



HIT Policy Committee Certification/Adoption Workgroup Transcript June 26, 2014

Presentation

Operator

All lines are bridged with the public.

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

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

Larry Wolf – Health IT Strategist – Kindred Healthcare

Here.

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

Hi, Larry. Carl Dvorak? Donald Rucker? Liz Johnson? George Hripcsak? Jennie Harvell? Joan Ash?

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

I'm here.

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

Hi, Joan. John Derr?

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Here.

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

Hi, John. Joe Heyman?

Joe Heyman, MD – Whittier IPA

Here.

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

Hi, Joe. Kathryn Wetherby?

Kathryn Wetherby – Public Health Advisor – Substance Abuse and Mental Health Services Administration

Here.

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

Marc Probst? Hi, Kathryn. Marc Probst? Marty Rice? Matthew Greene? Mike La – I’m sorry, Micky Tripathi? Mike Lardieri?

Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health

I’m here.

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

Hi, Mike.

Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health

Hello.

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

Paul Egerman?

Paul Egerman – Businessman/Software Entrepreneur

Here.

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

Hi, Paul. Paul Tang? Stan Huff? And Stephanie Klepacki? And from ONC, do we have Chitra Mohla?

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

Yes, here.

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

Are there any other ONC staff members on the line? Okay, with that I’ll turn it back to you, Larry.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Great. So, this is a refocus on some old topics for the workgroup as a whole and an area that’s been getting a lot of activity from a subgroup of the workgroup. So we’ve been focusing on Health IT workforce development and the last we reported back to everybody was basically a year ago, there was an interim report, but basically, a year ago we gave a high-level summary. And so we’ll be updating the Policy Committee on what’s happened in the past year, follow up on some recommendations that were made then as well as reporting out where things are on a couple of things now. So let’s go on to the next slide.

So I guess we should begin by some thank yous and some acknowledgements. So Norma Morganti is on the call with us today as the Co-Chair on this subgroup and she's been really instrumental in pulling together a lot of activity you're going to be hearing about, as well as individual members of the subgroup. And thank our ONC contact, Chitra Mohla for keeping us on track, it would not have happened without her persistence to make sure that the workgroups happened and we staying on track and she did a lot of work to track down many of the stakeholders that we heard from. So, we'll be hearing more about that as we go forward. Let's go on, next slide.

So we're going to be looking at some areas of old recommendations that we're going to be giving you an update on, as well as new recommendations, pretty broad ones, actually, for some of the go forward work of the Policy Committee. And in terms of the workgroup members who are thinking about what we're actually going to be recommending at the Policy Committee. You'll see that the bulk of this is a historic report out and then there'll be some specific recommendations around Standard Occupational Codes, as well as two recommendations about continuing this as an area of importance to future work. Next slide.

Okay, so for the walk through, it struck me, looking at the slides, that I want to make one minor edit. So where it says recommend on the next several slides, this is really recommended, these are things that we brought forward a year ago and the Policy Committee supported those recommendations. So this is really a status report on what happened with the recommendations. The color-coded little bar at top that says current status, you'll see that's mostly green and yellow, because we've made good progress on a bunch of these and a few still have some work underway.

So on this first one, ONC had funded many programs and we said that the results of those programs ought to be publicized. And the good news is that that's happened. So there were some summary reports that NORC put together on the workforce development effort, those were reported actually to the Policy Committee and the information is available on the ONC website as well as some other information that's also been posted. So, I think looking to tie up the loose pieces and acknowledge the work that we've done, so it's there as a reference. Next slide.

There were also some programs to identify core competencies, we wanted those also summarized, disseminated and made available as best practices, and that has been done as well. And I know that there's also been curriculum developed around this that Kindred among others is using and so we're really pretty excited that this work has happened and it actually appears to be very helpful in moving forward with workforce development, so again, a variety of resources available online. Next slide.

Next slide, thanks. And so this is a two-part slide. So, there were some recommendations on some future directions that there should be new program development to address emerging needs, that there were needs for funding of additional programs and future studies on the impact of health IT. And so we did a fair amount of reporting to us from various stakeholders. So this long list of folks at the bottom of the screen is some of the folks that we heard from over the past year.

Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health

And Larry, this is Mike –

Larry Wolf – Health IT Strategist – Kindred Healthcare
Right.

Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health

– I just want to interject and just notice, I mean, behavioral health was not part of that. There has been some work done to – on the curriculum and tailoring it specifically to behavioral health providers.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Great.

Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health

But in the future, hopefully behavioral health will be included in that.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Good point. So these were the folks that we heard from and a lot of their specific information is available in the workgroup meeting materials from the past year. And the next slide – let's go on to the next slide.

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

This is Carl. I just joined a little bit late, sorry about that.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Carl. So Carl, we're going through a history of things we recommended a year ago and current status.

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

Well that could be embarrassing.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Actually, these are pretty good shape.

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

Great.

Larry Wolf – Health IT Strategist – Kindred Healthcare

And then a few things we need to work on.

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

Okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

And so here are the things that then came out of that, some of the highlights. So, impact on direct health IT workforce, one of the things that came forward was apprenticeship models. So there is some funding out of the Department of Labor to support apprenticeships, the concept of apprenticeships as well as some specific programs. And this emerged as a way in which things actually happen in healthcare, that there is a lot of learning at the side of an expert and this might be a way to formalize that and further support things. And we also know through CMS Innovation Fund that some best practices work is being supported. So these were two areas where we wanted to point to some existing federal initiatives that could be leveraged and possibly an area for additional investment as well.

There's also some cooperative work happening with EU, and we heard specifically from some folks in the United Kingdom about work that they're doing and the framework that they've developed and there seem to be some real parallels to the work that's happening in the US. There's an opportunity, right, opportunity exists, so – there are lots of opportunities but this one specifically around centralize health IT workforce resources to really continue the activities that have been happening in the past and help them go forward. So, an effort to really continue to move forward in this area, and it's going to need – if nothing else, continued coordination, and ONC could well be a place for that to happen.

And finally, an interesting conversation existed. We had some hearings, particularly with some folks out of the UK on the role of caregivers. So here, caregiver means the unpaid folks who support an individual in their care, friends and family, who are essential to actually providing services in many ways, and are one of the key determinants in somebody's actual health outcomes. And that we should consider them in some ways, like we do workforce in some of their training and support needs.

So even though they're not paid, that as we do more outreach to individuals to keep them from readmitting to hospitals, to support them in their patient-centered medical homes, that we consider how to engage them and their informal caregivers in the same ways that we engage workforce. So as we're providing tools and training for workforce to understand technology, to use technology to make use of resources. That we should consider how we can extend that to family and caregivers, recognizing that often they're going to be using consumer tools to access public websites, but that they're still going to need training in how to be, if you will, health IT literate. Next slide.

I think I'm actually going to take a break here. So, the next slide talks about the Standard Occupational Code process, and we actually have a fair amount of drill down in this. So before I get into that, are there any comments about the earlier stuff I just blasted through? Maybe this would be a good place for me to take a breath and for you guys to think about anything else that we should bring forward or questions you have about some of the work that the sub-workgroup did. And I should point out that Norma Morganti, who co-chaired this with me is on the phone, so if we have questions that I can't answer, Norma took the lead for the last several months on much of this.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Larry, this is John Derr, do you want us to comment on this, because I know I've been involved with a lot of caregiver work and use of technology. And as you know, the long-term post-acute care HIT roadmap for 2014-16. One of the initiatives, one of the five initiatives is how do we educate the caregivers and how do we pass along the knowledge that we have gained in our care settings, the hospital, the doctor's office, nursing homes and that to a caregiver and to the engaged patient. Plus I'm on this Board for HIMSS Patient Engagement and center thing as well and there's a lot of work in test, just that new grant that's out is also looking at the personal health record and how we do longitudinal. So, I didn't know whether that's germane now or whether you're putting up things that we should work on in the future.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right, so I was looking to give a summary of what's happened around these specific ONC initiatives from the past – that happened in the past here. But John, I think you're right to point out that there's additional work happening on caregivers, beyond just this notion of workforce development. So I don't want to slight that, but this was really intended to focus on the workforce piece.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Gotcha.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I'll try and build a bridge when I present this, so that people understand that there are other activities.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

And I'd just like to throw out an idea I proposed to ONC to Doug Fridsma and other people, but nobody seems to grab on to it, so maybe this is my last time to propose it. But, in long-term care, we do a lot of training of what's called certified nursing assistants.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

And I had suggested over the years that some of that training material all it has to do is be relabeled into caregiver, because that's really – many of the jobs that a CNA does is, a caregiver does at home and that's one training type of resource that I don't think anyone's every tapped. And it's a very structured training thing.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Good point. That's a specific way in...

Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– which caregivers and staff actually line up?

Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health

Yeah, and this is Mike. I would echo that because in behavioral health, we're expanding and using peers much more, and I think that falls right along with what John was identifying.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Great.

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

Larry, this is Joan. I have a question about when you outline these opportunities that exist –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right.

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

So these are part of the description of what's happened in the past –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right.

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

– but I'm sensing that we'd like to recommend that these opportunities be seized in the future –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right.

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

– and is this the place where we would say that?

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, we tried – in a very general way, we get to that on the last slide, I'm sorry, my mic has flipped.

Generally, we get to that on the last slide, where we're looking to recommend continuation of some of this work, but if you feel like there are some specific things we should highlight, it might make the most sense to do that as we go through some of the things that were supported in the past. I don't know, I'm up for people's comments, or whether we just bring those forward to the end.

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

Could we be more explicit in the end and revisit them?

Larry Wolf – Health IT Strategist – Kindred Healthcare

Sure.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

This is John Derr, I've already given mine, I think so has Mike, so, unless you want us to repeat it at the end.

Larry Wolf – Health IT Strategist – Kindred Healthcare

No, I got those John and Mike.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Joan, was there something specific that you saw in the first few slides that you think needs specific reference to be brought forward?

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

Just those three opportunities that you outlined.

Larry Wolf – Health IT Strategist – Kindred Healthcare

The ones that are on the screen now –

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

Right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– prior – let's go back one slide. Thank you.

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

Yes, those three.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Um hmm. Okay.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Can you say what they are, since some of us can't – are not on the WebEx.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Sure.

Joe Heyman, MD – Whittier IPA

And others see four of them.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right, and there are actually four here, there are four oppor – there's one impact and three opportunities. So –

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

Actually, the impact is another one I feel strongly we should recommend moving forward in the future.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, so Joan, why don't you articulate them, since you're bringing it forward, share in the excitement here.

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

Well the first one, it's an impact, but it's also an opportunity for more apprenticeship models and furthering of a CMS Innovation Fund best practices work. And the second is the opportunity for more collaborative and cooperative work. And the third is the centralized health IT workforce resource and the fourth is support for caregivers.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Joan, this is John Derr, the impact, isn't that the name of the legislation that's in front of Congress right now? I mean, that word's being used in numerous places.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right, this is impact as in makes a difference.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

It's no caps.

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

But maybe we should –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Use a different word.

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

– make a point of recommending that these apprenticeship models and best practices should be pursued further.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yup, yup. And I think I'll reword this slide so they all begin with opportunity and then at the last slide, we'll bring them forward as bullets on the recommendation.

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

Sounds good.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Are we ready to talk about Standard Occupational Codes? Okay, let's do it. Next slide. So, Standard Occupational Codes, we've been making great progress here. We finally got a request from the Department of Labor for official input into their next Standard Occupational Code structure and responses are due July 21. So fortunately, we've had a sub-group of the sub-group working on this for several months and we have some pretty good things, I think, to report out. And let's go on to the next slide.

Okay, so the main message here is that today there are classifications that cover clinical jobs that cover information system jobs at the hardware tech level and that cover analytics and information management jobs. But there's nothing that covers the intersection well, and so that's our main point is that there needs to be a new job class – job classification which can have lots of details, that we're calling health informatics that addresses the people who live in that hybrid world. That they have either the right technical background and/or the right clinical background and they've built up the hybrid skills that they can handle the – everything from how you configure applications to how you understand clinical nomenclature to how you get value from the information systems.

And as we went into this whole process and sort of asked the questions about workforce, we could get lots of stats about who are the people who are nurses and docs, and who are the people who are programmers. And we could even get who are the programmers within a healthcare setting, because we also track not just Standard Occupational Codes, but Standard – what are they called, SICs, industrial codes for the care se – for the different places in which people work. But the people who sort of do the make the information systems work jobs; they didn't seem to be well identified anywhere. So that's sort of the gap that we're looking to address. I'm actually thinking of simplifying the Venn diagram, and you'll see why on the next slide. And what we're going to be recommending here is that the Policy Committee actually supports this notion of having a new occupational code to represent health informatics. So, that's the action for us to hang on to as a workgroup. So let's go on to the next slide.

So, some of the work that's been done, maybe I'll start on the left side here – sorry, on the right side, the SOC proposal content requirements. So, these multiple bullet points are the homework that the subgroup has been working on for defining what this occupational code would represent, the nature of the work performed, how it's distinct from other occupations. Examples of job titles, some guesstimates at the number of jobs employed in this classification, the types of employers, education and training, licensing, professional trade associations or unions and how the information might be collected. Is it something that people will self-identify and recognize or is it pretty obscure? And why we're making the change to reflect the current occupational structure.

So on the left side is the high-level summary of that. So there's a narrative definition here of how we're looking at health informatics. And it's intentionally broad because we want it to encompass a wide set of jobs, but it's also somewhat specific in that we're not looking this to be every IT job in a healthcare organization. It's less about the networking guys and more about the folks who do the clinical informatics, who look at the workflow and understand how to adopt it, given new tools. Who look at the tools; understand how to modify them to fit into the workflow. Who understand how to do the analytics related to healthcare and use the information that's being collected by these systems. Who understand the details of the quality measures less from their aspects of the quality they're measuring and more from the information and informatics qualities of the data that's being collected and where it can be sourced and what might be available for automation and could drive the definition of eMeasures.

So that's where this definition is intended to go. And the reason I'm thinking the earlier Venn diagram should be reduced to two circles instead of three is because there's really a tossup of two classifications that we're considering. One is the broad one for healthcare practitioners and technical occupations, and you'll see we think that's the preferred one. And a second that's the computer and mathematical occupations. So, a comment here, our understanding from the folks at Department of Labor is that the 29 series of classifications, the healthcare practitioners, is really intended for hands on caregivers of various types, not family type caregivers, but all of the professions and all of the jobs that are related to actually providing care.

And it does include a lot of the don't have direct patient contact folks, so it includes the pathologists and the radiologists and their support staff. And so there could be an argument that the informatics folks are no less connect – less disconnected from the delivery of care than those folks, that defining the processes by which care is delivered and how it integrates with the information systems, directly affects care and therefore should be in the care grouping. The other one is to look at computer and mathematical occupations, and that's where the existing HIM classification exists. And those who are close to HIM classification really sees that pretty narrowly as being where the medical records folks are. But it's also been seen by others outside of healthcare as well that's the place all these informatics folks would go. And so that's sort of some of the tension here, it's an example of where maybe it's not appropriate to have this in the tech area, because it's misconstrued.

The other reason to put it into the tech area, the computer and math occupations, is that some of the variety of applications of information technology do have sub-classifications within computer and math occupations. In some ways I think it's arbitrary, I think it's more important to have a broad classification that we can start counting people in, than it is to fight over which heading it goes into.

So one other piece that you should know as we move on to the final slide in this group is that there's been a fair amount of collaborative activity – oop, I'm sorry, let's back up. I thought there was a third slide, there isn't. There's been a fair amount of collaborative activity getting this far and that that activity should continue in wrapping up this work. So why don't we back up one slide, let's go to slide 9. Okay, so what we're going to be asking of the workgroup as a whole, and then the Policy Committee next week – two weeks, is to see if we can get support to have a recommendation that goes in to the formal Department of Commerce mill – Department of Labor mill, rather on including this as a job classification.

And there are really two pieces that are probably useful to point out, which is why I wanted to come back to this slide and it's the third bullet about a collaboration of organizations are developing a proposal. So separate from anything that the Policy Committee does, ONC has been very helpful in convening discussions that have supported the work to date and has brought together a pretty big list of stakeholder groups that have worked on this so far. And my understanding is that they're all preparing to submit, if not a joint recommendation, the a coordinated set of recommendations, so that there's a consistent voice talking about a new health informatics code. So that part's moving ahead, doesn't need us to support, but looking for the Policy Committee itself to add its endorsement to this activity. So, do we have any discussion about this?

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Larry, since nobody said anything, and you know long-term post-acute care and behavioral health, I assume that like jobs like the CMS – the MDS coordinator and all the therapists and consultant pharmacists have been taken into consideration in the study.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So that's probably a pretty good point, John. So things like the consulting pharmacists in general I don't think would fall into this occupational group, it's not that they don't use technology, but in their primary job, they're consulting on meds, right. So this is not broadly addressing the whole of all the occupations, this is really looking at those folks who are uniquely contributing to defining the informatics side of the house.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So where there's a – so there very well could be pharmacy informaticists.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Which there are, but I think your summaries – today at least.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, and so we would want to include them in this grouping, so there's a broad intention that there are a lot of allied health fields that have informaticists in them, and we want to identify those people.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

And the one gray area would be that MDS coordinator.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right.

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Yeah, since they're a nurse, usually, but they do – are going to need, and they sort of do informatics, but they're going to need more.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well I think it's like the folks who do coding –

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– right, they need to know how to apply nomenclature to actually reviewing a chart. I'll toss that back to the folks working on this to see if they think that coders, for example, where do they fit? Any other comments about moving forward on Standard Occupational Codes, things you think that members of the committee might have issues with for bringing this forward as a recommendation? I've wowed everybody. Not usually such a silent group.

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

Well what are –

John F. Derr, RPh – Health Information Technology Strategy Consultant – Golden Living, LLC

Well I think the silence is agreement.

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

Exactly. Larry, do you need our endorsement or what do you need from us?

Larry Wolf – Health IT Strategist – Kindred Healthcare

So that's what I'm looking for, I'm looking for the workgroup to say, this is terrific, move forward. Where it says action, have it say, recommendation.

Joan Ash, PhD, MLS, MS, MBA, FACMI – Professor and Vice Chair, Department of Medical Informatics and Clinical Epidemiology – Oregon Health & Science University School of Medicine

Yes, let's do that.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay.

Michael Lardieri, LCSW, MSW – Vice President, Health Information Technology & Strategic Development – National Council for Behavioral Health

Yeah, I would agree. This is Mike.

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

Hey Larry, is there – could we have someone also maybe review all the other healthcare related submissions, the workers comp claims, things like that.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right.

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

– occupation is managed and make sure that we’re reconciling before implementing. The last thing you want to do is have to deal with two of them. Is that part of the recommendation is to reconcile before implementation of something new?

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, help be out understand exactly what you’re saying. So, what are we reconciling?

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

There are a lot of state-based workers comp requirements...

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right.

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

– make sure that we’re reconciling any occupational codes or classifications that are mandated there –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Ah.

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

– so that we could avoid having – to mandate this new one would be wonderful if it was the only one. But if it turned out meaning that now everyone had to deal with two of them –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah.

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

– then I think we’d look back and say it was a mistake.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Sure. And that’s a good point. I don’t know what that reconciling process is, because this can’t be the only area where Standard Occupational Codes get changed.

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

I don’t know either, but I do know they just – them with other things.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay. That would actually be more a recommendation in the context of as the new SOCs get implemented, right?

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

Well, or before they’re implanted –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right, in the transition from where we are to where we will be.

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

Yup, okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

But I guess what I'm hearing, and maybe you can verify –

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

– the model there is to have the guidance to use other things as they switch over to the new, and then make the new visible to more people in the user community, other than just those who deal with third-party liability and workers comp and industrial medicine and screenings.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right. Great. Okay, so I hear that's really more a broad comment about the SOC process than just creating a new classification for health informatics.

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

Correct.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay. Any other comments before we move on? Great, well let's move on. I think we're probably up to slide 11. So two things to move on about, this is really about the continuing importance of workforce development. So we note that in the JASON Report, which is getting all kinds of attention these days, so we figured we'd hop on current news that says we need to have skilled workers. And we've also seen a lot of support broadly for a trained workforce as part of the broad charge that ONC is taking on for interoperable health IT infrastructure. So we feel both of these support that and people could, I'm sure, come up with lots more examples. In many ways, the systems are only as good as the people who are using them, and the processes by which they're being used.

So, we're recommending two things that in ONCs new set of workgroups that this focus of this sub-workgroup continue in some form. And we're suggesting it go into the Health IT Implementation Workgroup. And also that ONC continue to work with other federal agencies and key stakeholders on workforce needs, because a lot of them – this is a traditional area, so ONC may be new, but workforce development is not new. So Department of Labor and other federal agencies have been putting a lot of effort into addressing this in the past and that they should continue to work with those groups to move things forward. And to Joan's point, I will bring forward the four other areas for activity, as specific bullets here for things that ONC should continue to work on. So, any comments about this stuff?

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

That seems good.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I'm going to take silence for consent.

Carl Dvorak – Chief Operating Officer – EPIC Systems Corporation

That was Carl I thought it seemed fine.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay. Thanks, Carl. Okay, well without any further discussion then, maybe we should open this up for public comment. Michelle, can we do it, almost 2 hours early?

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

I think so; I think everybody will be happy to get some time back.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay.

Public Comment

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

Operator, can you please open the lines?

Caitlin Collins – Junior Project Manager – Altarum Institute

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. If you are on the phone and would like to make a public comment please press *1 at this time. We do not have any comment at this time.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well I'd like to thank everybody for their time today, thank the sub-workgroup members for all the effort that went into this it's really pretty wonderful. We have all this work that's been summarized and now supported and we'll be bringing forward to the Policy Committee in a couple of weeks. And it sounds like we have a little bit of homework to do to tweak some of the materials, but we're basically there, so this is terrific.

M

Have a happy fourth.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Happy fourth, that's right.

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

Thank you. Thank you, everyone.