

**HIT Policy Committee
Certification and Adoption Workgroup
Workforce Subgroup
Transcript
December 10, 2013**

Presentation

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

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 Workgroups, and it's their Workforce Subgroup. I'm having to refresh my computer, I just lost my list, I got it back. So this is a public call, there will be time for public comment at the end of the call. As a reminder, this meeting is being transcribed and recorded so please state your name before speaking. Also, if you're not the person speaking, if you could please mute your line, so that we don't get the interference on the call. I'll now take roll. Larry Wolf?

Larry Wolf – Health IT Strategist – Kindred Healthcare

I'm here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Hi, Larry. Norma Morganti? I know Norma's there. Samantha Birch? Patricia Dombroski?

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

I'm here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Michelle Dougherty?

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Susan Fenton?

Susan Fenton – Assistant Dean for Academic Affairs – UTHealth School of Biomedical Informatics

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

John Gull? Bill Hersh?

William Hersh – Oregon Health and Science University

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Joe Heyman? JoAnn Klinedinst? Elizabeth Royal? Gretchen Tegethoff? Steve Waldren?

Steve Waldren – American Academy of Family Physicians

Here.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Nancy Brooks? Ed Salzberg? Stuart Warner? And are there any ONC staff members on the line?

Chitra Mohla – Office of the National Coordinator

This is Chitra Mohla.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Hi, Chitra.

Chitra Mohla – Office of the National Coordinator

Hi.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

I will turn it back to you, Larry and Norma.

Chitra Mohla – Office of the National Coordinator

Has Nadra Tyus joined? Alan?

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Sorry, Chitra, who was that that you were asking about?

Chitra Mohla – Office of the National Coordinator

Nadra Tyus from HRSA.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Uh, No.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

It doesn't sound like it, no.

Chitra Mohla – Office of the National Coordinator

Okay, thank you.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I'll do an introduction, but I think we're actually missing our first presenter. So this is Larry Wolf. Welcome back to the sub-workgroup on workforce development. We've got a continuing saga here with standard occupational codes looks like we've got some things in the works to actually move that discussion forward, I think we'll make good progress today. And then I've got a "what do you think?" question for us to wrap up with about caregivers.

Chitra Mohla – Office of the National Coordinator

I think Norma is having trouble dialing in, Alan.

Alan Merritt – Altarum Institute

What number is she dialing, do you know? The number is 877-705-2976.

Chitra Mohla – Office of the National Coordinator

Okay. I will send that to her.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

She was on the line, I'm not sure what happened.

Chitra Mohla – Office of the National Coordinator

Okay. I'll email her the number.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I'll give her a minute, and we'll give Nadra a minute as well. And if not, Michelle, you're on, correct?

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

Yes.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So we might hop to your presentation then.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

So, Michelle, maybe, and Larry, maybe we can move to Michelle on the agenda and then flip back if we get Nadra?

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yes.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

Sounds good. I know I sent my slides to the group. I wasn't sure if you'd like to display those. There you go, thank you. And, Chitra, the slides probably would have made more sense with Nadra's comments. Can we highlight some of her thoughts in the email that was sent to the group, or do you think we should hold on that?

Chitra Mohla – Office of the National Coordinator

We can hold on that. Maybe we can bring it up later at the end.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

Okay. maybe just to paraphrase, some of Nadra's comments were around the approach, that we were looking at in terms of how to build on existing classifications, and also thinking about whether the workers we're talking about – occupations we're talking about, are primarily, computer-based type individuals, versus those that intersect with patients, patient records and patient data. So those were a couple of interesting comments. And one of her other comments was about low-hanging fruit. and so that's why I structured the presentation I'm doing in a way that starts with how do we build on the existing infrastructure, and then other options into, you know, brand new categories. So if you could switch, or move to the next slide.

Just to highlight some information that's in this presentation to facilitate our discussion, the first part is to understand the granularity of the occupations in the SOC, and I think that's been a learning curve for me as well, how do we look at broad groups, not specific types of roles. And so in my head I've had to keep, um kind of rolling up, you know, my consideration of an occupation. In the second part we'll look at different options for how to classify new Health IT occupations and, where they might go in the system, and then have a discussion at the end. So if you go to the next slide.

You've seen this before, and this is just a breakdown of the major groups, occupational groups. there is an attachment, a Microsoft Word attachment, that may be helpful. Can you open that Microsoft Word attachment? I just wanted to highlight a few things there in terms of specific jobs, detailed occupations. Are you able to open up the Microsoft Word document?

Alan Merritt – Altarum Institute

Stand by, please.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

Sounds good, thank you.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

While they do that, I do want to mention that Nadra has now joined the call.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

Well, Larry, would you like me to – we haven't gotten very far in, so I certainly can hold and we can just pick up at this spot after Nadra has a few minutes.

Larry Wolf – Health IT Strategist – Kindred Healthcare

That makes sense, thanks.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Nadra, are you there? Are you ready to present?

Nadra Tyus – Health Resources and Services Administration

Yes, can you hear me? I apologize.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Yes, we can hear you.

Nadra Tyus – Health Resources and Services Administration

Okay, I'm having some technical difficulties. I just logged into the actual webinar. Do you just want me to give my comments?

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

Yes, please.

Nadra Tyus – Health Resources and Services Administration

Sure. Last week I provided Chitra and others with my comments to, the HEMA Working Group's thoughts and kind of the working document to, to think about some of the issues with thinking about, SOC for Health IT workers. So overall my comments were primarily on, really refining the process by which the working group was going and really thinking about, some of the, some of the priorities that the SOC committee really looks for when they're examining the evidence to determine, you know, how to develop an SOC. Now I did provide a lot of caution on, you know, our comments were basically, you know, very basic to try to refine the thinking. but we didn't want, also the work to kind of go in, you know, various directions.

So for one area I asked the working group to really focus on, what was it about the current 2900 series that, um – which is the medical records and health information technicians -- that were not actually capturing what they wanted to capture, so really providing some evidence for, you know, what it's not capturing and where possibly we may already be counting Health IT workers. Would it be in the 1500 series under computer and other mathematical occupations, or where potentially could we be already counting health workers inappropriately, and if we could possibly get some data to demonstrate, that phenomenon.

As well as, I made a simple, the SOC tries to make things very simple. It is not as progressive as we would like for it to be, and I'm not sure if we should try to focus on trying to change, you know, that, that parameter, but really trying to determine where within the current structure we can make an impact and where we can provide some evidence to demonstrate that this is a distinct, or there are a few distinct occupations that, that Health IT workers can be counted in, here they are, and here is the data. And when I say data, I said data that, the Bureau of Labor Statistics or census data that we can collect. I did make a statement that job titles and vacancies, you know, that may look okay, but they really want to know where can I get the data to effectively count the workers that you're asking for.

So that was primarily my feedback, and really just trying to, you know, reinvigorate the discussion and not necessarily throw things off track. I think you all are moving in a very good direction and we were just trying to provide some of our preliminary basic comments on that matter. We are not the decision makers for the SOC, Ed Salzberg is serving on the SOC committee, and as we go along, these are the types of things that we're learning. I do believe that he has a meeting if not this Friday it's next week, and so as we, as he goes through this process with other occupational, advocacy groups, I will provide you all feedback based upon the feedback that the committee provides them. So those are my comments overall. Let me know if you have any questions about what I've said.

Joseph Heyman – Whittier IPA

Can you clarify a little bit about the data aspects when you say, how to count the workers. So are they asking for existing surveys that might include these people? I'm not sure what that means.

Nadra Tyus – Health Resources and Services Administration

They are wanting to know what data from the Bureau of Labor Statistics and what data from the Census that they can find data on Health IT workers, not from – I would say preliminarily not from surveys, I'm not sure what the federal register notice will say, but in the principles by which they choose SOC they made it very clear that they need to be able to collect this data on a regular basis and those are the mechanisms by which they go to look for their data, the Census Bureau data, whether it be the CPS or current population, those surveyed, but that's, you know, through employee/employer based surveys or through the, Census Bureau.

Joseph Heyman – Whittier IPA – Whittier IPA

I guess I don't know enough to even ask a good question about what does it mean to use that data to support our proposal? Are people putting in free text and it's a question of how that gets grouped and there might actually be supporting information in those, in current BLS data or in the most recent census? I'm sorry if I'm being dense but –

Nadra Tyus – Health Resources and Services Administration

No, I think that's a good question. And basically I did say there is an opportunity to look at what is already collected to determine whether you can delineate about Health IT workers. So, I think a few people gave an example of how, you know, they may be counted by their employer as, you know, um an IT person, maybe ... this is a difficult process and I don't have the answer, but basically I'm just trying to say that, you know, there needs to be a mechanism by which, you know, the Bureau of Labor Statistics can collect data on the worker that you are asking for on a regular basis. So, if there is a mathematical series, if there is a computer series that already exists, what may be a minor occupation group or minor occupational group, occupations that you all would suggest, that kind of refines the way that they collect that type of data.

I said I made it very clear, if you're a teacher, you're a teacher, but you may be working in different, industries, or different levels. Well, that's not an occupation group that you're asking for. So are you an IT professional and you're just working in the health field? I can just capture you by your industry code. So what specifically are you all asking for, to better, collect data on the Health IT workers that you're looking for?

William Hersh – Oregon Health and Science University

I'm sorry, this is Bill Hersh. I was wondering if I could answer that question.

Nadra Tyus – Health Resources and Services Administration

Okay.

William Hersh – Oregon Health and Science University

And, and, you know, I think we all bring our biases so I'll, you know, I have my own. You know, I think you see – well first of all actually I want to commend taking a data-driven approach. I think we all have ideals on what we would like the workforce to be, but it would be great to be somewhat data driven. And there might be organizations like HIMS or HEMA or whoever who can do that. I also want to second Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation's point a moment ago about figuring out what's the right granularity here. But the point I want to make to answer your question is that, more and more healthcare organizations, mostly large ones, are, kind of separating out IT departments from informatics departments, and the IT departments probably could be people who might be a security specialist who happens to be working in a healthcare setting. But a lot of the people who work in the, informatics departments really bring a kind of unique perspective that's usually driven by their backgrounds in some healthcare profession, whether it's physicians, nurses, pharmacists, physical therapists etcetera. so that's why I think, you know, if some organization could, you know, had some funding to sample some reasonable number of healthcare organizations, you know, large and small, urban and rural, to kind of see what they do in terms of organizing around Health IT, you have a lot of people who are not – who really wouldn't fit into that classic IT background. They might fit into the healthcare background but they're not really predominantly physicians or nurses or physical therapists, they're really practicing informatics. And so to me, that would be the most important group to try to capture.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, Bill, to pick out this conversation, and separate from actually surveying, so we could speculate, I guess, that some of the folks that we care about – we've talked about that there's really three groups, right? There's the clinicians who are still primarily clinicians but are using technology to be clinical. And we have folks who are really IT professionals who happen to be working in a healthcare environment. But then we have this group who you're calling informaticians that are really the hybrid role that we're most interested in capturing better. Because really the other two, IT workers in healthcare, that's not a problem. Healthcare workers who are using technology, you know, that's part of the emerging workforce period. But this niche of people who are doing informatics really is I think where we're looking for attention. So those people are probably being classified under their clinical role because they have a clinical, you know, credential.

William Hersh – Oregon Health and Science University

Mm-hmm.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So the organization probably counts them as a nurse, a doctor, a therapist of some kind. Or occasionally they might fall into the IT bucket because their training is in IT but they're really specialized on the health informatics side. So, so Nadra, is that what we're being asked for is to identify the existing codes that are likely being used so that when the surveys are done today these are the categories we think that people are showing up in?

Nadra Tyus – Health Resources and Services Administration

So let me caveat all of my comments to really wait for the upcoming Federal registered notice. What I wanted to do was to kind of spark thinking about where, like you said, where are we currently counting them that we might be missing the mark? And also to your point about educational background, actually training and, you know, the actual flow into a particular occupation will be important and will be a factor in, examining, you know, proposals for the SOC. So I also like Bill's discussion about, you know, the educational pathway is also important, because, you know, for other instances we need to be able to capture, you know, who's funneling into those particular occupations. I know there's various biases about, you know, informaticians over other folks, but it's really, trying to determine, you know, where in that pool that is, you know, data's is currently connected, or where in the current SOC structure that you feel there needs to be some better clarity. Does that help any?

William Hersh – Oregon Health and Science University

Yeah, I think I'm good. Others?

Joseph Heyman – Whittier IPA

Larry, this is Joe. I'm – I'm an OBGYN, I've been in practice for 40 years. I just became the chief medical information officer for my IPA that's running an HIE. I think that most people still think of me as an OBYGN and nobody's counting me as an informaticists or any other kind of person running a health information exchange.

William Hersh – Oregon Health and Science University

Actually, Joe, if I can counter that, not to kind of toot my own horn, but I was one of about 450 people who were notified last week, that I passed the, clinical informatics subspecialty certification board exam. So in medicine, at least, and there's probably been larger numbers in other healthcare professions like nursing and pharmacist, but in medicine now, there is an American Board of Medical Specialties recognize the subspecialty of clinical informatics. It happens to be administered by the American Board of Preventive Medicine, but that's really just an administrative home. So there is a growing recognition. And it might not be that professionally valuable for people like you and I who are a little on the older side, but, probably in the future, I mean, that will be a career pathway, and pretty soon you will have fellowships accredited by ACGME.

So at least in medicine now there is a formal career pathway in informatics, and like every medical specialty, it always takes a while for there to be uptake, and, you know, some of the people who've been doing it a long time don't necessarily certify in it, and I think you'll see the same. There is, for example, a certification in nursing that's currently at the baccalaureate level will probably change. And in fact, AMIA, the American Medical Informatics Association is undertaking a planning process to compliment the process that led to get the medical subspecialty recognized. So – and that would include people who don't necessarily have clinical backgrounds, someone who is say a computer scientist or IT person, who really, truly is doing informatics. And then all these – you may even want to include these growing number of people who are doing data analytics and all these other kind of emerging areas. So just to throw that into the discussion.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So it sounds like this might actually be a lead-in to what Michelle wants to talk about. Michelle, what do you think?

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

Yeah, I think it's perfect. Some of the materials that I have given us maybe the background of what existing occupations are and some different options and then we can revisit again, this discussion and see where we're at in terms of some of the gaps.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, Nadra, thank you for the background and for reminding us to stay alert for the uh, federal register announcement.

Nadra Tyus – Health Resources and Services Administration

Yes, thank you.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

And just to see if you could put up the Word document?

Alan Merritt – Altarum Institute

I'm pulling it up now.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

Thank you. And everyone on this group should have received that as well in your email. While that is coming up on the screen I thought it would be really good for us to take a look at – I had pulled out the computer mathematical occupations as well as some of the healthcare – to see how granular those occupations were or are. And the other thing I picked up from Nadra as well, was the fact that as employees are categorized by their healthcare organization, their role, they're put into these occupational or the detailed occupation groups, and they – they would designate an industry level as well. So as we look at the computer groups, you know, to start, we see computer and information analysts, as a group. So those who work in healthcare then would have a healthcare designation. Then you'd see a grouping for the programmers and software developers, then the database and system administrators and architects, and then some specialists.

So I just wanted to point that out because one of our, discussions is around, you know, is – and I think, Larry, you brought it up, what – for the bucket that we had identified which are, information system support, you know, definitely on that technical end, is having a healthcare designation, you know, just that they're in that industry, sufficient, or is something missing and unique about those technical roles that, needs to be identified through a Health IT specialist type position. And I think in one of our last meetings JoAnn had presented the I think that HIMSS is pursuing a Health IT specialist role as well, and maybe Pat has some comments about that, and how we differentiate.

JoAnn Klinedinst – Vice President, Professional Development – HIMSS

Michelle, this is JoAnn Klinedinst – Vice President, Professional Development – HIMSS.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

Oh, hi, JoAnne.

JoAnn Klinedinst – Vice President, Professional Development – HIMSS

Hi. If I could just follow up and just follow through with an example. So the technical support role information systems technical support role. So, for example, consider a help desk analyst. A help desk analyst may be, someone who has a clinical background, they may have a non-clinical background. Regardless, they're providing technical support for those health information technology systems that are being used. So in, this particular framework, then, where would one see a help desk analyst, be categorized?

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

So I see a computer user support specialist grouping.

JoAnn Klinedinst – Vice President, Professional Development – HIMSS

Okay.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

And perhaps as we think through – maybe it's at the end to our discussion – what is unique about the skills or the work that's performed in terms of interaction with patient records in terms of electronic health record systems? Is that the unique part about the information system support type roles that requires a special designation or a special Health IT occupation code?

okay, if you want to scroll down, so you'll see some in this math and computer area around research and statisticians, so again there's be a code.

William Hersh – Oregon Health and Science University

Can I?

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

Yeah, go ahead.

William Hersh – Oregon Health and Science University

This is Bill again, I just want to point out just showing the challenges. This has nothing to do with medicine but if you look at the software developers and programmers, you know, in this day and age, can you really distinguish a web developer from a, you know, software developer, say in applications, and where do people who develop mobile apps live? So I'm not saying we should solve that, but it just strikes me that, that's another example outside out purview that, shows some of the challenges of this.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

Right. I think Nadra has helped, well, Nadra, you made some comments about, this is a very you called it a granddad of a system, it's been around for a long time, it doesn't move quickly, you know, how can we build on what's there but maybe not expect light year changes quickly. [Laughs] So.

Nadra Tyus – Health Resources and Services Administration

Let me add to that real quickly too. Also the ability to see what other, occupational advocacy groups come in for the federal registered notice, because, you know, you all are not alone. So you may have, you know, on the flipside, some software developers and other web developers and app developers who feel the same. So that, you know, that open public, comment period gives you an opportunity to – to kind of digest what other issues that people are going through with the same type of, you know, defining a specific occupational group that fits them.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

Okay, so just scrolling through, these are the more detailed healthcare practitioners and clinicians that you would find. I think, Larry, you made a comment that more than likely if you're a physician you're probably right now working in an informaticist role. You're very likely probably categorized as a physician. And then keep going to the next page, and towards the bottom, of the 2900 major classifications you'll see the category for a 29-2070, which is medical records and health information technician. I have to tell you that because of the detailed occupation below it, this is where you see a lot of the two year RHIT, health information technician, HI and professionals that fit in this role. They're typically registered as coders, abstractors, release of information, that's the typical role. So I always thought of the minor category, the minor class, the medical record and health information technician, as in relationship to that role. And as I've been thinking about Nadra's comments I thought, boy, do I need to rethink that minor classification – not with a healthcare hat on, not with an HIM hat on – and say if I didn't know anything about what we do, would I look at that category and say there's more opportunity for expansion here? These are people that work with medical records, medical record systems, medical record data, health information, by technician, I can mean that globally. So part of – thinking about it from a kind of much more broad way, here we have a category with just one detailed occupation below it, and so one of the options that we'll see coming up is, you know, is there a potential for expanding this and building on the idea of professionals or occupations that work with medical record systems and data?

And then before we move back to the PowerPoint...

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, Michelle, maybe this is a question for Nadra, or maybe this is a question we don't know the answer to, could we be proposing that 29-2070 is in effect an archaic or early term for something that's grown way beyond its original conception, and that we want to rename that? Keep the sub one the way it is but potentially have three or four other things filled in so people understand what we're talking about?

Nadra Tyus – Health Resources and Services Administration

And so my example for that was thinking about an advanced practice registered nurse, and thinking about their process to kind of delineate who they actually are, so, you know, and we're still not clear, you know, how they were able to do that this past time around. But we know it was decades of work for them to, you know, make the case that they are, you know, separate, you know, clearly separate occupations with separate, you know, backgrounds and real distinct job duties.

And I also wanted to point out that, don't give up too much on things like the American Community Survey, because there are particular questions that ask people, you know, "For whom did you last work?" so you wouldn't know the actual, you know, place where people are working, and you will find a little bit more about what kind of industry they're working. So I did like Bill's, you know, suggestion also, of, you know, doing a study to actually look at where you can gather data currently for the various occupations that Michelle is describing. Because it sounds like you all are there, it's just, you know, some granularity that you're wanting to capture.

William Hersh – Oregon Health and Science University

This is Bill again, building on Larry's point, you know, that term medical records and health information technician is archaic and it does point to really a specific group of people within the larger picture, but maybe, um I mean, I assume that BLS or whoever would consider changing the name of the overall category and adding, more, you know, subcategories within it. In fact, 2071 is actually the same as 2070, and then you can add a whole slew of other things that would capture some broad groups, you know, including possibly informatics, and you may want to slice and dice that even different ways.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

One of the things that I thought was interesting when we had done a preparation for this meeting, was, for example, in ONATS the Nurse Informaticists right now are categorized under computer area, because the first impression is they work with computers. And I think – we'd have to decide, and this will be an interesting part of our discussion, do health – with Health IT workers, is there – do we consider their primary, the work that they perform primarily related to computers is computer work? Or is it related to patients, patient data, medical records, you know, health records, health record systems, and therefore we make a case – not that we can know what the SOC policy group is going to decide – that it's a healthcare umbrella or major classification that it needs to be under, not a computer. And perhaps we end up having – there ends up having to be one or two recommendations, and one that fits under the math and computer area but others that fit under this healthcare umbrella. But that seems to be an important designation for fitting under healthcare.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Is there a definition or a category that's just for informaticists without saying health informaticist?

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

The there isn't. Under the math – computer and math occupations – if you were to scroll up towards the top of the document, there is a computer and information research scientist, there are computer and information analysts. And so when I look at this, the impression that I got is that the SOC, the system and the policy committee was looking at information workers under the computer and the information major category. That was my impression just based on how they pulled out some of those analyst type roles.

William Hersh – Oregon Health and Science University

This is Bill, if I can answer that. Um the use of the term "informatics" is mostly but not exclusively limited to healthcare. I mean, there are fields like legal informatics, museum informatics – and they really are informatics similar to the kind of informatics that we do in healthcare, they're very focused on data and information systems applied very specifically in their domains. But the lion's share of the use of the word "informatics" is used in the health perspective.

Joseph Heyman – Whittier IPA

So what do you call those technical people who do eDiscovery for law firms? Are they legal informaticists?

William Hersh – Oregon Health and Science University

I don't know that they use that term professionally, but they could.

Joseph Heyman – Whittier IPA

Just seems like – I've been sitting here thinking – this is Joe – the only other technical person in my IPA is what we call a technical analyst. She doesn't have a college degree, she's self-taught, but she goes into databases and finds where things are located for the HIE vendor. I mean, she's brilliant.

William Hersh – Oregon Health and Science University

You know this term –

Joseph Heyman – Whittier IPA

I don't know what you would call her.

William Hersh – Oregon Health and Science University

Well, actually analyst is a term that a lot of job descriptions use, including in healthcare, that might actually be comparable to informatics, like an information analyst or data analyst, something like that.

Joseph Heyman – Whittier IPA

Righto.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

And there is, under that computer umbrella, there is that computer – and an information analyst. So in their specific case there's an occupation for an information security analyst, and then the computer systems analyst. but that's – the analyst [Laughs] is another – it seems like a hybrid role, somebody that has multiple different roles, specifically does computer, but also has a domain expertise as well.

Before we move out of this document, I do want to note, because – and I didn't include it in here – but, at the execute level, I happened to be looking at a CIO and CMIO, and noted – I was thinking at this point around information workers at various different levels – and there were both CEOs and COOs, identified in the classification system, but there are not – there is not a classification for a Chief Information Officer. and then even more specifically, a Chief Medical Information Officer. So I just want to throw that out in case anybody you know, feels that they want to advance that.

Susan Fenton – Assistant Dean for Academic Affairs – UTHealth School of Biomedical Informatics

Michelle, this is Susan Fenton – Assistant Dean for Academic Affairs – UTHealth School of Biomedical Informatics, and there's actually under 11-3021, Computer and Information Systems Managers. It's under managers. It's in a separate section. It's not under computers.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

Right, because their primary role is managers. There's an executive level under that 1100 series that is actually executives where you might, if you consider a CIO an executive versus a manager but right now that's the closest classification. I didn't want to derail our conversation, but often in healthcare CIOs are too an important role. So I just wanted to point that out.

could you go back to the PowerPoint? I'll just quickly go through the four options. And I know we've been having a great conversation all along. Once I go through those, perhaps then it would be advantageous to have Susan Fenton present her material. Okay, if you want to go to the next slide.

So we were just talking about, this is an option as potentially a low hanging fruit. I think these first two are potentially low-hanging fruit because it's building on existing categories that are in place. So, there's a minor group called 29-2000, Health Technologists and Technicians, and so you see some consistency in the terms when you get into the broad group of 29-2070, the Medical Records and Health Information Technicians. So here we have an existing classification, can we build on this? Can we justify changes to that broad group, for example? and add more detailed occupations. So we just had that conversation.

If you move to the next slide, then another option would be that we look at the existing occupations under the computer/mathematics, recognize that there already are healthcare designations, and but is there a need to build some health information system or Health IT type of an occupation building on this existing structure.

The next option, now we start to move into where we are asking for more significant changes. another option, if we think that Health IT workers fall under healthcare versus the computer and math major category, then, you know, we could ask for a new minor category, a minor classification under healthcare. For example, it could be 29-3000, which is right after that Medical Record and Health Information Technician, and ask for, you know, the Health Information Technology. We potentially could have – and these were just for illustrative purposes nothing more – but we could represent our three buckets for, broad groups and then more detailed occupations below that. And then the last option being we go for a complete new major classification for Health Information Technology where there is a minor group and basically a nesting structure where we request a change that grows over time, recognizing Health IT as that major group, and that's still under the healthcare area, and that was with the assumption, based on some of the conversations we've had, that we see the Health IT more as healthcare workers versus computer. But I'm not sure if we're still all in that place as Nadra has provided us information.

So the next slide was just some discussion points, which we've been hitting. Can we differentiate the HIT occupations from computer/math occupations? What's missing? What's our broadest description for those. the ones that we identify, are there clear education paths and career paths and where do we get data. So all things we've been chatting about this afternoon.

So how about if I wrap up, Larry, so we can hear from Susan?

Larry Wolf – Health IT Strategist – Kindred Healthcare

Sounds great. Michelle, thank you for delineating those four options that should help focus some of the discussion. Susan, are you ready?

Susan Fenton – Assistant Dean for Academic Affairs – UTHealth School of Biomedical Informatics

I am. Thank you very much, and first let me apologize for my voice. I had a cold a couple of weeks ago and it seems to have settled in my, in my voice. I'm going to, at the American Medical, Medical Informatics Association Symposium recently, a group of us got together to start talking about the SOC, the upcoming SOC revision, and what as an industry working together we might want to do. there is a document that I believe was shared with the committee that came out of that meeting, having had the conversations we had last week, and the conversation that's had here today, I would encourage people to read it with a huge dose of, "Oh, this is an old draft document." I think there's a lot in it that is good discussion but simply that, points for discussion.

We had put forth the proposal that there would be, under the major occupational group of the 29 healthcare practitioners and technical occupations, there would be another minor occupation group, so, the third one of Michelle's recommendations. And then we would break that down into broad occupations. I do think what I've learned since then, many of the points that are in this document are very good, especially about some of the specialized work, some of the specialized work that's done by people in these occupations, but I would agree that it would probably behoove us to focus on the informatics and not as much on the technical computer occupations.

One of the things that I've done since we talked with Nadra last week was I've actually gone to the BLS website and I've downloaded, industry occupation matrix data. So if you look at that data, you find that especially in the computer occupations we are showing significant employment in healthcare industry for the computer occupations, and in fact they are – the projections, this is 2010 numbers projecting out to 2020 numbers – and they are projecting those to grow enormously, generally by as much as 40 to 50 percent in the healthcare arena, which I think would be consistent with everything that the people who are working in this area believe to be the case.

Now whether or not there's separate education for them, that may be something different than your, you know, standard computer education is I think a different issue. But in terms of the occupation, right now for things such as computer system analysts and so forth, they are collecting those in the BLS data. Again, as Michelle stated, for the communication and information research scientists, we do not see anything there in the healthcare arena. So I think there is a sweet spot where we do have informatics that we need to break out separately but we need to be real clear about how that is not currently collected in the BLS and how it can be collected if needed.

So our document – the document from AMIA was essentially a starting point, I think, and Norma and Bill were there – please feel free to correct me if you think I've misspoken. I think agreement from the group at AMIA was that for health informatics we need to come to some sort of consensus as a way forward so that we can be presenting a consistent view for the SOC committee to move on. So I think that is the main takeaway other than necessarily that the document that we shared was, in any way final. So I don't have much more to say about that.

I want to thank Michelle for her cogent summary of the issue.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Any thoughts on Susan's final comments about moving forward with a consensus, what we might do to help move forward with consensus?

Norma Morganti – Executive Director – Cuyahoga Community College

Larry, this is Norma Morganti, and thank you again to both Susan and Michelle for, really doing a lot of work in wrapping this up so nicely into something that we could be considering. And I actually wanted to go back to where Michelle had started and, you know, really is it computer science or do we have a feeling that it should be in healthcare, and if so, to me, that's the first slice that I thought maybe this group could come to that would at least move us down a specific path, and that seemed to make sense to me.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

This is Michelle, and perhaps to jumpstart this, in different conversations that I have heard over the times – and earlier Bill mentioned there's the informaticians. You know, there's that clinical side. Uh, is I think if we look at it in terms of two potential groups right now, if we look at those technical occupations – so if you are a programmer, an app developer – and I'm going to have to say this compliments what I've learned from the past over our meetings – and you're developing for electronic health record systems using clinical decision support and other very important foundational skills, not only can you be a programmer, or are you a programmer, but you have to understand a whole different healthcare domain as well. I think there's a discussion to be had around that technical worker as well, and if – how to justify a specific health IT type of a IS worker and whether they fall under computers or under, healthcare.

Norma Morganti – Executive Director – Cuyahoga Community College

Thanks, Michelle, I think that was very, very helpful. I have that same concern because of the domain of information that these workers will need to have around healthcare and all of the – I think we had chatted before about the fact that this is something that is so universal, if you will, across the country, and, you know, we have all types of standards around the use of the systems and criteria answer so forth. It seems like there's so much more that these IT workers really do need to have from an educational and training perspective that I think just so much belongs in that healthcare domain that's very unique. But I don't know that we've heard from everybody, Larry, so I wonder if there's any other comments from members.

Susan Fenton – Assistant Dean for Academic Affairs – UTHealth School of Biomedical Informatics

So this is Susan Fenton – Assistant Dean for Academic Affairs – UTHealth School of Biomedical Informatics and I'm just – what I'm going to do is I'm going to argue a little bit on the other side in terms of especially the technical computer workers. So again, I'm not necessarily talking about the healthcare informatics, and especially those that come at it more from a clinical informatics background. but when I look at all of the industries that are currently captured under the Computer Systems Analyst, for example, I see the banking industry under there. Well, if you think about the SEC regs and everything that they have to comply with, they have a good case for, "Well, we would need our own separate one." But in fact, they don't have one. It's captured under the existing Computer Systems Analyst job category, occupation code. So I think if we're going to make that argument it's going to have to be probably a pretty good argument.

Norma Morganti – Executive Director – Cuyahoga Community College

And indeed, they might be making that argument as we speak. They may be saying that, we certainly don't know.

Susan Fenton – Assistant Dean for Academic Affairs – UTHealth School of Biomedical Informatics

Correct.

William Hersh – Oregon Health and Science University

This is Bill. You know, it's funny because really what we're dealing here with is an informatics problem. I mean, these classification systems that are part of the curriculum of many of the programs those of us involved in education – I mean, one other thing, you know, I know, you know, the term non-progressive was used to describe this process, but you know there actually are ways to build categorization systems, you know, that have multiple hierarchies and allow you to combine, things, so that you could say that someone was a programmer in the health industry. Because I agree. Someone who's in banking, and is programming some major application, there's some things about banking that they need to know, you know, and I don't know maybe in healthcare a little bit more, you know, I think --

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

...correct in that assumption?

Nadra Tyus – Health Resources and Services Administration

I'm not very sure about that, but I know that it's a common versus proposal, but we're going to get all types of proposals. So I think it might not be as crazy as before, but we're assuming that this is going to be a large amount of proposals

William Hersh – Oregon Health and Science University

But I suppose there will be some caché if like this group or some of the major professional organizations, you know, representing large numbers of people, had concrete proposals, ideas, whatever.

Nadra Tyus – Health Resources and Services Administration

This is Nadra. Once again, I think after this next, meeting, SOC meeting that they're having I think this week, I will be able to better give some guidance as to how the SOC committee is thinking. Because I know there are a couple of other groups at the table that are healthcare related. So I'll be able to provide better feedback next time.

Norma Morganti – Executive Director – Cuyahoga Community College

Larry, this is Norma. So I guess another question maybe to refocus on our input here as the working group to the SOC through the process at the ONC and the Federal Advisory Committee, I guess that kind of, for me at least, narrows the world of what we're looking at when we're looking at our proposal, if you will. So indeed, did you chat – and I'm sorry because I was late getting on the call – but did we chat at all about somehow what the recommendations of the working group, how we would work that up to the policy committee? In essence, we wouldn't just come in and create a proposal and it would just go to the SOC. Did I lose everyone?

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

No, you're still here, Norma.

Norma Morganti – Executive Director – Cuyahoga Community College

Maybe we lost Larry? Hopefully not.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

We may have lost Larry.

Norma Morganti – Executive Director – Cuyahoga Community College

Okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

No, I'm still here, sorry.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Larry, did you want to answer?

Larry Wolf – Health IT Strategist – Kindred Healthcare

Uh, I'm sorry.

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

I can answer. Norma, the process typically is, because this is a subgroup of the Certification and Adoption workgroup, you first bring your recommendations up to the full workgroup of the Certification and Adoption workgroup, and then those recommendations will be presented to the Health IT Policy Committee. Depending upon timing, there's the January 14th meeting for the Policy Committee, and then there's another one in early February, that we could get recommendations approved through.

Norma Morganti – Executive Director – Cuyahoga Community College

So in my mind, what we're trying to wrestle with, and it's so broad and it's so big, and certainly when we look at everything that we've been talking about, we could go down many, many, many paths. But I guess for our work together and our proposals going forward, if we were thinking about really what we were advocating for on behalf of the work that we started with – and there's been a lot of discussions that we've had. So maybe I'm trying to narrow our frame to focus us on at least something that would seem logical. Because there will be others who will advocate for a lot of other things, and I don't know that we can be a total sum of everything healthcare and what's changing. But I just was doing a process check to maybe at least clarify for myself a little bit more as to what Michelle referred to might be low-hanging fruit for our working group.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Norma, I'll step into the silence. I think it would be good to focus on getting a recommendation to the January or February Policy Committee. That should line up with the Federal Register Notice cycle that we should be seeing for the SOC update. and might be a good short-term focus to sort of bring a lot of this stuff together.

Chitra Mohla – Office of the National Coordinator

Nadra, this is Chitra. Do you have any idea when this notice will be coming out?

Nadra Tyus – Health Resources and Services Administration

I can probably send you an email at the end of the week or early next week regarding that, but I'm not sure at this point.

Chitra Mohla – Office of the National Coordinator

Okay, and once it comes out, do we have like 90 days to respond? How much time is there?

Nadra Tyus – Health Resources and Services Administration

I'm not sure.

Chitra Mohla – Office of the National Coordinator

Okay, thank you.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

On the webinar that we listened to before our November call, the timeframe that they gave us it made it sound like very end of this year, early January, the notice would be released and we would expect submissions, or they would expect comments/submissions in the early part of March.

Norma Morganti – Executive Director – Cuyahoga Community College

So based upon that, this is Norma again, I'm wondering if as a working group we can go back to Michelle's presentation and look at the four options that we had presented to us, because I thought those were really good options, and maybe try to get some consensus around which one felt the best for this working group if we were to advocate for the Health IT workforce that we've all been discussing.

William Hersh – Oregon Health and Science University

Yeah, this is Bill, I would second that. I too appreciate that slide deck. It makes it really concrete in terms of what our realistic options are. The other issue is coming back to something I've been harping about, whether there's some way we could do some sort of data-driven process, you know, in the meantime. given the timing of it that might be a challenge.

Patricia Dombroski – Director, Life Science Informatics Center – Bellevue College:

This is Patricia Dombroski – Director, Life Science Informatics Center – Bellevue College. I am with you, Bill. I guess I've felt very hesitant because I don't think we as a group it's not our charge but it certainly is our concern. we don't have our arms around, and who does, every representative job description that falls within the field that we are discussing, so the idea of, of searching for some data I think is probably the thing that's on the top of my mind to be able to move forward.

William Hersh – Oregon Health and Science University

Yeah, well, ONC has some data. I mean, they did some analyses, I don't know if it's still available, I don't know that it could be used for this, but, online job postings.

JoAnn Klinedinst – Vice President, Professional Development – HIMSS

Bill, this is JoAnne Klinedinst with HIMSS. I have a download from our Job Mine, which is our job board, as of November 5th, with all the different types of jobs that were posted, titles of those jobs. This may be very helpful to this committee, but I wanted to mention that I do have that.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

And just to jump on, at HEMA we've been analyzing our database of individuals who have reported a job title, and setting, and then education, to give us better information as well. And we have both those who are credentialed and what you might consider typical health information management types of roles, as well as those who are members who work in clinical roles and executive roles. So I'll have some data as well to share to help with that.

JoAnn Klinedinst – Vice President, Professional Development – HIMSS

Yes, so, for example, here is a Senior Data Consultant, here's an Application Specialist, here's a certified EPIC ASAP Staff Consultant. So these are actual positions that were open in the industry that were posted on the HIMS Job Mine. So lots and lots and lots of data here. We don't align this with credentials. Actually, we could very well, because HIMS has Certified Associate and Healthcare Information and Management Systems, which is the entry level credential that's a pathway to the CP HIMS, which is Certified Professional. But the Certified Professional and Healthcare Information Management Systems has both an education requirement as well as an experience requirement. So these positions could be analyzed for that as well, but we have about 8,000 entries – 7600 entries, in this particular table. So as an FYI, we do have that and are certainly willing to [blip in audio] here in any way that we can.

Chitra Mohla – Office of the National Coordinator

Yeah, I don't think the ONC data is as extensive as that, and it's not as current as the HIMS data.

Norma Morganti – Executive Director – Cuyahoga Community College

Chitra, this is Norma. I think we also chatted about, what employer group, that we might be able to tap into that could have detail on hiring needs of their, member organizations – obviously, HIMS, you have some of that – but more importantly where do those folks... For example, obviously there's a lot of these jobs that are already getting coded in the current system, where are they getting coded to? And if so, is there more that needs to be encapsulated about education and training that employers would say the current system doesn't really support. So we were talking a little bit about maybe getting some actual employer data. Not that we have a lot of time, an certainly we don't have necessarily resources to go create that. But if there was something that anyone knew about – and I think, as I said, mentioned maybe the American Hospital Association or some other type of organization such as that.

Michelle Dougherty – Director, Research and Development – American Health Information Management Association Foundation

And it was the human resources, being able to connect to the healthcare human resources.

Norma Morganti – Executive Director – Cuyahoga Community College

Thank you, Michelle, that's exactly correct. And maybe that's something that we could look into for our next call, just trying to see if they had any information. Because from what I understand from Nadra, really getting that specific voice of the employer will very much be important to make any type of major changes in a proposal. Go ahead, Chitra.

Chitra Mohla – Office of the National Coordinator

That sounds good, Norma. so we can – I can see how we can make that happen.

Norma Morganti – Executive Director – Cuyahoga Community College

Yeah, it might be very informative for our thought process, and narrowing down our recommendations.

Chitra Mohla – Office of the National Coordinator

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, so it's Larry, I'm going to jump in with a couple of minutes on a different topic. Do you think we've come to enough closure on this one?

Chitra Mohla – Office of the National Coordinator

So what are our action items for this one?

Norma Morganti – Executive Director – Cuyahoga Community College

Well, Chitra, I guess – this is Norma – I guess the action items would be for those members who have some information or data to share with the rest of us, that we could take a look at that, and, again, if you could look into maybe getting the human resources subgroup of the American Hospital Association, another employer group like that, that might be informing us on to their thoughts on current classification of where folks are going. And then I would like to continue to contemplate the four options. If folks feel that we need more data before we can start really drilling down into one of those four options, as Michelle had detailed out, then perhaps just let us know additionally what those data needs were and their thoughts, because obviously we have to work with what we have.

Chitra Mohla – Office of the National Coordinator

Yes, that sounds good. Thank you.

William Hersh – Oregon Health and Science University

This is Bill. We also talked about reporting up to the Certification and Adoption Group and maybe ultimately the Health IT Policy Committee, but I suppose that would probably come after we do some more analysis.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, I think that would make sense once we have a sense of recommendations coming out of this workgroup to bring them forward that way. It sounds like we'll pretty soon be getting some timelines out of Federal Register for when we should be expecting to get all that done.

Okay, are we all good? I'll take silence for consent.

So this is Larry and I wanted to come forward with, asking us to stretch a little bit. So this is really changing topics, so clear your minds of the SOC discussion, because these folks are not going to show up in the SOC. But we've been spending a lot of time looking at workforce and the training needs of workforce and where healthcare's going and how to support that. We've had a lot of great discussions and some feedback to the broader Policy Committee over the past year or so.

and recently someone was talking and they talked about sort of the uncounted workforce of caregivers. That we have a lot of healthcare that happens in the US, you know, individuals taking care of themselves and individuals getting help from friends, family members, and that in fact those folks could benefit from training, and there might be ... of material that we've already developed in some of the curriculum stuff or offerings that colleges, community colleges, other organizations are making available that help people navigate the health system, that help them use the portals that are being developed by the various healthcare organizations. Personal health records never really disappeared. Apps seem to be popping up right and left for how to make sense of the information about your health. So to think about the individuals, but also more specifically the friends and family, you know, the son or daughter that's trying to take care of mom or dad from across the country, and how they're using technology to help make that happen, that all these might be areas of neighboring interests and needs like workforce, but not actually employed by anybody. So what do you think?

William Hersh – Oregon Health and Science University

Well, actually, this is Bill, I mentioned at the onset of the call I'm in Florida this week and that's exactly what I'm doing here. you know, I think it's important. I think the issue is, you know, it's partially an extension of, you know, sort of patient centered care, patient centeredness, and you mentioned personal health records and things like that. I guess a question, which I don't have an answer for off the top of my head is where it fits into the existing space, or whether it's something completely new to think about.

Larry Wolf – Health IT Strategist – Kindred Healthcare

The thing that struck me as it might be of relevance to us is because we have spent so much time talking about training materials and training programs and how training gets delivered and what training is available. In fact, one of the consumers of that might not be someone looking to get a job and not someone interested in a credential or a long training program, but someone who is looking for help in the, you know, how do I help someone research something? Or how do I help them use the portal? Or what's available, tools available for coordinating across all of the members of the family that are trying to help out. Some of it's very focused kinds of questions to be better as a caregiver, but also seem like, you know, even some of the informatics things we've been talking about, of how do I learn about all of these strange codes that are showing up that, you know, are in the printouts I'm getting from my healthcare provider and how to make sense of them and where should I be paying attention on all of these forms?

Chitra Mohla – Office of the National Coordinator

But it's also the home healthcare workers that are out there, you know, including the families, but there are actually incumbent workers who are providing this care and need that kind of education as well.

Norma Morganti – Executive Director – Cuyahoga Community College

So Larry, this is Norma. I definitely think that in the recommendations that we took back, we had identified that we felt like reviewing and identifying these critical linkages that would be required to support the healthcare of the future, would include, you know, partnerships or collaborations with those types of organizations. So perhaps maybe some of this we could get to by looking at more of those organizations that advocate for patient education and caregiver and start to understand the competencies that may be required and see if there's any opportunities to leverage those, to communicate and advocate for those continued partnerships with education and training opportunities for patients, or for those organizations that support them or their caregivers.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Sounds good. I'm also hearing this might be a useful thing for us to have as background consideration as we go through other things. Really it's not meant to derail us from the SOC work that's in front of us, but it was percolating in some of my discussions with folks and I wanted to bring it to the workgroup. Thank you.

JoAnn Klinedinst – Vice President, Professional Development – HIMSS

And, Larry, this is JoAnne Klinedinst again. Just a note, I used to always say, how did I say that, when my kids were young and growing up – I’m not a pediatrician, I’m a mommy. But, you know, it’s like I needed to understand healthcare and you know the impact of technology on those kids to determine whether, you know, tests were done correctly or interpreted correctly and things of that nature. So I think you’re on to something here and I think the conversion of the two is a very important awareness, so thank you for bringing that up.

Patricia Dombroski – Director, Life Science Informatics Center – Bellevue College:

This is Patricia, I was trying to synchronize my sort of working understanding of workforce, meaning typically developing jobs that require payment and that kind of thing, with your suggestion, Larry. What it brought me in my thinking to is something that I think a number of us are devoting a tremendous amount of effort to right now which is the veterans community. And, there’s many – in fact, I’m in Chicago right now talking with Rush Medical Center because they are running off in the forefront in terms of serving veterans and their families – and it’s the “and their families” part that certainly this brings to mind. There’s a huge need for consumer education on that front around information technology in healthcare. So, yeah, that’s a great topic.

Norma Morganti – Executive Director – Cuyahoga Community College

It is.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, something for us to delve into when we have some openings in our lives with this workgroup.

Chitra Mohla – Office of the National Coordinator

Patricia, are you going to be developing some training materials for caregivers?

Patricia Dombroski – Director, Life Science Informatics Center – Bellevue College:

Gosh, we hope so. Uh, we’re working on a number of fronts around veterans and their families, and the family or caretaker portion of it – the consumer end of it, if you will – is something that is sort of number three on the list, and we’re working like crazy on number one. But it’s such worthy work that I’d really look for a way to get that work going, yes.

Chitra Mohla – Office of the National Coordinator

Great.

Norma Morganti – Executive Director – Cuyahoga Community College

Larry, this is Norma. One other thing before we transition. I didn’t know at the beginning of the call if we introduced Susan Fenton – Assistant Dean for Academic Affairs – UTHealth School of Biomedical Informatics as a permanent member of our working group.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So we didn’t and we should, thank you.

Norma Morganti – Executive Director – Cuyahoga Community College

Absolutely. Would you like me to do so? A brief introduction for Dr. Susan Fenton – Assistant Dean for Academic Affairs – UTHealth School of Biomedical Informatics and thank you, Susan, for your wrap-up of the AMIA meeting, but you certainly bring a lot of experience to the working group. She has joined the University of Texas Health Science Center at Houston, School of Biomedical Informatics, as the assistant professor there, and she teaches health informatics standards and health informatics safety and security, among other things, and certainly widely studied the Health IT workforce under the, ONC, I think, workforce training grant, participated in some of that training, the university’s training grant, and did some additional research for Health IT Workforce from the Texas Governor’s office, and has authored some books, *An Introduction to Healthcare Informatics*. So you have 25 years plus as a researcher practice leader and academician, and we’re really pleased to have you join, Susan, so thank you so much.

Susan Fenton – Assistant Dean for Academic Affairs – UTHealth School of Biomedical Informatics

Thank you, I’m honored to join you.

Joseph Heyman – Whittier IPA

Joe – I'll add my thanks as well to Susan and actually to all the workgroup members who were able to participate today, and a good discussion, and it looks like we're actually getting that slow boat towards consensus here, which is really important, and then we'll have some further steps on the SOC work. Uh, so shall we open the phones for public comment? Were you ready for that?

Public Comments

Michelle Consolazio – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thank you, Larry. Alan, can you please open the lines?

Alan Merritt – Altarum Institute

Yes. If you'd like to make a public comment and you're 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 comments at this time.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well, thank you to everyone, and I guess that wraps up our call today. Everyone have a great rest of the year. I'm about to go offline myself in another week and I'm looking forward to it.