number four, where it says "review and identify other critical workforce linkages that will be needed to support," maybe what we...that would be needed for the healthcare of the future or something like that, rather than listing one specific or two specific needs. I don't quite know how to say it so it's right, but it seems to me that what I'm hearing from others is you can't just list patient centered care and population health, there's more to it than that.

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

This is Patricia Dombrowski. I agree and I was looking through here, the bare bones of this recommendation seem to be the idea that “review of other critical workforce linkages,” so that would imply, of course, that we had identified critical workforce linkages to begin with. I’m not sure about the other, but review ... kind of naming the players, that makes sense, who among workforce development in the country touches on health IT workforce development; that would be really helpful, I think. Then I also see advocate for strengthening those agencies and those ties and, excuse me, those ties with agencies, and also advocating for funding ... so ... to stand up workforce programs, meaning advocate for development of educational programs. That’s just the first part and then the second part sort of again referring to the first part of the text above, is, seems to be calling for a mapping of the universe. In other words, who has a dog in this fight and how can those players work together, how can we name them and what kind of support could be applied so that they were working together. I think everything else is, gives us some good examples, but really just sticking with the identification and then this group discussing whether or not a recommendation from us needs to come regarding funding might be a good place for us to start on this slide.

Chitra Mohla – Director, Workforce Programs Office of Provider Adoption Support (OPAS), Office of the National Coordinator

This is Chitra. So how would you rephrase this recommendation?

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

I’ll just get us started Chitra. This is Patricia. I think the key elements here are I see review and identify in regards to workforce, so, what are they, and what a great idea. And then recommending advocacy for whatever this group determines should be advocated for and I think that pretty much would cover that lower bullet point as well. If those two things were done, then I think we’ve pretty much hit on some of the further definition that was given in the bullet point. So mapping that workforce universe, how the stakeholders, who the stakeholders are and where they intersect in terms of workforce development in health information technology. That’s what I’m gathering from this. Who else?

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

I think you’re right on it. This is Scott. Chitra you got that, right, you understand where she’s coming from with that?

Chitra Mohla – Director, Workforce Programs Office of Provider Adoption Support (OPAS), Office of the National Coordinator

Yeah.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Any other comments on this one?

Joe Heyman, MD – Whittier IPA

Just that once again you want to be sure you don’t insult somebody by leaving them out if you’re going to start listing stakeholders.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

I’m thinking the same thing, Joe.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, we finessed that on the earlier slide, we should do the same thing here.

Joe Heyman, MD – Whittier IPA

Right.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Is that the last recommendation?

M

You know, just one other, on the higher education. I mean, I don't know that we want to limit it to institutions who have received funding from HHS, DOL, CMS – maybe something like including those institutions.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, that's fine.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

I'm okay, that's cool. Yeah, me too. Sorry, I think we've got a new basis for this, which is wonderful. Is there one more or is that it?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, there is one more slide and I wonder if we actually didn't already cover the heart of this when we were talking about was this just outreach or was it a two-way discussion. So, recommendation two and now this one on the last slide. So I guess this was more focused on doing outreach around the resources that we've unearthed, right and that others are building, not just what we've done.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

But I think also in our conversations what we had talked about was this recommendation also being a repository for where all the training resources...all practices, I should say, would be housed and that it would be promoted or marketed that if you're looking...if you're getting into this world, here's some almost best practices and successful training resources that have been used in the past. I think that's where we were going here, was also it could be housed and marketed, if you will, or at least made known where it sits. Because one of the things that we talked about was that there are many different agencies who are housing information, even through the earliest conversation it was the Department of Energy had a bunch of training resources, and I would have never thought to look there. So, almost to get a central house where people could reach out and learn from others.

M

Thank you, and I agree. Certainly Michelle Fox can speak to the Energy resource. I also want to put a plug in for the American Association of Community Colleges Virtual Career Network for Healthcare, the CVN is something that was funded through the Recovery Act and could serve as that kind of clearinghouse or at least some kind of a marketing focus for this information.

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

When I read, this is Michelle Dougherty, when I read this, and knowing that we have kind of a vast audience to try to reach, I think the key here is to have agencies, trade associations, professional associations, other types of organizations that represent a constituency, that may be targeted to specialties, but that's okay. But we need to engage those who can do outreach to a whole variety of ... whether they're targeted type of different providers, because everyone ... many associate with specific types of associations or professions or education programs. And so somehow, I'm trying to think of some wording that might target to these agencies, trade and professional associations that create awareness to targeted constituencies.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Everybody okay with that last recommendation? I know I am.

W

Yup.

Joe Heyman, MD – Whittier IPA

Yup.

W

Yup.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

All right, do we have anything further here? I heard a big silence so I assume that we don't. I guess the question for me is, now that we've kind of moved some things around and redefined it and Chitra's got a lot of work to do, I'm sorry my dear. Should we, in our next call, come back and kind of review what we've kind of tweaked a little bit, does that make the most sense or should it just be done via email and comments back to Chitra. So, I'll just throw it out there for either/or.

Joe Heyman, MD – Whittier IPA

If there isn't a lot to add, I wouldn't want to have a meeting just for the sake of having a meeting.

MacKenzie Robertson – Office of the National Coordinator

So this is MacKenzie. Let me just put a suggestion out there. If... just like the member said right before, if it's really just wordsmithing and Chitra has all the information that she has to do the final combining of everything that was discussed today; I would say just shoot it around via email and share it with the members. If there aren't any changes, we can then go ahead to plan to brief the Certification and Adoption Workgroup. Process-wise, since this is a subgroup, we'll have to up the chain up to the Committee, so the next step would be briefing the Certification and Adoption Workgroup and then the Workgroup would bring it forward to the Policy Committee.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Okay, I'm fine with that. Larry, are you okay with that too?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

That sounds like a good flow.

MacKenzie Robertson – Office of the National Coordinator

Okay. So, Chitra, assuming you've already recorded everything and you'll have another draft, we can just distribute it to the workgroup members, and if there is anything substantially different, perhaps we have another call then to discuss it. But, if everyone seems to be in agreement, that might be the easiest way to do it.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Okay, that sounds fine.

MacKenzie Robertson – Office of the National Coordinator

So the next step would be planning a briefing to the Certification and Adoption Workgroup and Larry, since you're co-chair of that workgroup, perhaps you want to start discussing with Marc.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yup, I'll do that and...

MacKenzie Robertson – Office of the National Coordinator

This will be coming up ...

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, we have a – yeah, we should do that, we should do some email exchanges because we might actually be able to act pretty quickly on this.

MacKenzie Robertson – Office of the National Coordinator

And then, when we brief the Certification and Adoption Workgroup, obviously just doing a review of the subgroup, you know, how many meetings they've had, what they discussed, how they came to their recommendations, answer any questions that they might have, if there are any tweaks here or there and then we can plan to get it onto the Policy Committee meeting's agenda to then have the Policy Committee deliberate on the recommendations and then transmit them to ONC. Okay, so I can open up for public comment if there weren't any other workgroup discussions that you wanted to continue.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

I think we're good. I'm good anyway, is everybody else okay?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah.

M

Yup.

MacKenzie Robertson – Office of the National Coordinator

Okay. Operator, can you please open the lines for public comment?

Caitlin Collins – 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 do have a comment.

Alison Gary – Altarum Institute

Our comment comes from the line of Carol Bickford. Your line is now live.

Carol Bickford – American Nurses Association

This is Carol Bickford from the American Nurses Association. I'm sorry I missed the first couple of slides that you were discussing the rationale for your actions, but I began coming in on the conversation in relation to the recommendation. There are some concerns I have about what you're doing because you're confusing the technology – HIT technology and the team-based care concept. It's not real clear what we're supposed to be attending to, is it the competencies related to doing teamwork in the healthcare space, addressing all those things like continuity of care plan or is it the capacity to use information technology, not just EHR or PHR, to be part of this discussion. In slide number six, talking about recommendation number three, you might want the language to support integrated competencies into your framework and then clearly define what it is you're doing, technology and team-based care.

Slide number five talked about addressing credentialing and other supporting organizations, you did not include ANCC, which is the important credentialing arm for the nursing component of our informatics competencies. So if that needs to be incorporated into our thinking and relating that credentialing, please include that. Slide number eight is...the recommendation was to delete the first sentence and begin the recommendation with the second, and that was clearly a good decision. When you do the inventory on slide number ten or recommendation number four or number five or whatever the number is, it raises a question from my perspective as a consumer, would you want the inventory to be one of the first things that the consumers can actually appreciate. Slide number eleven talks about outreach and the ANA is listed there, but the AMA is not and was I'm a bit confused as to why the nurses are being targeted when we've got lots of work in our space in relation to getting informatics competencies and care coordination sorts of things in place. The target needs to be the individual who is seeking opportunities for professional development or even a career choice, the schools are supposed to be putting that in, at least in the nursing community, but I didn't appreciate individuals as being a target. And exactly what is the action of these recommendations. What does it look like, I didn't get a sense that there was a plan particularly in place. So thank you.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Carol. Are there any other public comments?

Caitlin Collins – Altarum Institute

We have no more comments at this time.

MacKenzie Robertson – Office of the National Coordinator

Okay. Larry and Scott, since there is no more public comment, if you want to, we can close the meeting early and Chitra can shoot the email around to everybody.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I think that would be great.

Scott White – 1199 SEIU Training & Employment Fund

I agree, that sounds wonderful.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Thanks, everyone for a very focused, productive time and it turns out that all we needed was ten more minutes in our day instead of thirty more.

Scott White – Assistant Director, 1199 SEIU United Healthcare Workers East

Thank you everybody, appreciate your time.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Thank you everybody.

W

Thank you.

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

Thank you.

Joe Heyman, MD – Whittier IPA

Bye, bye.