

**HIT Policy Committee
Certification & Adoption Workgroup
Workforce Development Subgroup
Transcript
May 2, 2014**

Presentation

Operator

All lines are bridged with the public.

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

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

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Here.

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

Norma Morganti?

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

Here.

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

Bill Hersh? Chitra Mohla from ONC?

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

Yes, here.

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

Hi Chitra. Don Gull? Elizabeth Royal? Jennifer Pirtle?

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

Here.

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

JoAnn Klindedinst? Joe Heyman?

Joe Heyman, MD – Whittier IPA

Here.

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

Hi Joe.

Joe Heyman, MD – Whittier IPA

Hi.

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

Michelle Dougherty?

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

Here.

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

Hi Michelle. Nancy Brooks?

Nancy Smith Brooks – Education Program Specialist, Division of Academic & Technical Education (DATE) – U.S. Department of Education’s Office of Vocational & Adult Education

Here.

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

Hi Nancy.

Nancy Smith Brooks – Education Program Specialist, Division of Academic & Technical Education (DATE) – U.S. Department of Education’s Office of Vocational & Adult Education

Hello.

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

Patricia Dombrowski?

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

Hi, here.

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

Hello.

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

Hi.

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

Roger Holloway? Samantha Burch? Steve Waldren?

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

Here.

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

Hi Steve and Susan Fenton? And with that I'll turn it back to you Larry and Norma.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, I wanted to welcome everybody back it's been a few weeks since we last met. We've got a pretty interesting agenda for today, we're going to hear from another practitioner this time in Rural North Carolina and then we'll return to some work we've done a while ago on Standard Occupational Codes. Michelle will be ramping up some of the things we've done there and then we'll take a look at where we're going. So, Norma anything you want to add?

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

No, I think we have a full agenda.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay, so Chitra would you introduce our first guest presenter?

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

Sure, I'm delighted to have Dr. Smith join us. Dr. Smith is a Solo Practitioner in North Carolina in Rural Raeford and she has a certified PCMH Practice, and she has also been very involved in Million Hearts and she has achieved a tobacco cessation rate of 92.7%, and also has shown a reduction in LDL cholesterol in her patients so she is doing some amazing work out in the rural area and has some very compelling stories to tell. So, it's yours Dr. Smith.

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

Thank you, so much. I do appreciate the invitation for participating. We certainly want to be able to share as much information with you as well as other physician and providers in the healthcare setting. I was hoping to be able to provide a perspective from the business aspect of the practice in regard to achieving the patient centered medical home.

As we all know, PCMH is certainly a valuable format that has been adopted by the Patient Centered Care Collaborative Committee as well as definitely by the American Academy of Family Physicians and I am a member of that organization and that's great from the organizational stand-point but how do we actually adopt it in the practice, put into play, make it work for the sake of our patients that we're caring for.

And so when we look at the first slide the practice as a business model, we are a rural practice, we are caring for several hundreds of people and therefore the viability of that practice is important for the community and we're going to go through and look at some of the reasons that are obvious and others that may not be so obvious.

The first thing that our group had to do was determine what is the vision of that practice? What is it that we're doing? In our practice we pretty much adopted what our state goals were which is to provide access to care. We were one of five physicians practicing in a community. We did not have a hospital as of December of 2013. A 10 bed hospital has opened, so we were it, we were the healthcare source with the other four physicians in the community.

We wanted to make sure that we were providing quality so whatever that we were doing that it made a difference and that kind of went right into Meaningful Use, and then efficiency in regard to healthcare. So, those three components are always addressed whenever we look at projects in our practice.

The financial viability was very important and noted as an engaged organization meaning we're not just the only ones there we now have the hospital, there are other providers, I do have commitment to our professional organization both the AAFP as well as our State Organization, the North Carolina Academy of Family Physicians, as well as to Medicaid in our state. And so we needed to be engaged with those other organizations to know what their plans were and how can we as a practice participate in that.

I will say that we also had to be malleable in a changing economy as well as a changing healthcare environment. North Carolina had gone through quite a bit of changes in its introduction of the North Carolina NCTracks payment system which created chaos for our practice but the practice still had to be able to sustain.

We recognized that introduction of ACA with new patients coming into the office, different patient types we had to be able to change and we had to show that we could have the potential for growth if that was desired and a strategic plan for the practice.

When we look at our group we actually went through TransformMED which is an LLC of the AAFP and TransformMED assisted us in identifying those areas which were weaknesses and those areas that were strengths and one of the things that came out of TransformMED was that we needed to strengthen our leadership as well as the financial aspects of it.

And so we did go ahead, we reviewed from our leadership stand-point and clarified who was who, we have a practice administrator, a practice manager, a physician clinical director and all three of those individuals those entities could not be doing the same thing, but we all had to be in concert with one another.

We also had to make sure that we had a strategic decision making process, so every year we go through our strategic planning, we update that, we send that out for a 5 year timeframe and we know how that process occurs. The decision making process was important in regard to communicating with the staff so that we're not sending mixed pictures and we're not sending out mixed decisions and so that was very important.

We had to be consistent in what we were doing meaning we couldn't decide to do something today and then change it next month because the sky turned purple, that could not happen and yet we still had to be able to adapt to those changes which may take place but some form of consistency needed to be maintained.

Therefore, we reviewed the principles in terms of change management and again, I say, positive words to AAFP who assisted us in understanding what that principle was and then the bottom line was looking at employee satisfaction, we wanted to make sure that if the staff – if we could satisfy their needs that we would certainly have benefit towards the patients.

The consumers of service, and I use consumers of service in the practice because we sat down and we said, you know, it's not just the patients we're dealing with the vendors, we're dealing with other folks in the community and these individuals consume some type of service in the practice.

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

Karen?

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

Yes?

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

If you say next slide they'll advance your slides for you.

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

Oh, okay, so all I need to say is next slide?

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

Yes.

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

Okay. So, next slide, consumers of service in the practice. We were reviewing patients in the customer model of service delivery which is very interesting because we typically didn't think of our patients as customers but we recognize this is what people were asking for and this is how they wished to be treated in a certain manner, I don't want to say customers as if they were in a store, but in actuality they were coming to our business and they were looking for something in return and so we had to adapt to that, because that's a new concept in medicine is typically not delivered – the care is not delivered that way.

The demands on people to be proactive and to participate in their own care this is a new concept in the past 2-5 year timeframe for example with the insurance companies are now asking do people smoke cigarettes, what is your BMI level and that has an impact in terms of what your payment would be for your healthcare coverage.

And so now people are asked to be a little bit proactive. I know North Carolina is going through Medicaid reform and we've asked for the concept of proactive involvement be part of that so that the patient and the doctor can actually be a partnership in terms of their care and that also meant that we change from the patriarchal or the matriarchal delivery care system it's not so much me giving the recommendation and then the patient take it or leave it, it can't be that way. So, we still have to remember to work as a team.

And then this is interesting, in terms of real-time demand of services, patients now wish to have their laboratory results immediately, they want their prescriptions immediately, lab values everything has to be done now well that's partly due to our technology that we've introduced. So, not only do they want that information but they want that information delivered on a device of their choice and so that meant that the practice had to review and expend in that regard.

We also noted the practice, and this is next slide, I'm sorry, the practice is part of the community and the role that we play in the community and so we recognize what we directly contribute as well as indirectly contribute, we are the physician for some of the industries that are in our small town and so the folks who are out of work for sick time plays a role in terms of the productivity for that company and so that was important.

We also recognized that we needed to be in a position to be a viable player in the physician led ACO. We recognized that that's a little bit into the future but we need to position ourselves in that regard.

Our working relationship with the public health department is extremely important. I do serve as the medical director for the health department and so assisting the health department with their technological understanding as well as the care of those patients and making sure that we have information for mutual patients available to both the health department and myself again we're back to the access quality and efficiency of services.

And then clearly our business relationship with the hospital making sure that we remain on a mutually desired platform and not to engage in any type of competitive behavior. In a small community interestingly enough competition still will occur in that market and we didn't wish to be in a competitive relationship.

The next slide is a very important slide and this slide is every staff member is responsible for the patient outcome. Well, you can imagine the uproar when this was introduced into the employee agreements and this was the key statement to say that if you are in contact with the patient however that contact is that is just as important as the contact that I have and this simple sentence is the team effect that we're looking for, making sure that the staff was on board with what it is that we were trying to do.

And so creating that environment for success is the next slide, so establishing a firm foundation we spoke about we went with the bottom up approach. So, the approach isn't so much the leadership team dictating to the staff what was to occur as opposed to the leadership team being the foundation and raising those areas of concern building on that and allowing the staff to have interaction, be engaged with the leadership team and then we create our project, we create the plan in terms of what is desired.

So, we had to analyze our key staff as internal resources, who did we have available, who were the champions for that project. We reviewed the staff skill set, we looked at personality types and by doing that as we create or decide to participate in new projects we knew what our resources were available in addition if we needed to access external resources.

The next slide demonstrates where we determine we had to access external resources. So, we're looking at the adult learner education model and in a practice of our size we had to seek out resources that were cost effective, educational resources, we had to identify those educational resources that would recognize the time demand, we're asking our staff who are already putting in an 8 hour day, the physician, myself, who is already putting in 10-12 or if not greater hours in a day, and so the educational component did have time demands.

And then we had to look at our rural community and recognize that our staff often have the highest level of education is that of a high school or maybe a 1-2 year degree, certainly an MA, we have our LPNs but their education level is not that of a doctorate level and so that posed challenges.

And then when we looked at our healthcare technology literacy as we were doing our adoption it simply was absent and it still is absent in our community in terms of the education utilizing the community college does a great deal but it's not immediately accessible in our community.

And then we had to look at how much money does the practice have to invest in education and training beyond that of just paying the monthly bills and so on the next slide we had to look at the argument for healthcare technology education and so we balanced it out and the argument is if we could get the staff and the providers and clinical, administrative, everybody has a common knowledge set, if we could do that we would have a greater understanding in terms of what is the workflow, assessment of the technical skills, who knows how to fix the computer when the IT person isn't available and our IT person is subcontracted.

We had to understand team dynamics, you know, what happens when one or two staff members decide they don't want to participate in the communication process and how do we get them re-engaged and then project management because we were looking at different projects like Million Hearts, Meaningful Use attestation and so how do we manage that and still take care of people every day and then again that basic platform for growth. So, whatever we established in education in terms of healthcare literacy meaning the ABCs of HIT can we now use that and grow and develop from that.

And the solution for us was to actually participate in the HIT Workforce Development Course and we did that on line with the Pitt County Community College. Pitt County is about 2 hours drive from where I am and everything was done on line including signing up and getting registered, the entire staff participated, the physician, myself participated, yes it added 20 hours a week on top of whatever hours I had left over in the day, but in the end it was worth it.

And that's where on the next slide we looked at the benefits for the health education, the health technology education and so now we had engaged communication, we had a better understanding of processes, so we looked at PDSA as a major process that is used repetitively in our office, and when I say PDSA the staff knows what I'm talking about and they think team concept.

And then what is the likelihood of buy in for a new project? They will accept that project because they have been empowered, they have the knowledge and they know how to do this. We do the same thing over and over again as opposed to getting the grumbling in the stomach and the heartburn because they're being asked of doing something that they have no idea how to approach that's not the case, they now have the knowledge and know how to approach this. So, there is a greater comfort because they have a command of just basic technical logical knowledge and so the staff really is empowered.

We do see quite a bit of stability in the workplace environment. We have XM radio at our office and I mean there is a lot of activity going on but I can hear every song being played it is very quiet, the staff is moving along, everybody is in position, we are performing our duties, the patients we actually can hear laughter and that's what we're looking for and I mean, I love it, that is a low stress environment yet we're still seeing 40 to 45 patients in a day and we're just moving along seamlessly.

And so when we look, on the next slide, the features of the PCMH staff and again we layered that on PCMH because it was getting that knowledge base from the Pitt County Community College Course, well, yeah, we achieved the Level 3 PCMH and this is our second go around.

We had a Level 3 before and then we had to do it again and so we received a Level 3 the second time around, it was much easier, absolutely much easier the second time after going through the course and I can't over emphasize that because PCMH to get to a Level 3 the first time around brought tears to everyone, but the second time we felt like we had this and we were able to achieve it.

And so when we looked at the office dynamics and the communication just for projects of that nature I have not hired new staff in the past 5 year timeframe, we hired people who were previously unemployed and I was looking at the unemployment numbers and saying "yay we contributed to that" and so – but we've had no turnover.

We have not had need to increase our FTE, we were able to introduce the patient portal a little bit better and so that's great, the patient portal may have actually said that we could possibly decrease our FTE but we're not going to do that we're going to continue to work with the team that we have.

Patient satisfaction, the portal has definitely brought on more satisfaction and so that makes a difference there. We don't participate in wasteful activities if we identify it we eliminate it. And so basically we're looking at – we have an improved chance for success, particularly with Meaningful Use and looking at the determinates that are required for that. So, I really, you know, can't emphasize enough in regards to the educational component.

Let me go ahead to the next slide because this is going to pretty much close this out and my comments. We had to be open minded and so when I say transition to the art of medicine, because that's where I view it now, is it's really a creation that we have instituted and we're moving along, we actually took our entire team to Disney World and we reviewed some of the work with the Disney Institute in terms of connecting with people and how do we actually communicate with people and what are we looking for.

We took our staff when we started PCMH, we took our staff to Las Vegas, it was a gamble why not be in Las Vegas, so we did it and the staff actually enjoyed that, we came back and we got a Level 3 so there maybe something to that.

But the point being is by taking the staff off site and having those types of activities it identified the importance of it but it allowed us to think outside of the box. The Da Vinci concept, what we're talking about there is how do we achieve the ultimate success for that particular project once we have achieved it and we PDSA'd it we continued to do it over and over again until we find it's time for modification, so we call that the Da Vinci process in our office.

And then this is the last part in terms of physician longevity, I mean, I practice in a healthcare shortage area, I need to be able to practice for a few more years and I really don't want to get burned out with stress and anxiety over the new concepts or new demands that are coming out and I enjoy what I do. And so by being engaged and being empowered I can actually go ahead and continue practice and that longevity occurs we may even be able to expand and add additional providers.

So, that is what I wanted to present to the group. I can entertain any discussion items or questions that you may have up if there is time allowed. Hello?

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

Is anybody there?

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

Okay.

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

Karen, I have a question, this is Chitra, so when you – with the Million Hearts Project that you're doing who is doing the data analysis for you?

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

Okay, we are working with CCME, I almost feel like this is a double-blind study for us, because the data is being extracted from our system, directly from the EHR, CCME is doing the analytics for that data, they then provide the analytics back to us and then we review that in staff team meetings to see where we need to have modification.

Now, as a crosscheck our EHR vendor also gathers that data particularly with the Meaningful Use measures and so we'll crosscheck those measures to just see if the data is consistent, are we losing data, for example is the lab vendor data not getting through, are we losing data and is that having an impact in terms of our overall number.

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

Oh.

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

Hi, this is Patricia Dombrowski, I'm at Bellevue College in Seattle, but through the ONC we've worked very closely with Pitt Community College and I was really interested to hear about the effort that your organization made to kind of provide a baseline for everyone within your practice.

I was wondering, I know things change very rapidly, we're dealing with several large consolidated practices on this side of the map, have you had an opportunity, you seem so busy I can't imagine that you have, but have you had an opportunity to map to further professional development opportunities or think about that as an organization?

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

And that's a wonderful question because that's exactly where we are. We recognize that the language of technology changes almost every day and we recognize that there are new tools that may be in existence. One of the things that I did not comment on was the fact that we cannot possibly depend on the EHR vendor to educate us in regard to the Health IT, it cannot happen.

The workflow, the team building all of that that we learned through the Pitt Community College is nowhere near what the EHR vendors utilize in introducing their product in our practices and I've gone through two large EHR vendors and very well engaged with the EHR vendors and this is not their role.

So, that was a concern because some of the products that the EHR vendor is now providing for us I feel like I need to have education from a different source so that I understand it a little bit better and I can go back to the vendor and say, "Yes, this is good, no it's not good."

But, yes, you know, and I asked is there a Part 2 to our initial course? I'm not sure if the staff would be equally happy, but I think, again, they realize the benefit of it and so I would love to see some further continuing either monthly updates or something and have CME attributed to it.

As a member of – a Family Physician member I'm not sure how much CME I was actually able to get and for the amount of hours that I put in I noted I could do self-reporting but it really needs to have a little bit more formal CME on a regular basis and the last part, if I introduce a new staff member, and I haven't, but if I introduce a new staff member how do I get that person on the same level of knowledge that the rest of the staff is on.

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

Oh, thank you, so much, this is genuinely illuminating for us. Thank you very much.

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

Oh, you're welcome.

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

This is Michelle Dougherty and I have a follow-up question and I apologize if I missed it, but could you verify what was the – which courses did you have all staff across your practice take with Pitt?

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

Okay, what we did initially, and Pitt was really good in terms of – because we had the PCMH, let me kind of backup a little bit, we did TransforMED and so we identified the roles in the practice. We had the employee job agreement, so all of that was previously identified.

Then when we contacted Pitt County Community College they needed to know the specific roles, well, great we had already done that and so they were able to match up the different curricula for those employees who needed more – you know, if it was a management curricula then the practice administrator and a manager, if it was more of a clinical then it would be myself and the RMAs, and so we kind of were sub-divided in little groups even though we were working independently.

And then when we came back together, at the end, we recognized that Pitt County had actually educated each subsection so that they could get the highest level of knowledge for the work that they were actually doing in the office and I really think that's important, extremely important.

And it also is my argument against sending one or two staff people or the so called “champions” of the practice, I’m really not in favor of that. I really think, you know, if you’re going to do this then let each staff member go, let them participate, not saying, go, but on line, let them participate in accordance to what their job description is.

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

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

Dr. Smith, this is Norma, just one other question, one of the interesting areas that we had worked on under the Workforce Development Program was trying to connect in the rural space with support of students coming out of our programs perhaps in an internship or apprentice type of role understanding that, you know, you may not have the resources to hire folks on full-time.

Did you see any models like that that had worked in the rural space or do you have any thoughts about those type of experiences to help give individuals coming out of the educational pipeline hands on understanding of what the transformation looks like at the ground level?

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

We actually had one of our patients who communicated with me last week and she said “oh, I’m going to be doing this course at Pitt County Community College in Health HIT” and I was like “wow, my first intern.”

And so what I suggested to her I said “well, when you’re ready, if it’s okay with your faculty let us know if you would like to do an onsite internship, you’ve been coming to the practice for 10 years, why not, you know the practice just as well as we do.” And so I think there is some opportunity for that. That would be great.

Now what I want to be careful of saying is, and I was hoping I wasn’t hearing to have an intern or a graduate to come in and now each one teach one concept, again, I’m a little leery of that, but that’s wonderful for them to now be able to come in see the real rural practice, learn what, you know, some of the ideology is in that practice and how can they now put into play what they learned as an internship type activity I think that is wonderful and I’m hoping Pitt County will allow this individual to come back, because then I can really see, you know, this is work for an internship type situation.

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

Thank you, so much.

Joe Heyman, MD – Whittier IPA

This is Joe Heyman, I’m an OB/GYN by the way, I just wanted to ask how many employees do you actually have besides the three physicians?

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

It’s one physician, myself, and then I have two RMA’s, I have two PSRs, I have a billing specialist, one practice administrator and one practice manager and a part-time billing person.

Joe Heyman, MD – Whittier IPA

Got it.

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

Okay.

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

This is Michelle Dougherty again, one other question, in terms of executive leadership – do you feel like success in this was because at the leadership level of your practice you recognized this had to be done or did you find that it was growing, the need for this type of training and expertise actually came at different staff levels in your practice?

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

I think it came at different levels and again I had mentioned the TransforMED analysis of our practice that's of value and I'm glad you put that question forth, because, you know, the practices have to understand that they do need to go through some type of strategic development and growth.

And yes we had TransforMED in place and for us to then recognize that we needed the knowledge or the educational component that's where Pitt County Community College HIT Workforce Development that came in afterwards, but it was all a transition, it was all part of strategic planning and we continue to strategically plan as we're moving forward into the next stages of Meaningful Use.

Having said that, we recognize that not everything is available for us even with Meaningful Use that we may have to slow down a little bit and that we may have to wait until those opportunities present itself that will work best in our practice.

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

Thank you.

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

You're welcome.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

This is Larry, I wonder if you could talk a little bit about the shift in how you've been using technology as you've been looking at the change in the practice?

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

Well, we are an early adopter and so when our practice became private in 2003 we were immediately on electronic health records. Now where did I come from? I came from a practice who had been in our community for over 50-60 years, the doctor is now deceased, that practice had tremendously aged, I was looking at paper charts of volume 1, 2 and 3, multiple generations, multiple disparities of care, multiple socioeconomic factors in terms of trying to care for those individuals, and they were walking through the door with a problem, now that I cannot see, there is no way I can ever go back to that type of practice, I don't think we would be doing justice for the patients nor justice for the physicians to ask them to continue to practice in an environment of where we came from.

So, you know, just where we are now, and I believe the Million Hearts is an excellent demonstration of what we can achieve looking at our Meaningful Use parameters, I just reviewed ours, we look at them every month, so looking at the parameters that were selected in how are we successful with that, I can actually see a change not only in the individual patients but in a population health management for our community and I can see that and I can modify where we need to.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, really tremendous work here, any other questions from the Workgroup? A pretty quiet bunch today must be Friday afternoon.

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

This is Michelle, I just want to say, thank you, and thank you to Chitra for inviting Karen, I just thought your presentation was incredibly insightful and very kind of luminary on how you were able to, you know, use training and optimize the technologies for new delivery models, so thank you.

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

Well, thank you, so much and if it's okay, I would like to go ahead and sign off, I'm going to go back and attend our meeting and if there are any further questions that you wish to ask me to address please feel free to send to me, again, I love the opportunity and willing to assist as necessary.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

That was great, thank you again.

Karen L. Smith, MD, PA – Family Practitioner – Raeford, North Carolina

Thank you, bye-bye.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay, Michelle, I think you're up, do you need any kind of introduction or are you ready to rock and roll?

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

Oh, I think we've all been versed on this topic for quite a while. So, thanks everyone and Chitra asked me to lead a discussion around the development of a summary report taking a look at what content we had identified and collected over these past number of months related to our delving into Standard Occupational Classifications for the Health IT Workforce. So, if you want to go to the next slide.

Basically, we're doing this because the Federal Register Notice was not released as we had anticipated early in the year so we find ourselves at a point where we may need to wrap up this work but we want to have some kind of formal or official deliverable that summarizes the investigation and recommendation that we've done. So, that's just a high level purpose for why we're looking at this type of report.

So, today with the time we have my goal is just to reiterate or go over what the structure of the report could look like, reiterate some of the information that we had already pulled together, get feedback, identify other potential sources or content and then determine our plan for completion of a summary report by members of this Workgroup. All right, next slide.

Okay, so I put together this overview slide and then what we'll do is go through each of the sections, have a quick not a detailed discussion, but a quick discussion of what we collected already, this would be a great time if people have opinions on some additional things that should be addressed or structure of the report that could change. This is just the general overview of what we might want to address.

And so, at a high level, you know, what was overall recommendation, as a Workgroup what was our rationale, some background on the SOC process, what is in place for Health IT occupations, some of what we've gathered in terms of where the gaps are, we could pull in workforce data as well to provide some information for why we went in the direction that we did and then get into definitions since we as a group had felt like the gap was in that health informatics area as a broad category.

Then pull in the work that we had done in identifying the work completed or tasks performed and the activities, the knowledge we had identified some job titles, so our background report would basically start pulling in those pieces education, wages and employment and then rounding out with professional organizations continuing that.

And by doing this and using some of the common structures for our proposal, although, you know, this would summarize our work and our findings or key points, than when, and if, the Federal Register Notice does come out, we'd anticipate that it will come out at some point, the report could be the foundation for a proposal that would get submitted whether by, you know, certain groups or a collaboration of groups or associations.

So, that's the overall structure. So, I'm going to maybe stop here and just get a sense as you're looking at that broad structure for the report are there any comments, anything you see that I'm, you know, missing in particular that we should definitely include?

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

Hey, this is Jen Pirtle talking, I'm on the SOC Committee so one thing that you will want to include that I don't see here is training for the job.

So, if there is specific training that is different than one occupation than another that's something that you'll want to highlight, like if there is really specific training that's needed for one over another that would be an argument for why you would want to separate them out.

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

Ah, thank you.

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

So, I would add that as kind of a summary section is the training involved.

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

Okay and so separate from education, because we certainly have academic programs or is it maybe a training and education component?

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

Yeah. I mean, but I think you would want to highlight that more than some of the other things.

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

Okay, great, great point, thank you.

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

Yes.

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

Any other suggestions for the flow of the report? And we'll dive into each section briefly so there will be more opportunity to flush a few things out. Okay, hearing none we'll go to the next slide.

So, just to refresh, we circled around a lot of different kind of exploring different occupations and getting to know both the structure and use of the SOCs and how there are occupations that then with reporting, HR reporting, it might designate that this occupation has, you know, how many are working in healthcare on those and so we learned through this process of how for example some of the IT specific roles would get reported through the reporting process for SOCs and so that's when we honed in on where felt the gap was in the informatics area.

We also explored, although I don't think we made a final recommendation, we were waiting for the proposal to come out, but we explored different ways of where we would suggest this classification be included, everything from a new major group to, you know, potentially a minor group or a broad category and so we'll have to – I think our background should explore the different things we considered and if at the end we do have a recommendation we can include that as well off the bat and then let our content support why we recommend that.

And ultimately we felt like if – and we had been kind of encouraged and tutored along the way around this is a classification system that makes small incremental changes over time not large changes and to look for simple ways to modify the existing system if we could, you know, so those were just some advice that we had received, but I think as a group too we were looking at how with a major, I'm sorry not major but with the heading of health informatics could we have an infrastructure that grows.

So, as new or additional informatics occupations were identified they would have a home and there would be an umbrella that had already been the foundation for it. Any comments on this? Okay, hearing none, the next slide.

This is the rationale and background section. I do think we have probably – we have a lot of flexibility here. I just jotted down a few ideas of things that we'd want to include. We had started with some background information that we could pull in. We were waiting for the Federal Register Notice to see what might be required for proposals rather than invest a lot of time and justifications.

So, I think there is opportunity in this area for us to – where we have a little more work to do, although we've had quite a few discussions I think that will help us and now that we have more focus on the informatics area as a gap I think that gives us something to focus on as well, but I thought it would be useful for us to recognize that or identify that as a Workgroup we had recommended what the Health IT Workforce entails or encompasses in terms of occupational buckets and early on we had identified the clinical kind of informatics analytics and then information system buckets as a very broad heading.

I embed into this slide a resource that I thought was really interesting and it could be potentially a reference material, you know, for us to help show, you know, the depth and breadth of Health IT occupations and, you know, although this is from UK so I'm not sure how the SOC Policy Committee, as they make decisions, would be interested at all in a Non-US-based resource, but the UK through their NHS has defined their Health IT occupations and job families, they call – Health IT is not the umbrella definition health informatics is and they have 7 job families that fall underneath it, very, very interesting, they have a very interesting matrix. So, I just put it out there more as an FYI than anything else.

But I thought our background information beside talking about the Health IT Workforce should include an analysis of our mapping so people can see how we analyze the types of roles you find under the Health IT bucket to existing classifications so people could understand, and this is probably more for the report than it would be for a future proposal, that we didn't just exclude certain areas because – in defining or proposing a new SOC but we clearly were able to identify where there was a gap and a gap in a significant job family that needed to be filled. Next slide.

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

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation
Yeah, oh, thanks Pat, go ahead?

Patricia Dombrowski, MA – Director of the Life Science Informatics Center – Bellevue College
Hi, yeah, this is Patricia, boy this is a lot of work you did, this is fantastic I feel guilty just looking at it. Regarding the last slide I wonder if we could might go back?

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation
Yeah, you want to go back, thank you.

Patricia Dombrowski, MA – Director of the Life Science Informatics Center – Bellevue College
Oh, thank you. To the – I understand you included the NHS information just sort of as an example. The thing that I'm wondering about here is if the case is made for the rationale and background these categories speak more to health information management than health information the technology of health information and I think that we want to make sure that we're including both.

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

Patricia Dombrowski, MA – Director of the Life Science Informatics Center – Bellevue College
Is that your view?

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

Patricia Dombrowski, MA – Director of the Life Science Informatics Center – Bellevue College
Oh, okay.

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation
Yeah, you know, it's interesting when I look at the UK they have a whole job family for information and communication technology but that doesn't mean this is right and it's not necessarily right for us, but it also gets into everything from education to project management, it's a whole – and the knowledge management, so it's an interesting – it would be an interesting dialogue or debate to assess that as a group, you know, we don't have a resource like this in the US that helps understand the full umbrella, it provides a great example, but it maybe not a perfect fit for us.

Patricia Dombrowski, MA – Director of the Life Science Informatics Center – Bellevue College
Yeah, thank you so much.

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation
Yeah. Okay, and then any other comments before we move on?

Okay, next slide which continues on the rationale and background that this would be a good place to include workforce data that we have and I know we still need to identify the sources. We stated on a number of calls that it would be great to connect with our various partners and associations around providing data that would support the size of the workforce or the roles that we're proposing because we'll need that work for a proposal anyway.

So, at this point I want to stop to see if there are other suggestions for the rationale and the background section. What else would you expect to see in a report and based on maybe discussions that we've had as well?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Well, it's Larry, let me jump into the silence here.

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

Yes.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, it struck me way back on your early example slide of how we might do the classification that for a long time I've been thinking about the informatics role as its own set of coherent functions and that then had sub breakouts into like nursing informatics, but when you listed the different kinds of informatics groups it got me thinking, you know, different, if you will, traditional focus for healthcare and then, you know, with informatics tacked on, it got me wondering about how people see themselves.

So, someone who has been a nurse and does some informatics work and says "hey, I really like this" and becomes kind of the fulltime nursing informatics person in an organization does that shift how an individual would describe themselves and how they might show up in a Department of Labor Survey if someone said "so what do you do" would they say "I'm a nurse who does informatics" or would they say "I'm an informatician who does nursing, who has a nursing background."

And I wonder if it's sort of two sides of the coin, if you will, and actually an important dynamic to bring into our discussion and it's not just about where in a nomenclature tree you put something, but really about how the roles and the individuals are changing over time.

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

That's a good point and I don't necessarily have an answer to it, you know, how you decide to classify, but I think back to the presentation that we had by the VA and how organically individuals in certain roles or jobs with, you know, across the VA found that they didn't fit here or there, this department or, you know, direct care whatever it might be, and they were doing these related functions and they began to connect as a group but lacked an official structure to categorize them, you know, and so I thought the VA's, their presentation and the challenges they had as an organization because of the lack of categorizing could be a – we may want to tap into them to help articulate the problem of not having some way to classify these occupational roles.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, really breaking free of sort of the traditional clinical roots that the individual or the training might have come out of.

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

It seemed like they used these common, I don't know whether it's roles, functions, skills whatever it might have been, kind of broke out of their departments or would see people in this informatics role be – they would work in various departments but they came together with a more functional skill level, I don't know if that's the right way of saying it, so, but you're right I think it does break free maybe of some of those traditional ways they may have categorized themselves, like I'm a nurse, you know, where they realized that they're not a direct care nurse they're doing something different.

But, I'm going to jot down a note that it could be advantageous to go back to the VA and talk about the challenges of not having a classification systems for the informatics type roles.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

And that might also inform ultimately our recommendation on –

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

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Whether they should be dispersed out into the –

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

Right, true.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Goals or if they should be grouped together.

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

Yeah, because I do think the clinical versus the computer and math major categories, I think that's still on the table in terms of what is the right strategy to go forward with a proposal, this is not one that I think we may end up having a recommendation, but, so – okay, any other comments?

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

Michelle?

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

Yeah?

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

I'm sorry, it's Norma, one of the things I was wondering about the workforce data is there any recent reports that are out that we can point to that are talking about the shortage of qualified workers in this space and I'm only suggesting that because –

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

Good idea.

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

Yeah, the need for really connecting the education, training and the growth in this space through this type of formalized structure with the SOC.

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

Right or are we missing the growth that's what I wonder about because certainly I think recently there was a Department of Labor report that came out that talked about a growth in one of the other SOC's more related to our domain in HIM that were very specifically attributable to the medical record type administration role.

But what we don't know, because we don't have a way of tracking it, are the informatics roles and are they categorized there, I doubt it looking at the types of functions that are reported. So, are we completely missing the growth and you can see the growth when you look at job boards and new positions and things like that and they're just getting missed.

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

Yeah and I guess there is some anecdotal evidence in reports that came out through various articles lately that are pointing to this that you're right may not be being captured in formal data –

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

Yeah.

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

Because we don't have a place to put them necessarily.

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

Right, right, you know, and one of the things that Chitra and I talked about is how to bring in the HR component because they fill – I believe fill out the reports and how do they, you know, capture and report what are the challenges that they face because ultimately they would likely be the groups that are surveyed to validate whether this really is a new classification, occupational class that needs to be recognized, if we get passed that hurdle, and so tapping into that group and perhaps including their insights could be highly valuable.

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

Yeah, I would agree with you, so thank you for that.

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

Yes. All right, any other comments, all great feedback on what else to include in this background section?

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

I was just wondering if Jen had any insight into how HR looks at these codes?

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

I'm sorry, I don't, the Census Bureau has done a little bit, has a little bit of research but what we found was like they don't necessarily – people don't necessarily differentiate health informatics nurse between other nurses or nurses within specialties they just say nurse. But we didn't – I didn't specifically look at any of these occupations so I don't know I'm sorry.

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

Okay, thank you.

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

Yes, thanks. Okay, just to keep us going, you want to go to the next slide. Definitions, I was also looking at the – we had used as a model the nurse informaticist information that's on O*NET they also had a proposal that they developed that went in a number of years ago and they included a definition and I'm like, oh, do I really want to open a can of worms by including a definition but I don't know that we're going to be able to get around it just because I know there really is a strong difference of opinion around what is informatics, health informatics and the various difference flavors of it.

So, I wrote this slide with a little bit of trepidation to say the least, but I pulled some definitions together and I do think at some point we're going to have to decide on our working definition, you know, what did we believe or see that was unique to an informatics occupational role that is clearly different and I think what we write in the definition is going to be really important because it would help either justify or point us in the direction of which classification because I know we weren't necessarily crazy with the fact that the informatics might be under the math and computer area versus the healthcare area and yet O*NET classified nurse informatics and the public health informatics under the math and computer.

So, is it because of the definition, did we miss, you know, something there, so I do think we're going to have to come to some common working definition for our summary report on what we saw as key components in this occupation.

So, and these examples are nothing more than examples that the group as we get through the report would use plus others and so I'm interested in one your opinion on the definition or other sources. We can do a late review I know there is a lot written, so I don't want to disregard that as part of this process as well. All right, hearing no comments let's go to the next slide.

Now we move into some familiar territory because we spent a few Workgroup meetings on these areas where this would be a place where we talk about the work that's performed, the tasks and the work performed and so what I've done and there is still wordsmithing to be completed as part of the report, but these next two slides just pull together in a bulleted list those the work/task that we see as performed in this informatics occupation.

So, I think once we see it in a report that will be another good time that we can do some refinement, so this is just meant to pull together past work that we did and make sure that we include it in the summary document. Any comments on this slide or you can move to the next slide as basically a continued list. So, any comments?

All right, hearing none, the next slide gets into work activities, again, this was work that we did collectively in analyzing the O*NET nurse informatics role and then looking at how we broaden it and add maybe – it's been a few years since that was included so kind of more of a contemporary view and inclusion of activity so we'd want to include that as I said in our proposal or in our summary report I should say. Any comments on work activities before we move on?

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

Yeah, Michelle –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, this is –

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

Oh, go ahead Larry if you need to – go ahead.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, what struck me reading this page is how generic it is, it doesn't really speak to the informatics part of the work activities, right?

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

Yeah, right.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I mean, these are activities that someone is doing but it doesn't really communication so what makes this an informatics job.

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

Yes that's a great point and that could be something we add on to each of these.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes that's where I was going with that thought thanks.

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

Yeah.

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

Yeah and this is Norma, I was looking back when you talked about the definitions and, you know, questions on that so I think that's where some of the work tasks performed may not be reflected in those formal informatics definitions so we may want to cross check what we agreed upon with the work tasks for them back.

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

Okay, so crosscheck the definition and the task performed?

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

Yeah.

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

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

Yeah, because support, maintain, implement those things may not be reflected in those more formal traditional informatics definitions.

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

Joe Heyman, MD – Whittier IPA

This is Joe, you know, I'm a Chief Medical Information Officer of my Health Information Exchange but I don't think I'm an informaticist and I don't even know if I am or not. It's kind of interesting because I certainly have, you know, limited computer information, I know what physicians want but I can't do programming, I, you know, can't do anything with HL7.

So, it's kind of hard to know exactly what a CMIO is. I'm sure there are some CMIOs who have a tremendous informatics background who are also physicians who could sit down at a computer and write out a program, so it's kind of interesting, I mean, I don't know how you divide us up.

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation
Yeah, that's a good point, but you did however know what HL7 was so you're well on your path.

Joe Heyman, MD – Whittier IPA

Yeah, no, obviously I have to know that, but what I know about HL7, you know, I know there is balloting, I know that there is some direct standards but if you showed me one of those I'd never know it was an HL7 standard.

Michelle L. Dougherty, MA, RHIA, CHP – Director of Research & Development – AHIMA Foundation
It's an interesting and fascinating point and very – as we look at like this path and activities as well as the different – you'll see there is kind of a list of different titles, job titles that help define your question or not, or answer your question or not, I don't what the answer is I'm not sure.

Joe Heyman, MD – Whittier IPA

I'm not either that's why I'm bringing it up. I'm just saying that it's kind of – I'm sitting here when you were talking about doctors, I mean, I fell into this job because I wanted to have a Health Information Exchange in my community, I realize somebody had to be a champion, I offered to do it and, you know, my job is like cheerleader making sure that everything that people want is there, trying to change people's expectations of just how much they can have that kind of thing and then selling it to the community and selling it to the doctors, and making sure that the vendor is carrying out their promises, that's basically my job.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

And Joe I think those things are really important it's very easy for us in looking to define a set of roles to sort of dive into the most detailed individual contributor level role, but without the executive component to this it doesn't happen.

Joe Heyman, MD – Whittier IPA

Right, exactly.

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

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

And having that champion is absolutely critical to success for any of these projects let alone sort of moving this forward as a coherent discipline of some kind.

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

You know, something we've circled around I think since our inception was, you know, who is the Health IT Workforce and, you know, we did our buckets and we're seeing examples of some more well defined buckets, but I think in the US the scenario that we could – additional resource, we could have additional resources to clearly understand the scope and opportunity in this area including some of those clinical informatics type areas and does that include a CMIO at an executive level.

So, there really hasn't been anything official or formal that's been defined to guide an industry. I'm going to keep us going because I'm afraid I'm already over my time.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes.

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

So, if we go to the next slide, the – let's see, this just gets into knowledge and there is quite a bit of updating actually from this, we thought this was very dated.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, I like the circuit board piece.

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

Yeah, exactly.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

If you can't design a circuit board forget it.

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

Yeah, it definitely needs updating and then the next slide is just a list of some preliminary job titles that you would find and we had made a notation that we wanted to look at, other job words and titles that came from some of our different associations and then the general workforce.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, I think to Joe's example, we're missing the executive jobs here.

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

Yeah, yeah, exactly.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

We don't get above a director.

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

You know and some categorization I think would be really important because we tend to struggle with this and yet in job families there often is an entry level an intermediate, an advance, and an executive/leadership level and you're going to see the same thing in informatics and I think that's why we're struggling with a broad category because it's like, do you put that chief medical information officer in the same category as a more entry level, you know, how do you have one classification that shows that.

So, I think if we're able to show a progression of occupations already developed or emerging, I mean, I shouldn't even say it's not even emerging it's here, I think that's going to be important for us to illustrate and so perhaps I might make a note on the job titles is we need to maybe do job titles by level and show the progression and stepping stones.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes.

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

All right.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, there are multiple dimensions here.

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

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

As we had in some of our early discussions.

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

Yeah, exactly. Okay, the next slide starts to get into education. So, what we heard was to add perhaps prior to this training, some type of summary on training needed that's unique and we know that there are some unique both academic programs, training programs, additional certification programs, emerging credentials, I mean, there are a host of things that are in play that start to show how it separates out some unique skills and then to be able to show the programs themselves or academic programs that are on the market now or used to train the workforce now.

The next slide, based on our data we would, and perhaps over our different levels, might want to show both qualifications and/or wages and employment opportunities and so who are the employers of informatics professionals and things like that.

So, I see this maybe being more of a matrix particularly if it comes in with what are the job titles then you might be able to show some type of summary of wages and education levels or specialized training and employment opportunities.

And then the next slide, this is the professional organizations, continuing education needs of the occupation and so we know who the major players are plus others that will be able to tap into for this section. And the next slide.

I think being able to provide background information or our references and resources to validate the data and the assumptions I think will be important for this report as well. So, left a spot for that and that wraps up the structure of what our report would include and I think it would be very easy to have it be very long, but I think all of us, if we can try to be very concise and to the point it will be useful and achievable.

The next slide just goes over some next steps for us and timelines which is, you know, as a committee we'll be looking for volunteers to help with the development report and I think a divide and conquer strategy may be useful as we confirm the structure and the content, and then we'll want to set some milestones and meetings that are working group meetings on report development, so perhaps some offer to write the draft bring them to groups we are able to comment and respond, and eventually pull a report together.

I believe the target completion date was by the, I want to say, end of June, so I want to confirm with Norma and Chitra, was that our target completion date or was it earlier in June?

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

I think we said end of June.

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

Yes, okay. So, that is the plan for summarizing the work that we've done over this past year on SOCs. So, that's all I have, open to any other comments or questions before we – I know we want to move into our other discussion.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, Michelle, this is really terrific, it really pulls together a huge amount of work that's already gone on and I think the discussion today is focused on some areas that would sort of tighten this up in terms of getting it ready to actually hand over to the Department of Labor.

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

And Larry, this is Norma, just to clarify then you would take this back to the present to the working committee right?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, so, you know, our reporting relationship is this goes to the Workgroup as a whole and then it goes to the Policy Committee. But, I think our desire here is to have something we can actually have as a basis for when that request is issued by Department of Labor for input to the next round of standard occupational codes that this work is ready to go.

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

Yeah, that it could be updated and modified but there is a rationale that can be leveraged by hopefully multiple groups and groups who come together –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, taking your end of June as a lead into the next piece its okay to do that transition are we ready?

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

Sounds perfect.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, Karen DeSalvo at the last Policy Committee meeting announced that in her new role as National Coordinator that she is shaking things up a little bit and she is reorganizing the Workgroups which means that our Workgroup will get reorganized as well and that the current plan is for the Certification and Adoption Workgroup to kind of wrap up its current work by kind of July timeframe and then its activities will fold into the new structure that she is developing.

So, I think this is a perfect time for us to think about how do we, you know, it's like talking to our new boss, right, how do we present what we've done in a way that communicates its value and serves as a useful base for assembling, picking it up and taking it forward and positions us and our work to have a home in the future structure. So, I think broadly that's the kind of stuff we're looking at here. Norma and Chitra, things you want to jump into with introduction here?

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

Yeah, Larry, it's Norma, so I guess the thought process that I had here and we've heard from so many stakeholders during the time that we've been working and especially as we were preparing our background for the SOC code and so forth, and I think the thing I keep coming back to is that it's challenging for those of us who have been immersed in this field over the last, gosh knows how long, of time that we all may have been in our professional pursuits in Health IT or education and training, but it's a very complex area that is changing very rapidly along with the rest of healthcare and I feel as though the ONC continuing to support workforce initiatives or advocate even to other agencies and other organizations is going to really help, continue to cement support for the gap in workforce.

So, I guess what I'm hoping that we'll be very strong advocates for the continued infusion of workforce development as a support for all other initiatives at the ONC.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

That says it really well, that's our one line recommendation.

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

Okay.

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

This is Michelle, I just want to –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Workforce is foundational.

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

I just want to note that we are still working on refining the work plans and the charters for the new Workgroups and we're going to be chartering based upon the current work that's happening, so as Larry knows, Certification and Adoption Workgroup and this Subgroup has work that still needs to continue and finish up through the summer.

So, we won't be transitioning to the Implementation, Usability and Safety Workgroup until all of that work is complete. So, we don't yet have a charge for that group, but I hear your recommendation and I will make sure that it is noted.

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

Thank you.

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

Yes.

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

I think, Karen, this is Michelle, I think Karen's presentation today was a fantastic example, and very illuminating in terms of how workforce training became a foundational part of being successful in new care delivery models, and leveraging the technology to help meet the vision that we have for reformed healthcare system. So, anyway, I thought it was a – it showed that we still have work to do and she gave us some very specific examples of what she needs to stay on top of things.

Joe Heyman, MD – Whittier IPA

This is Joe, in response to that let me just say that I think that she's an extraordinary example and that I think to try to derive what we need from her as an example is going to be very difficult because I think that what she has done is a really hard thing to do and most physicians I don't think would be as motivated as she is to have accomplished it.

She has a lot of employees, I mean, I can't imagine what her overhead is, but it's huge. So, she must be bringing in enough income so that it covers that and keeps her comfortable as well, so, she must have a lot of clinicians working for her. I couldn't figure out what all the abbreviations were when I asked her how many people were working for her, but she's got a lot of people for a physician.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

For a solo doctor.

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

Yeah.

Joe Heyman, MD – Whittier IPA

Right.

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

What I thought was interesting about the presentation was it's actually something similar that's happening at the EU/US Workgroup which is identifying some of those foundational Health IT type competencies at a very basic level that for example direct care workers need or that administration and billing staff need so that some of the, you know, new approaches to care delivery can be realized because they're made possible with the infrastructure and technology. So, that was just one of the thoughts. I don't know that we've been able to tackle that and yet it seems like there is still work to be done and that there are some emerging resources that could be leveraged.

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

This is Patricia, thank you especially Norma for putting my thoughts together in words. There is one other piece that I want to add and that is we've been talking a lot over the course of our work together about current need and meeting current need, but creating a pipeline so that the Health IT workforce development structure and actual structure or pieces of that can start to be built I think is absolutely essential and it hasn't been something that we've taken on directly because we've been more concerned with the immediate need, but that structure of the pipeline construction is very important.

The emphasis I think that if we are permitted to continue, emphasis that I would love to see and I think all of us are behind, is how best to bring strength to Health IT workforce through the inclusion encouragement of marginalized and underserved populations, veterans and then turning toward new constituencies like an emphasis on public health, long-term care, alternative providers and behavioral health and not the sort of the nuclei that we started with but looking out at the very important concentric circles both on the employer side and on preparation side for progression into professions in Health IT.

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

Thanks, Patricia, I concur, this is Norma.

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

Thanks.

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

Great, great points to be added to the discussion.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, I wonder with our recommendation slide sent out that I think is from one of our earlier presentations to the Policy Committee is that something worth putting up on the screen to set out there for the presenter to show us, yeah that one.

As, you know, maybe we tweak the wording a little bit, but this looks like a pretty good summary of many of our earlier recommendations and there might be a few things we could add from the presentation, what two months ago, to the Policy Committee, some additional things that we covered.

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

Yeah, I agree, Larry, including some of the new insight that we heard around the challenges in rural and underserved communities.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, I think Joe's example too of how much we expect from the solo practitioners, maybe unreasonably expect even.

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

Is there an advantage, this is recommendations or do we also frame that in terms of there is still work to be done, you know, and this is specifically –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah.

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

What we think needs to continue or be developed.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Right, so the context for these was summarizing some of the work that ONC has already done but I think maybe over the next few weeks we can, you know, probably looking at the end of June timeframe as well, maybe actually – maybe the beginning of June timeframe is to adjust these to represent kind of the journey we've taken and where we are now and not to – you know, the existing presentations all exist so we don't need to recapitulate all of them but to have, you know, six or eight key points that we think are important for ONC to consider as they move forward.

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

And Larry, this is Norma, if we could include kudos to Chitra Mohla and the team at ONC for their support –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes.

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

In bringing folks forward that really informed our work to date. So, thanks, Chitra.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, are there any other thoughts about key things that we should capture or maybe this should be homework for the group, maybe we could send out something in advance for our next meeting Chitra to get people thinking about what are the key points that we want to make sure get communicated to ONC, what are a couple of challenges in front of us we think need focused continued work from the Workgroup.

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

Yes, I will do that.

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

Yeah, I think that worked really well last time Larry, because there are obviously a few folks who were not on the call today, so we'll be able to get everybody's input then, it would be good.

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

This is Michelle, I think being able to spend some extended time on a call to flush out some of those ideas and also kind of think back because we have been hearing from different groups, kind of revisit who did we hear from, what were some of those key messages or takeaways, do they shape or inform these recommendations in a way it would have been new information from the point that we wrote them before. So, that may be helpful for us to all kind of get to the same spot in terms of where some future activities are needed.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

That would be great. So, I think we just sketched out our agenda for our next call.

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

Yes, agreed.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Anything else before we go to public comment? Well, let's do that, let's open it up for comment.

Public Comment

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

Operator can you please open the lines?

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 or if you're listening via your telephone you may press *1 at this time to be entered into the queue. We have no comment at this time.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay, I'd like to thank everybody for their time today, good discussion, some good thoughts to where we're heading and look forward to our next call.

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

Thanks everyone.

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

Thank you, bye-bye.

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

Bye-bye.

Public Comment Received

1. I'm an Informatics nurse by degree and so some of us have a degree in informatics and some join the profession by thru what you described
2. Work activities include design, build, testing, implementing, teaching, workflow analysis, strategic planning, physician adoption