

**Certification/Adoption Workgroup  
Health IT Workforce Development Subgroup  
Transcript  
May 16, 2013**

**Presentation**

**Chitra Mohla, MS – Office of the National Coordinator**

Good afternoon everybody. This is Chitra Mohla in the Office of the National Coordinator for Health IT. This is a meeting of the Health IT Policy Committee's Certification/Adoption Workgroup, a subgroup of Health IT Workforce Development. This is a public call and there is time for public comment at the end. The call is also being recorded, so please make sure you identify yourself when speaking. And now for roll call. Larry Wolf?

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

I'm on, thank you.

**Chitra Mohla, MS – Office of the National Coordinator**

Bill Hersh? Deborah King?

**Deborah King – 1199 SEIU Training & Upgrading Fund – Executive Director**

Yes.

**Chitra Mohla, MS – Office of the National Coordinator**

Thank you. Don Gull? Gretchen Tegethoff? Joseph Heyman?

**Joseph M. Heyman, MD – Whittier IPA**

Here.

**Chitra Mohla, MS – Office of the National Coordinator**

Thank you. Michelle Dougherty?

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

Here.

**Chitra Mohla, MS – Office of the National Coordinator**

Thank you. Norma Mogranti?

**Norma Morganti – Cuyahoga Community College**

Here.

**Chitra Mohla, MS – Office of the National Coordinator**

Thank you. Patricia Dombrowski?

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

Hi, here.

**Chitra Mohla, MS – Office of the National Coordinator**

Good. Samantha Burch-Halpert? Steve Waldren? Ed Salsberg? Michelle Fox? Nancy Brooks? Stuart Werner?

**Stuart Werner – U.S. Department of Labor, Employment & Training Administration**

Here.

**Chitra Mohla, MS – Office of the National Coordinator**

Thank you. Is there anyone from ONC on the call? Okay Larry, it's yours.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Thank you. I wanted to welcome everybody back; it's been a while since we've had a chance to talk. A few things have happened in the interim. The most important as far as this workgroup is that Scott White will no longer be co-chair, he is ending his cycle at the Policy Committee and he's also taking on some work responsibility, so regrettably he can't continue with us on this workgroup. So, he and I have already talked about this and I thanked him personally and I'll thank him sort of publically at this point for his work and leadership on this workgroup and it's been really great having him to work with, and I'm going to personally miss him. So, we'll see if we get a new co-chair, I've had some discussions with ONC about possibly adding a couple more people to the workgroup, as well as getting a second chair. So, we'll see how that shakes out. I've also started a session with ONC about further focusing what they want to have this workgroup accomplish and I think we've got a meeting scheduled with them in the next week or two, so there will be some updates from that as well.

So the intent for today's call was to review some of the input we got when we presented – when I presented to the Health IT Policy Committee a week ago, to get the Committee's workgroups thoughts on that. And they'll be further feedback from them as well. The transcript from that meeting will be available in a couple of weeks, and that might.

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

Larry, if I can just interrupt you. This is Bill Hersh. I thought that I was going to be able to talk through my computer, and I couldn't, so I dialed in quickly, but I'm here.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Okay. Great. Thank you for joining us Bill. It sounds like you or someone has their computer speakers still turned on, so –

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

I muted them.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

If you're dialed in, please turn off your computer speakers. Thanks. So, overall feedback from the Committee was that this is very important work. There was a strong recognition that we need to go on beyond basic use to actually improve process and improve outcomes. It was kind of interesting because Farzad began the day with some comments about, that over half the providers now have EHRs, but we still have 95 percent of the work to do. And actually, I think he framed it in the positive, we've achieved 5 percent of what we need to achieve. But in any case, there's a lot still to do. And most of the lot has to do with exactly what we've been talking about, with the human beings who are part of the care delivery process and who are using health IT. And for those who want to follow along, I'm actually working through the Word document that was sent out this morning, the Workforce Development Health IT Policy Committee input. So maybe we can put that up – that document up on the screen, not the slides. It should be a – nope, I don't see it – it wasn't recommendations.

**Joseph M. Heyman, MD – Whittier IPA**

It's titled Notes on Workforce Development.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Yup. Caitlin, this was sent out this morning.

**Caitlin Collins – Altarum Institute**

We're working on it now. It's having some issues loading, sorry for the delay.

### **Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Oh, sorry. So I realized I was working through my copy of this and maybe it would be good if everybody else had a copy as well. Yup. That's it. Great. And so there was this notion of – so I'm giving you sort of the highlights, not necessarily in chronologic order, but the things that struck me as important summaries. So there was this notion of "old work" and "new work" that a lot of the ordinary focus of training is let's help you do your current job better, let's teach you how to use those electronic health records to document what you're doing and sort of be able to get you through your day. But as a lot of early adopters and not so early adopters are discovering, if that's all you do, you just increased the burden on the clinician. They have more things to do because the computer system is asking them to do things they didn't used to do. And some of that can be addressed by learning efficiencies that are present within the application. And there was discussion during the meeting about the power of one-on-one hands on training with peers who understand your workflow, understand your job and can help you learn the small things that really make a difference and can help you gain back some of the efficiencies you lost when you went to the electronic system.

But there also was discussion about that there are new things to do. And so some of the new things are things that we've talked about like that there's more team-based care. Other new things are more focused on how do you use the information system, how do you use the information it makes available to actually provide preventive care, population health, and begin to make the changes that actually will move the bigger dial, in terms of outcomes. And hopefully in doing that, you also address some of the efficiency and workload issues, usual focus more effectively on the things that really will make a difference. And in order to do that, to make that switch, these were exactly the kind of soft skills that go beyond just making the technology available, these are things people need to do within their organization, the need to personally learn some things and whether the organization is small or large, to take on some of these shifts.

Not to get lost in all of the sort of longer vision, future planning stuff, the Standard Occupational Codes that are getting an update, ONC was definitely taking note that that was something that they were going to go forward with. I don't know exactly what form that's going to take, but they are well aware that there's a need to get included in these codes. And that towards the end of this year, Department of Labor is going to be publishing – officially opening up the process for the next round of updates, and so they're going to be engaged in that process.

In terms of key roles, I think one of the things that really came across clearly was that there's a need that we actually address all providers that health IT was becoming pervasive, electronic health records were becoming pervasive in care settings. And that we needed to make sure that all providers, regardless of where and what their specialty skills were, whether they were licensed folks or not licensed folks, if they're involved in the health care process, there's training that would be helpful for them. There were several folks who commented on the need to engage patients and consumers, that those folks needed training as well, although clearly it would be a different kind of training, but that we shouldn't ignore them as key enablers of the kinds of outcomes we're looking to achieve. It is about their health, it's about our health as consumers and individuals that in the end we are looking to make better.

So, broadly speaking how does this play in? So obviously there were some of the larger training issues we talked about of starting sort of K through 12 health IT literacy, is like a lot of other literacy that kids learn in school. But also much more specifically what are the things that individual practices and hospital systems have implemented, how to use the patient portal, the kinds of how to make sense of the care summary that you're getting. The sort of transitional hand-holding that would help people actually be able to take better charge of their health and make use of the tools that are being enabled.

I'm saying leaders here, but maybe this should be more broadly making use of data and systems. So, we're sort of in a transition time of health care being the presumption that it's all paper-based and manual to the presumption that it's electronic. And as other industries have gone through that transition, the high-achievers in those industries have learned how to get exceptional value out of their system. So some of that is that they can organize the work and that they can obtain efficiencies in how people do things, but also that they can make much better use of the data, so that they know what's going on in their organization. They can find the few patients that need special attention.

Farzad began the day, prior to this presentation, talking about his highlight of the week when he gets together on a phone call with half a dozen organizations that are looking to better manage diabetes. And that they've been drilling into the nuts and bolts of how do you do outreach and how do you reach the populations of people who aren't getting their A1c's done, so you don't have a value to report and what does it take to engage them? And they've discovered the unfortunate behaviors of, we did mass mailings and not very many people responded. We did calls to some, and a few more people responded. We finally got people into the office and oh my, they left without having the lab work done, how did we do that? So, actually working on the sort of organizational details of how do we make sure that these people do get the lab work done, that we act on the results that come back. So, it's a combination of systems and data and how to actually bring all that together.

We talked a little bit about the notion of inventers, tweekers and implementers, and I think that there was some real interest in continuing that notion of, how do we support tweekers? How do we train a cadre of folks who are present in many, many organizations and are there hands-on as part of doing the work, seeing what's being done and able to make the small adjustments that help their organization make sure that that patient who came in for diabetes management, actually got the lab work done that they were supposed to get done? Getting the systems right to actually support that, so it's not about working harder. And finally, sort of the classic role of informaticists, the people who understand sort of more deeply the structures of health information. So quite a range of roles as all being important and that that variety should stay in the forefront of what we are doing. And clearly some of that will affect the occupational code work that happens in the future.

We are encouraged to be bolder. They thought that our recommendations were perfectly fine, but they wanted some input on where we ought to take things, or where they ought to take things. And so a couple of examples of be bolder was, so break out of the existing things that people have done for training and think about more things that are game-based, whether those are simulations, various Sim City kinds of things, whether they're multiplayer role play games. Whatever kind of game you might think of that would help teach a set of skills, that games are very engaging, certainly for some parts of the population. I'm an exception to that rule, but I read lots of studies that say that something like 90 percent of people under age 40 are serious electronic game players. MOOCs are massively open online courses; these are the kind of things that tens of thousands of people, hundreds of thousands of people engage in a class that's presented online. Maybe it's done through web-replays or maybe it's actually live and interactive –

**Joseph M. Heyman, MD – Whittier IPA**

And only 3 percent of the people who take them actually complete them. I mean, I just think we have to be realistic about some of this stuff.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Right, I understand. So I think that the encouragement here was maybe not – but I asked a couple of times about what do they mean by be bolder. I'm giving you what I got back. I don't think that this is necessarily the limit of what they want us to be bolder about, but they were basically saying, make some ridiculous proposals and let's see if we can, in fact, make something valuable out of them.

**Joseph M. Heyman, MD – Whittier IPA**

Do you want finish before we comment or –

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Um, yeah, let me finish and then we'll circle back.

**Joseph M. Heyman, MD – Whittier IPA**

Okay.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

The VA talked about their experience, that they've done various kind of boot camp things to get people engaged in using health IT, that they have a VA Health University that does a lot of training, that they're doing a lot of work on better engagement. And so, it seemed like if nothing else, we should look to them for some of their examples of what they've done and may be more actively engaged – this workgroup, so I put them out there for that. Things we've talked about, about the need for on the job training as well as classroom and course training, degree training.

A big concern that keeps surfacing about the proprietary nature of vendor screens and sequences and workflows, as well as the provider-specific implementations and the details of those things that much of the training needs to happen. Clearly, some broad concepts of informatics and use of data and doing good systems analysis don't rely on the specific product or the specific implementation, but a lot of the training materials are very custom-built for particular care settings and how are we going to leverage that. You can't have a hundred thousand people in a class overblow the MOOC example, if they're all using different EHRs and you're trying to teach EHR-specific.

Talked about workflow, team-based care. Questions about do we need certification programs and credentialing, should we be looking at things that offer Continuing Ed credit and things like that, that may be our enablers. And finally, the request from the Committee that we update the recommendations based on their input, I think looking to actually take them the next step. It was like okay fine, we identified some things that could be done, and I think they were looking for further actions out of this workgroup. And like I said, I'm planning a follow up meeting with them to find out if they can help better define what that means and what that looks like. Because these workgroups are not full time jobs for us, these workgroups are building on our expertise, and I think there's a lot of actual hands-on work that needs to happen to move this forward. Okay, that was my quick run through on highlights from the Committee. My plan is to open this up for general discussion for most of the next 20-25 minutes, and get your thoughts on what you heard, where you think we ought to go, so, take it away.

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

Well, this is Bill Hersh I'll chime in. I was going to let other people go first. I guess one of the concerns and like the comment about the MOOCs. I mean, a lot of us who are in education are thinking bold and doing new things, but one of the concerns is that whether these sorts of things are going to replace some of the other kinds of things that are important in education such as credentials, certification and things like that. Especially for the informatics jobs, maybe not so much for the training of users and patients, but for the informatics jobs, there are – we wouldn't train our physicians and nurses by telling them to go do a few MOOCs or play some games, even though those kinds of things could and should be included in their educational activities. So, I guess that's one concern I have of whether the larger Committee sort of appreciates the breadth of knowledge, the competencies that one needs to successfully pull off health IT implementations and other kinds of things.

**Joseph M. Heyman, MD – Whittier IPA**

This is Joe. There are other ways of online training besides MOOCs and games. I mean, there are actual programs that are put on by online universities that actually have master's degrees in informatics and associate degrees in informatics, which are actually happening now.

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

And I – yeah, this is Bill and I run one of those programs, so I mean I'm quite familiar with them. I just want to make sure that we recognize the kind of breadth of knowledge and competencies that are required to lead big health IT implementations in hospitals and health systems. And if anyone hasn't seen the PCORI's vision for these clinical data research networks, they're complex and I don't know that we're going to teach people to do that just by giving them MOOCs and games, even though those things could and should be part of the larger curriculum.

**Joseph M. Heyman, MD – Whittier IPA**

So, I –

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

Hi, this is Patricia Dombrowski – oops, sorry. This is Patricia Dombrowski. I was very, very happy to see this summary of the meeting. I really felt like great, they have now – the Committee has now acknowledged where we are as a workgroup. I don't think it was easy for us to come to some very general, very generic kind of not even recommendations, but just observations. But the feedback that they've given us here I think is fantastic and really what I feel as a workgroup member, I've been waiting for, so I really feel like this is terrific. And what they've touched on here, we know, as people who are involved in workforce development, is the full range of things, the career awareness, training, education

both degree and non-degree oriented, incumbent worker training and even though the sum of those certainly equals workforce development, there's a whole separate effort that could be done under workforce development.

So, they've sort of started to see the various pieces that we represent on this workgroup and what I would love to see come out of this is great, bold. I think we all have a lot of probably very bold and constructive suggestions to make, but wouldn't it be great if we could divide those – divide and conquer on these kinds of issues. MOOCs being maybe one of them, or more likely MOOC-ready curricular elements, and that would fall under training or education. But if we could divide within this workgroup and work on being bold within defined areas, not sort of the general view that we've worked with so far, I think then we could really start to get some things done in a formative way. And I'm just really happy about the be bold, I think we are bold. Thanks.

**Norma Morganti – Cuyahoga Community College**

This is Norma Morganti. I wholeheartedly agree with what Patricia has just set out as far as an overall approach to what we've heard. And I truly do believe that this is not a one size fits all issue, as Patricia has stated and there are so many different pockets that we could – I would agree with you Patricia that we should maybe look into those pockets and support that with some recommendations around how we could target, such as the micro-targeted training for incumbent workers, around a specific competency or skill-set that they would need to have. Or educational training programs that could be used. All different types of approaches and many of them can be very innovative and leverage technology to reach the resources with the appropriate training need when they need them, but also realize there is the educational pipeline that needs to stay up with where we are with incumbent worker training. So, I would support Patricia's notion on divvying up the work.

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

This is Michelle and I concur. I was thinking in the same what that having some focused areas and getting smaller groups together to really think boldly and creatively around some of the different categories. And I had one other, I'm going to pass for a second, I had another thought and I forgot what it was.

**Stuart Werner – U.S. Department of Labor, Employment & Training Administration**

And this is Stu Werner. I just want to add to the chorus singing the praises of divvying up the next steps. I think that we're comparatively looking at two different audiences as we get the new entrants who are less familiar with what we're talking about, and then we're going to need to also have this kind of upper level and advanced topics that I think Bill Hersh was also referring to.

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

And this is Michelle, along the line of the upper level. I remember what my second thought was, at least in particular with the incumbent workforce what we appear to have is maybe a gap at the leadership level to prioritize training and often it cascades down in terms of time, resources, whatever it might be. Where is additional training needed? And so whatever strategy we have I think needs to target our leadership level as well, within our workforce area – I'm sorry, our provider areas in particular, our key group's constituencies.

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

This is Bill again. Let me just add – and let me also say, I think this is very good and very positive, I'm just sort of trying to add some things, including some of the things that I was advocating earlier. I guess another thing would helpful to have, I think at some point, is hearing from the employers. I don't think employers are that well represented on our group, and what kinds of people they're looking to hire in terms of skill sets and competencies and so forth.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So, really good, I think range of comments. I guess in my mind this supports the sort of the breaking it up, what are the segments we should look at? What's your take on – so the key roles that were in the notes that I send out this morning, are those reasonable groupings? I know they're sort of very much apples, oranges –

**Joseph M. Heyman, MD – Whittier IPA**

Actually, I think they're great and when you look at providers, I'm sitting here thinking to myself, how much time am I willing to devote to having some additional education on doing IT, while I'm trying to run a practice? And I gotta say you do need to be bolder because, other than doing some CME thing, I think most of us feel overwhelmed already. And I also – I just would stick this in for whatever it's worth, I worry that all of the meaningful use stuff that's so stringent and sort of sets up barriers or criteria which you have to act within. I worry that we're forcing ourselves into EMRs when perhaps the future would not have been EMRs, it might have been cloud-based apps or other things that are – I don't know. And I don't know that it has to do with education, but I guess I'm worried that it's just further pushing us into this sort of defined role, defined by the powers that be that it has to be done in one way and only one way.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So I guess I'm hearing concern is that having discovered a hammer, the world just turned into nails, even though we knew –

**Norma Morganti – Cuyahoga Community College**

This is Norma Morganti. As far as the roles, I wanted to provide some feedback on development work that we've been continuing, and I think I've introduced it on a prior call. And we've completed a comprehensive framework for practice transformation utilizing subject matter experts and content experts who are really providing elbow support for physician practices and their staff, moving them towards these patient-centered healthcare deliveries enabled with health IT. And so I would advocate that we include all of the practice staff that has to support that model with health IT, so we've included even the IT professionals, the health information management roles, the practice administrators, pharmacy, front office folks, etcetera. So I would advocate that we continue to approach it, because obviously these larger concepts have so much to do with team-based care, coordinated care, shared leadership and a lot of feedback along those lines, from our work so far.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So, I guess I'm hearing that there are some thoughts around maybe something in roles is the right way to think about breaking up the pieces, is that right, or are there some other approaches we might look at?

**Norma Morganti – Cuyahoga Community College**

Just to make sure that when we talk about providers, we're certainly talking about providers and their staff that will be working coordinated efforts to improve patient care. So we identified them very discretely, the competencies by role to support almost a roadmap for those who are working in those teams, to understand the competencies they would need to have in patient-centered medical home type models, meaningful use, health information exchange, what does that mean to me, population management and data analytics. So just to advocate that, we provide those types of roadmaps where we can, so incumbent workers can understand what would be changing about the works that they were doing, the knowledge and skills that they'll need to support the practice as it begins to transform.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So, I guess what I'm hearing is there actually might be a useful framework in there for us to organize our work around.

**Norma Morganti – Cuyahoga Community College**

I would share it with the committee for – yeah, for review of a way that we have found makes sense with our subject matter experts, to organize the competencies.

**Joseph M. Heyman, MD – Whittier IPA**

But that's only really the first bullet.

**Norma Morganti – Cuyahoga Community College**

Um hmm. Oh yeah, certainly not suggesting it's everything, but certainly for some of these areas where we know that we need to support workforce development and training, it's a framework that our subject matter experts have said works. And we believe it has a lot of value in at least when you're talking about micro-targeting or some types of just in time training that you can provide those abilities to target training and provide feedback, health assessments, multiple ways.

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

Another ONC thing that isn't really addressed in the feedback, I don't know how much they heard about it, but was the whole hundred and eighteen million dollar investment in health IT workforce development that's already taken place, including the development of the curriculum, whose funding has ended now and it's just sort of sitting there out on a website. But certainly trying to integrate some of the products out of that effort would be helpful.

**Norma Morganti – Cuyahoga Community College**

And Bill, this is Norma again, I wanted to let you know that we also have aligned resources to the competencies, the learning objectives within this framework, and we do point to many of the pieces of the national curriculum that were developed. So I guess the intention is that if you know the detailed competency for a particular role, where can you find these resources and then align them. So, it's a framework I think that we can attach much of that work to.

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

Um hmm.

**Norma Morganti – Cuyahoga Community College**

Just one way of providing access to it.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So I guess between Bill and Norma's comments what I'm hearing is one of our recommendations was ONC should build on and publicize the work that they've already funded and the things that have come out of that. So, maybe a) we should re-review that, I know we've touched on some of it in the past and b) maybe we should include, and there probably is already, some executive summaries in those – in that work that become and appendix to our report back to the Policy Committee –

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

Oh, excuse me. I'm sorry.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

– I feel like there's an opportunity to educate them as well.

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

This is Patricia. We are talking about as I keep referring to the national curriculum as a national treasure. But it is, as Bill just alluded to, it's obsolescing because we're in a very quickly moving industry. But it's a fast obsolescing treasure and I think rather than the emphasis staying on letting people know what was done, I would very much like to push forward with constructive curation and amplification of that work.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Okay, so is that something – so, I'm trying to strike a balance between things that this group should be doing as advisory and where we're actually saying there is substantive, substantial amounts of work to do.

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

That would be substantial amount of work to do, yeah.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Right.

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

It would be a recommendation, in other words.

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

Yeah, since we're an advisory group I don't imagine we could do more than make those recommendations, but I would agree with Patricia on building on those.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So that would be an example, we could take some of the things that we had that were more general before, like build on the work ONC has done and specifically talk about the national curriculum.

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

And as Norma has indicated, and I'm sure that there are many other entities doing this as well, that national curriculum was created for initial implementation in community colleges. So, both Norma's institution and mine certainly with ONC funding and other funding as well, Department of Labor notably at the moment and National Science Foundation, we have been several years now engaged in continuing to titrate and to grow and to match up curricula elements from that national curriculum to very specific – for very specific implementations. Veteran Medical, for instance and as Norma just pointed towards physician practices, another is rural health. There are many others. So that initial effort has become very – looks very different now. The strands of it that have been strengthening and growing and remain strongly tethered to the national curriculum, it looks very different now. So in various ways that is going forward, but I'm just pointing to the idea that, and this might be a little bold, but I'm pointing to the idea that the recommendation be that there be renewed efforts to keep that national treasure alive and to keep it growing.

**Norma Morganti – Cuyahoga Community College**

And make it accessible to all the stakeholders who would require the value that it presents. I mean, certainly education, workforce development support, credentialing organizations and healthcare.

**W**

Is K-12?

**Norma Morganti – Cuyahoga Community College**

Yeah.

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

Yeah. And Norma, would you agree that probably – I mean this – is going forward in drips and drabs, but in terms of moving workforce forward, making these kinds of curricula elements available, and there have – and fit them into MOOCs or put them into formats for desk side training or into large classes, that's probably the work that needs to be done.

**Norma Morganti – Cuyahoga Community College**

Um hmm.

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

Um hmm.

**Norma Morganti – Cuyahoga Community College**

And definitely being bold in those areas in making them widely available, accessible and providing context around how they were developed and how they could be useful going forward. And certainly I like the idea that you presented here Patricia in advocating that they have some type of review and support for those that need to be improved or changed or a process for that, at least.

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

Yeah, I think for community colleges the idea is curation and amplification.

**Norma Morganti – Cuyahoga Community College**

Agreed.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Okay, that's a great phrase as well, curation and amplification.

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

Just as a point of information, I mean there is a lot of other work going on. I mean, a lot of the deliberations of our committee have kind of focused on I guess for lack of a better term, what I'll call the sort of lower end of the workforce. But for example now there's a new physician subspecialty of clinical informatics, there are efforts to develop certifications at the Master's level and things like that of training some of the leadership. I don't know how much our group wants to deal with that, it's certainly a big part of my world and I don't think we should ignore it, but it really is a whole range of people who work in this area.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

And I guess, Bill, and actually to all the comments I've been hearing, that was the intention of that role list was to start to say, we need to look at different needs in different roles and those themes seem to be weaving in and out of the conversations. It's everything from how do we get the vast numbers of health care workers trained to how do we have the people with the really deep skills that we're going to need. We also don't have any vendors here talking about the problems they're having getting skilled IT workforce. So, there's a broad – a very broad set of needs for people with deep skills, not necessarily huge numbers, but certainly not tiny numbers, so I think we need to be looking at that range of things that get addressed.

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

One of our recommendations was around relationships with say professional associations, trade associations. And we haven't – didn't spend a lot of time talking about how crucial those – when you look at where the incumbent workforce, where the leaders in those provider organizations, for example, are hearing messages, learning about trends, putting things – where they get information or intelligence that puts something on their radar that they need to work differently, they need to be strategizing differently for their organization, that's often those trusted sources for them. And I'd like to see us, as part of our strategy at some point, think about how we can communicate very effectively or help to connect topics or content around how health IT can or should be leveraged related to their – whether it's a provider setting or a professional type of discipline. That's going to create the foundation I think that's missing in some of the provider areas where they don't even know what they don't know. They don't know they should be moving or advancing their workforce or how to use new – how to use technology to optimize the work that they're doing or to work in different ways.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

So partly, I'm hearing – so thank you Michelle for pointing out the value of we as a workgroup making recommendations. But also, ONC has done some of that outreach, but clearly, if we were saying that they should be bold, maybe that's something that needs to be on a regular outreach program for them, so that they're really working with those professional organizations. And not just them, this is a what can you leverage to get the word out? Well, this has been very helpful for me in terms of getting your thoughts as I get ready to meet with ONC and get their thoughts on how this moves forward. Any other final thoughts before we look to get to public comment?

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

Larry, this is Stu Werner. I just wanted to thank you and the others for contributing to the conversation and I love Patricia's line about amplification. I would really encourage you, I think you were talking about the cloud-based and what could have would have been. I think that there's an opportunity to really contrast the paper-based medical files in a way Dr. Mostashari did in that address recently, talking about how the paper-based medical file really didn't provide the information – I believe it was his mother needed. Are you familiar with that story? It's a great one in the speech I think that's referenced here. But I really do think that the general public would benefit from really seeing that contrast between paper-based medical files and electronic health records.

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Great. Okay. Well I appreciate the thoughts this morning; they very are headed in a policy direction rather than let us – getting us into the deep well of specific competencies, I think that's really great. And is exactly the kinds of things the Policy Committee likes to chew on and I think we've had some specifics talked about here in terms of the national curriculum. I think there have been reminders of the need for depth as well as breadth as well as the kind of capturing the mind share and getting into the thoughts of leaders that are embedded in all these organizations, they're hopefully leading these organizations, so that they really understand the kinds of things that these tools might make available. So, this has been really good. Any other comments before we open up the lines? Chitra, would you do that? Would you switch us over to public comment?

**Public Comment**

**Chitra Mohla, MS – Office of the National Coordinator**

Operator, please open it up for public comment.

**Rebecca Armendariz – Altarum Institute**

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

**Larry Wolf – Kindred Healthcare – Senior Consulting Architect**

Okay. Well, I'd like to thank everyone for their time today, for the time that got us here and I expect we'll actually be picking up our discussions. I like the notion of maybe taking some focused areas and having some smaller groups work on those. So, we'll see if we can incorporate that on a go-forward basis. Thanks again.

**Chitra Mohla, MS – Office of the National Coordinator**

Thank you.

**Public Comment Received During the Meeting**

1. It would not cost very much to update the HITECH Students on Stage 2 and Specifics on Stage 1 - webinars, partnerships with private vendors, etc. Mentorships from students that have made it into the industry