

**HIT Policy Committee
Certification/Adoption Workgroup
HIT Workforce Subgroup
Transcript
January 31, 2014**

Presentation

Michelle Consolazio – Federal Advisory Committee Act 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 HIT Policy Committee's Certification/Adoption Workgroup, and it is a subgroup under that which is the Workforce Subgroup. This meeting is being transcribed and recorded, so please make sure that you state your name before speaking. Also, there is time for public comment at the end of today's call, as this is a public meeting. I'll now take roll. Larry Wolf?

Larry Wolf – Health IT Strategist – Kindred Healthcare

Here.

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

Hi, Larry. Norma Morganti?

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Here.

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

Hi, Norma. Samantha Burch?

Samantha Burch, MS – Vice President, Legislation & Health Information Technology – Federation of American Hospitals

Here.

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

Here.

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

Hi, Samantha. Patricia Dombrowski? Michelle Dougherty?

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

Here.

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

Hi, Michelle. Susan Fenton?

Susan H. Fenton, PhD, MBA – Assistant Dean for Academic Affairs – UT Health School of Biomedical Informatics

Here.

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

Hi, Susan. Don Gull? Bill Hersh?

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

Here.

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

Hi, Bill. Joe Heyman? JoAnn Klinedinst?

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

Here.

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

Hi, JoAnn. Elizabeth Royal? Gretchen Tegethoff? Steve Waldren? Nancy Brooks? Ed Salsberg? Stuart Werner? And are there any ONC staff members on the line?

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

Chitra Mohla.

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

Hi, Chitra. And with that, I'll turn it back to Norma.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Thank you so much Michelle. And so we have quite a bit of work, I think, that needs to be presented back to the working group today. And I really want to take an opportunity to say thank you to everyone who's been working diligently in between some of these calls on the Standard Occupational Classification recommendation that we're starting to draft and prepare for when the Federal Register notice comes out. And on – the first item on the agenda, we're going to look at the SOC codes for Health IT and Michelle Dougherty and Susan Fenton will present materials that were developed on a webinar on January 23.

We convened a webinar and a working group and members from key stakeholders that had originally come together at an AMIA conference, and I think we talked about that last time we were together, reviewed and worked to gain consensus on informatics occupation, that would be a proposal – a foundation for a proposal from this sub-workgroup. So with that, I'm going to ask Michelle and Susan to go through the materials that will be displayed on the screen. So thank you Michelle and Susan.

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

Thanks Norma. As Norma said, the slides that are being displayed were part of the working group meeting that was held – we held at the time of the ONC Annual Meeting. And based on conversations around where are there clear gaps and inconsistent where – with the categories or buckets of the Health IT workforce, as a group we saw that the informatics area was lacking any SOC related to those work functions. So that meeting last week, in order to facilitate some process of these job tasks appropriate for an informatics type role, we decided to build on work that was already posted in O*Net around a nurse informaticist. And actually it was – a nurse informaticist heading, but it was, when you looked at related jobs or occupations, they were broader than that.

And so the goal was to, at a pretty high level, define those tasks, as well as other skills or competencies. And so because that was done outside of a FACA meeting, we thought this would be an opportunity to spend a few minutes going over the recommendations of that group. And seeing if there was additional feedback or input on anything that may have been there or any area that you think might be a cause of disagreement, gather this group's input and then we'll have some, I think, very good information as we wait for the Federal Register notice to be released. So with that, if you move to the next slide, this is just our objective where we're trying to gain consensus on some major areas, major topics for the SOC proposal around the tasks, skills, work activities, tools and technology, knowledge and skills and ability.

And so I'm going to move you to the next slide. So we'll get started on the tasks performed. I don't want to – given we spent an hour the last time on this, but we only have 15 minutes or so, just want to quickly move through this and gather some additional feedback. So one of the key tasks you'll see in the left-hand column for a health informatics occupation is to design, develop, select, test, implement, support and evaluate new or modified informatics solutions and approaches to data management and analysis and decision support. We made some modifications to ensure that this is more inclusive of health system, not limited to nursing services and so you'll see some edits there. Would also bring into the fold in this occupational class the public health arena as well, so you'll see references to patients, public health, health care professionals, information management and human-computer and human-technology interactions. So just maybe get a pulse at this point. Are there any other suggested edits to this major task for an informatics professional?

Larry Wolf – Health IT Strategist – Kindred Healthcare

This is Larry.

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

Um hmm.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I appreciate what you're doing and now I understand why nursing was so prominent in the original material that was great context. On column two on this slide, talks about – the original talked about patient, nursing or information systems and my concern is that by not referencing patient or population, perhaps, as part of what we're interpreting, it could very well be heard here that the health systems part is strictly a technical thing about the technology.

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

Ahh.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Like people might read that as health information systems.

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

Oh sure, versus the more what we're talking about really as the healthcare system.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right, right.

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

Yeah, okay, great point. I know Susan's going to jump in as well, she is recording – making the notations for modifications, so we'll definitely want to get that as well.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I'm thinking something like patient population and organizational data to improve health systems.

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

Patient population and organ –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Or maybe to improve health services, you don't need the systems in there.

Susan H. Fenton, PhD, MBA, RHIA, FAHIMA – Assistant Dean for Academic Affairs – UT Health School of Biomedical Informatics

Health –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Health services.

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

Yup.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Health services rather than leaving the word systems in there.

Susan H. Fenton, PhD, MBA, RHIA, FAHIMA – Assistant Dean for Academic Affairs – UT Health School of Biomedical Informatics

Okay.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

Or is it health information technology systems, because health systems in my – this is JoAnn Klinedinst, health systems in my mind means one thing, health information technology systems means something totally different.

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

This is Bill, but I agree with Larry though, because I think that we're not just wanting to improve information systems, I mean, I think maybe just something like, I can't remember whether he said health services, but health services is kind of nice and broad. Because we're not just trying to improve information systems.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right, the information systems is a means to the end.

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

Yeah. So I think you said something like analyze and interpret, whatever it was, patients and population data to improve health systems and services, something like that.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

Okay, health systems and services, I like the word "and."

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

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I'm okay with that.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

And Michelle, JoAnn Klinedinst again, just to note, I'm seeing one word missing on the left column, it's design, develop, support, select, test, implement. I would also add, "maintain" to that, because informatics

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Larry Wolf – Health IT Strategist – Kindred Healthcare

Support and maintain?

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

Yeah.

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

Support and maintain, yeah, exactly.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Maintenance can be separate from support in some ways.

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

Right, right. Yeah, very good catch. In fact, as I was looking through our career map and some of the different job roles that fell under informatics roles. Right now, because we're in an EHR implementation phase, the implementation of – and I didn't know whether we needed to call out or show as an example of electronic health records, and maybe there is a disadvantage to that. The other component was analyzing workflow and modifying workflows, and I was – we don't really reference some of the workflow aspects and I wondered if there was any value in that.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I think it's useful; workflow is useful because this talks about human-computer interfaces down towards the end –

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

Um hmm.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– and human-technology interactions, that sort of was a very sterile way to say it, whereas if you talk about workflow, we're now moving it off of just fingers on a keyboard or eyes looking at screen or maneuvering a mouse or touching something, right. We're talking about how this integrates into the bigger thing you're doing.

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

Right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I think putting workflow in there somewhere –

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

Perfect.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– is a really good thought.

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

Larry Wolf – Health IT Strategist – Kindred Healthcare
These are going to be huge sentences when we're all done.

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

We – I have to note then, this came off of O*Net and we recognize you'll see notes that'll say word spec – so this is by no means in a perfect – think of this as like broad concepts. And we'll have more of a chance to refine language as the proposal comes out and we actually see drafts. So, I'm going to move us, just in the interest of time, we know we're going to spend the majority of time on the tasks. I think those are really crucial for us to hone in on.

So there are two tasks on this slide, the first is to apply the knowledge of computer science, information science and we added decision, cognitive sciences, organizational theory and management, clinical and informatics type theory, to health related practice, education, administration or research. So that was one. And then the second was to translate practice information between systems engineers, analysts and designers using models and techniques. And so, like I said, these two, they're slightly different, two, but they definitely need some wordsmithing and just would like to get your reaction to these two tasks.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well since I seem to be trigger-happy today, you took out nurses, but I would have back – I would have put in clinicians.

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

Okay. And I think – well, we were – you're right, we were trying to make sure it applied not just to one domain or discipline –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Um hmm.

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

– and it was because we have the advantage of a person from public health also present for us to think beyond the –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Umm – yeah, public health –

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

– clinician in that healthcare setting to include.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Public health would go by as well.

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

So, but you're right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

We need a phrase where you have nursing, we need a search and replace, so got nurses out, but we didn't put something back in.

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

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Oh, and that's what your – is that what your footnote is?

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

Yeah, we're trying to come up with a better – I think you're right that we don't feel like this wording really is giving us that bridge, that liaison role that often – I think in the right column, that task. For that function that people often perform in which they are that liaison between understanding a clinical process or a public health process and then the information systems side, how they're able to speak those two languages.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Um hmm. So maybe liaison is actually a good word to put in there with or in place of translate.

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

Ah, yeah.

W

Could you just liaison between health information technology users? I don't know.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Hmm.

W

Okay.

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

So I can see –

Larry Wolf – Health IT Strategist – Kindred Healthcare

That was – so –

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

– perhaps this is both, I mean, there's a component of both because you will have some who have to be able to take a clinical practice and be able to interpret it as it's applied within an information system. I'm thinking of some of the program development that may occur or tailoring. And then the other – another component or a task is that liaison role, and so maybe we really have two different tasks.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well, that could be, too. I mean, there could be sort of like a formal translation like, I'm reviewing documents and making sure they speak a language that makes sense. But the liaison is more of an organizational role.

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

Yeah, you see a lot of analysts in this role.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Um hmm.

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

Yeah. Okay.

Susan H. Fenton, PhD, MBA, RHIA, FAHIMA – Assistant Dean for Academic Affairs – UT Health School of Biomedical Informatics

Okay.

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

Other comments? Now you see the degree of how broad these tasks are, but there are a lot of roles, it reflects a lot of different job titles.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well, given a year ago we were doing the drill down into all of the minutiae, I think we've come a long way. This is great. A little bit of lumping going on after all our splitting.

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

Yup. All right, I'm hearing no other comments let's move to the next slide. So we have a task that's related to – or a job task related to developing strategies, policies or procedures for introducing, evaluating, I think supporting/maintaining or modifying information technology applied to health-related practice, administration, education, or research. And you'll see a note here that we wondered if there is some redundancy here between the very first task we looked at, so that would be part of our evaluation.

And then the other task on this slide is to develop and implement policies or practices to ensure privacy, confidentiality, or security of health information and other health system data. And we have some notes, ones to do more wordsmithing around the proper language to use. And we wanted to add in the context of data sharing and appropriate use as well, we thought that was an appropriate task, so data sharing, provenance, integrity in that bullet on the right-hand side. So any comments as you read through that about concepts, like I say, we don't necessarily wordsmith today, but being able to identify some additional concepts to consider really helpful.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

Michelle, this is JoAnn. Just the phrase "other health system data," I'm not quite sure what that is.

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

Well, I think – you could see, we were waffling around protected health information, so trying not to be so specific – just health information, but you may have other health sys...other data within these information systems that would be relevant to have some governance process over.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

Okay, like financial maybe –

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

Exactly.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

– or administr –

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

Yup.

Susan H. Fenton, PhD, MBA, RHIA, FAHIMA – Assistant Dean for Academic Affairs – UT Health School of Biomedical Informatics

Right.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

Okay, got it. Thank you.

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

Um hmm.

Larry Wolf – Health IT Strategist – Kindred Healthcare

It also could be performance data in the system –

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

Um hmm, exactly. Yes.

Susan H. Fenton, PhD, MBA, RHIA, FAHIMA – Assistant Dean for Academic Affairs – UT Health School of Biomedical Informatics

Yup, performance data, quality – your quality management data, human resource data.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, there could be a lot of related data that's not just about the patients.

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

Yeah, and just getting to the notes, I mean, I don't think that the work of health informatics professionals is limited to PHI, I mean, they should be aware of PHI and protecting it, but we deal with lots of other kinds of data, too.

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

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

And other kinds of data need protection as well.

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

Yeah, absolutely, yeah.

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

Yeah. Great. Any other comments on these two tasks?

Larry Wolf – Health IT Strategist – Kindred Healthcare

I'm a big fan of provenance these days, so –

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

Yes.

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

So, put that word in bold.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So – back and add these things I think is actually really, really important. It's one of the holes in our thinking about electronic health records over the years –

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

Right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– the presumption that all the information came from inside the system, which is fully no longer the case.

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

And I think that was a big – when I look at that versus the notes or comments that came from the public group that met last week, it's broadening that – those policies and procedures, basically that governance process and not limiting it in the way, and I think we've come up with some good key areas.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So that is a very good piece here, because this sort of bleeds into an organizational role. Is there something that talks about governance?

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

This would – well, hold that thought, I don't think there's another task that deals with governance. So, we'll – we can see what potentially is missed, so why don't you keep a placeholder for that.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Because I think the whole area of – now that I've asked the question, I think that whole area actually is a huge piece of getting value from the data. Because all the questions of how is it going to be used need to be addressed at a policy level within an organization, as well as that detail of implementation –

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

Right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– and across organizations.

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

And maybe that's the modification we make into this task, we make it even broader to include governance over a number of different information governance areas, so –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Um hmm.

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

Okay, any other comments on these two tasks? Then we're going to move to the next one, identify, collect, record and analyze health-related data used for health system improvement. And we just had some notes on the discussion – good discussion and needing to wordsmith to incorporate the broader system, including not just delivery of care, but also population health and management. And then the other task in this slide is to read and apply current literature, talk with colleagues – so this is basically – I think how we summarize to say, we're going to be the consummate professional as a task and maintain – keep abreast of development and competencies in this area. So, what comments do you have on these two tasks?

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

This is Bill; I made this comment last time, so I don't know if that disqualifies me from making it almost again in fact, I hope we didn't record the last one, because I may well contradict myself in some places. But I – the one thing that I remember saying is that the bullet on the right side is really kind of generic and really applicable to all professions and maybe considering actually pointing to a specific professional literature for informatics, rather than saying, we do these things. Because that doesn't really distinguish us as a profession, because presumably all knowledge professions do these sorts of things.

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

Right. Yeah, and it's interesting and perhaps what we're – a point that we could hone in on here that helps illustrate why it may not just be a computer position, so thinking about conversations about where this occupational code should sit in the system. A person in an informatics role needs to keep abreast on the latest technologies; it could be in the standards areas. If they're in a clinical domain, they have to stay abreast in clinical practice, so we may want to point out the need to have a technical and a clinical – potentially clinical focus. All right, any other comments on either of these two.

All right, then we'll move to the next slide, provide consultation regarding hardware or software configuration. We wondered if this was redundant, and that first one is so broad it may actually be nice to break that one down a little bit better. And then the second on this slide, disseminate information about the science and practice of informatics to the profession, other healthcare professions – sorry, there's some redundancy, students, policy makers and the public.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information

Michelle, JoAnn Klinedinst here. I think it may be worth spelling out more so the usability factor. I think when you talk about providing consultation regarding hardware or software configuration, usability is a big piece of that, or can be a big piece of it – I'm just adding.

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

That is – that's a great point, usability and I'm not sure if this is where workflow is maybe a better fit, although we can certainly talk about it in –

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

Yes and –

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

– multiple different places, but I think usability and workflow often go hand-in-hand.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

Yes.

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

And so –

Larry Wolf – Health IT Strategist – Kindred Healthcare

So maybe, in fact, we should want to think about a task that identi – that pulls out those aspects –

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

Right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– usability and workflow. It's often the critical 1% between success and failure.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

Yup.

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

Yup.

Susan H. Fenton, PhD, MBA, RHIA, FAHIMA – Assistant Dean for Academic Affairs – UT Health School of Biomedical Informatics

Yeah, I've made a note of that on that task. Thank you.

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

Consultation, I circled it wondering if that's the right word, provide consultation – well, I guess if it's in re – with respect to hardware and software configuration.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I guess the question is which way is this going? So I think about a lot of people who are like may be very strong on the software side –

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

Um hmm.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– but are clueless about hardware or are decades out of spec, if you will, on hardware. Like I haven't talked versions of hardware in probably 20 years, so if someone said, Larry, would you comment on the hardware we're using, I'm going, ask someone else.

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

No, not me. Good point, configure it...I'm sorry

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

Yeah, there's also kind of an implication that, I mean, it's almost really computer science that sort of deals with hardware and software. I'm almost thinking; provide consultation regarding health information systems use and configuration, something along those lines. Or maybe just deleting this because it's so broad and vague.

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

Yeah. Or, perhaps getting into the usability, the workflow – I think I know it's about redundancy to the first task or being able to break that out a little better makes sense. So, we at least have some additional insight. Consultation may not be the right word, configurations lets us down a path maybe that isn't quite right.

Yeah. Or, perhaps getting into the usability, the workflow – I think I know it's about redundancy to the first task or being able to break that out a little better makes sense. So, we at least have some additional insight. Consultation may not be the right word, configurations lets us down a path maybe that isn't quite right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, I'd much rather they were thinking through, what's the right device for the clinician to use when they're working with a patient, whether they're sitting with them and talking or they're doing a physical exam and work through those issues more at the, how do you configure the exam room kind of questions. Rather than how many mbps does the processor have?

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

Right, right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I guess mbps is even outdated these days – gigahertz does the processor have. You can see how long I've been in this business, hertz, it was just cycles, and I've been doing this way too long.

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

Good point. Any other comments? So these four or five slides of so, they reflected those kind of bundled tasks, those more global tasks for health informatics occupation. Are there things that you see as missing from this list that we should make note of and see if it fits in somewhere or should be added as a task?

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

JoAnn Klinedinst here.

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

Uh huh.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

The informaticist role with patient engagement, care continuity – on those topics.

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

Yup, patient engagement, care continuity.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

And even from an innovation perspective, because the informaticist is in a very critical role to help influence those innovations that are so critical to health information.

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

I think these are all key words that we'd like – that'll be really good to insert in the appropriate way. I think that sounds great.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

Correct –

Larry Wolf – Health IT Strategist – Kindred Healthcare

I think –

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

– and I'm not –

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

Well, and I like because I think we're building a case for the role of both kind of a clinical public he – I'm going to use clinical in a very broad sense, clinical health related and that information technology understanding that it's not – it's really that bridge.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

Right, and then in addition to that – again JoAnn Klinedinst, patient engagement and patients and their families that whole role of consumer healthcare and treating the patient as a whole, mind, body and spirit.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I want to reinforce JoAnn's comments and think about maybe somewhere in our intro to all of this. I know in the end it's going to come down to all these specifics, but somewhere in the intro we should talk about that we're describing a set of people who are at the intersection of two traditional spheres of knowledge, activity, expertise and job classifications. And that because this is a bringing together of those two traditions, it is, in fact, a place where innovation is likely to come.

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

Great point. And we will have to be able to provide that kind of background, well, setting of context. I think those are some very good words. On the more practical side, I jotted down a couple of things that I saw in different roles around project management, around data mapping and understanding the data architectures to be able to perform in the role that the health informaticist performs. And I was curious what others thought about some of those tasks, and maybe project management is just too generic, it's assumed, but I wanted to at least throw it out there.

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

So this is Bill. I mean I think all these things are great and important, I go back to the presentation that we had and I got the sense that the key thing was to really sort of distinguish –

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

Uh huh.

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

– what are the distinctions of this individual, I mean, because there project managers out there and there are people who do these bits and pieces. And I think what we need, the point we need to make is that there is this uniqueness, this synergy at the intersection that makes people who work in informatics and who have some background both in technology and some health-related discipline unique. I mean, that's why we want a special occupation code, because there are codes for like IT people who work in hospitals and things like that and I think we want to distinguish our group.

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

Yeah, good point and actually may, I think, a concept of project management could come under work activities around organizing and planning and prioritizing. So, if you can strike that I even said that, so anything in the data mapping, it's a big area.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I think it's a huge area that we need – that is, in fact, one of the special domains of these people, all the nomenclature work that good ones of them are able to do and contribute to.

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

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

And that as I think we're all painfully aware, that means more than ICD-9 or ICD-10.

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

Exactly. Okay. All right, other tasks, other things you would have expected to see on these slides and didn't when you think about the role of someone in the health informatics occupation. Okay, hearing none, we'll go to the next slide, I just want to stop, and do an agenda check because we had the kind of progress, next step, reporting and discussion rolled into one, and we go until 3:50 and our discussion's been built into these slides. I'm assuming that we're still good to continue as we are until we hit 3:50 Eastern time.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Um hmm, yes, I think so.

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

Okay, sounds great. Thank you. All right, this next slide summarizes work activities for an informatics occupation. Remember, these came – are from our source, without modification, was from what was on O*Net for the nursing informatics role. So, I'll just highlight the bold words, so the work activities include interacting with computers; communicating with supervisors, peers and subordinates; getting information; organizing, planning and prioritizing work; updating and using relevant knowledge; evaluating information to determine compliance with standards; establishing and maintaining interpersonal relationships; making decisions and solving problems; training and teaching others and analyzing data or information.

So, any other – any modifications, any other work activities. I have a little – I have a hard time separating work activities from tasks, but – and especially since these are very broad.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Does that – is that the notion, do you think that work activities are meant to be very broad?

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

That's the sense that I have, but we can – I think at this point we can jot down any specific examples, because we may be able to build it into the narrative, it may be a bullet. So, we – with having – assistance where we have questions at a point that we get to proposal development, she may be able to help us. So I think at this point all input's fair game and we can figure out where it fits best, once we have a proposal getting developed.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

This is Norma, I'm wondering if we shouldn't somehow integrate networks or health information exchange, interoperability, somewhere, this flow of information, especially around public health is going to be critical, so understanding that connection, it's not just going to be PC-based or computer system-based.

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

Ah, yeah, great point just that interacting with computers is very limiting when we think about the technology – types of technology we know – people are interacting with today and what we know is in the near future.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Yeah.

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

Any other – anything else that pops out on this slide?

Larry Wolf – Health IT Strategist – Kindred Healthcare

I find the next few slides are sort of more like the fine print on job descriptions.

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

Kind of, yeah, they kind of are and yet it's, I think, going to be important for something comprehensive. So we'll be – I think we'll be able to get through these pretty quick. All right, I think we're – in hearing nothing more on work activities, let's go to tools and technology.

Larry Wolf – Health IT Strategist – Kindred Healthcare

A formatting –

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

Oh, do you have –

Larry Wolf – Health IT Strategist – Kindred Healthcare

– sorry, I'm sorry, a formatting question. It looks like several of these have like explanatory sentences –

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

And some don't –

Larry Wolf – Health IT Strategist – Kindred Healthcare

– or they have blanks to break them out, but teaching and teaching others looks like it runs into analyze data or information, but they're really separate bullets.

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

Yes, you're right, they are.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Just to make sure when we wind up with whatever's final that there's visual cues for those of us who jump to conclusions.

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

Exactly.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Thanks.

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

All right, any other comments on this – on work activities? All right, moving on to tools and technologies, no. Okay, we all had a bit of a chuckle over what's listed on this...

Larry Wolf – Health IT Strategist – Kindred Healthcare

– display? Projected?

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

Or, to name a few. And then the calling out of some very specific things, it's very interesting.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Multipurpose telephones.

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

Yes, that, too.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Whoa –

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

We thought maybe we could add Smartphones, but we –

Larry Wolf – Health IT Strategist – Kindred Healthcare

I think we should add, able to work a switchboard as part of informatics, right? Just kidding.

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

Some of the things we brainstormed –

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

How about the handling of floppy disks?

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

By putting them through a shredder.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right, it's about the only use they get these days.

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

We had identified, and somehow just figuring out how to put it into these categories, obviously working with new technol – or new i – tablets aren't new, but tablets, Smartphones, business intelligence software, diagramming software for workflow –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah.

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

– distributed computer systems, HIE infrastructures, internet and network, hardware, natural language processing, computational tools such as machine learning, NLT, network analysis, data analytic software. So those are what we brain – you just don't happen to see the notes on this slide view, but those are some of the notes that were from last week's conversation, that I think will give this a more contemporary feel. So any thoughts you have on maybe how we may – some wording so that we're not using terms that will quickly get outdated?

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, all the references to vendor need to be genericized.

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

Exactly.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So everything from Microsoft Access to –

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

Yup.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

And this is JoAnn Klinedinst, I mean some of these tools are so commonplace, I mean, do they even warrant mention?

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

It's interesting, I was thinking about that, because it's just such a given to us, right. And I thought well, if you had a view of all of the occupations and, I'm just thinking back to when we had somebody from the Department of Energy on and she was talking about the different – as they were trying to get more renewable energy type occupations, who might be out in the field working with windmills, so we kind of think it's a given, maybe it's a given for everybody, but perhaps when you're having to deal with the whole scope of occupations across the US, it's not a given that other people work with computers. That's the only thing I could think of, so.

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

Well, though, this kind of gets back to the point that I made earlier, I mean, I don't know that it's the working with computers that distinguishes us, because I think most professions these days work with computers and software systems. I think we probably need to spend some time thinking about that because it's sort of – I think it's more related to the way that we uniquely apply them to improve things related to health and the sort of multidisciplinary training that it takes, rather than the fact that we use computers and tablets and word processing software.

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

Well and – yeah, that's interesting because it does – perhaps it continues to justify why it might fit in a computer class versus a healthcare classification by this focus. Okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, I think it actually would be stronger in a healthcare focus, personally.

Susan H. Fenton, PhD, MBA, RHIA, FAHIMA – Assistant Dean for Academic Affairs – UT Health School of Biomedical Informatics

Yup.

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

Yup, great, and so something to think about how to add, healthcare focus. All right, any last comments on this one?

Larry Wolf – Health IT Strategist – Kindred Healthcare

Sure, so this is very focused on like, as we've been saying, all this computer gear.

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

Um hmm.

Larry Wolf – Health IT Strategist – Kindred Healthcare

This week I was facilitating a performance improvement workshop and it was done with Post-Its and a big scroll of paper across a whiteboard. And the tools were things like process flow diagrams and fishbone root cause analysis diagrams and so I think that the kinds of things, there are knowledge maps, there are all kinds of conceptual models that people visualize in different ways. So it may be as we think about what should be here, we need to sort of think broadly about that kind of stuff as well.

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

Yup.

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

Yeah, I agree, I mean, what really distinguishes us is information and not a technology, so –

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

Yup.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Exactly.

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

– informatics around paper.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah.

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

You've experienced it.

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

All right. Any last comments?

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Yeah, Michelle, this is Norma. One last comment, and I think Larry you made me think of this, so, the notion that this new world is going to have new ways of collaborating via remote teams and so forth. There's this whole notion of web-based collaborative tools and so I don't know how we capture that, but those are critical tool sets to understand, along with those other mapping processes and –

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

Right.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

– especially, and I don't know if we also want to refer to anything with telehealth, if we have to call that out specifically, but –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, the class of information technology is expanding.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Yeah.

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

Right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

It used to be so simple when it was big – when it was just lfs and mbps and it was big and clunky and lived in a glass room.

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

Yeah, limited in scope. All right. All great comments. Anything else? All right, we'll move to the next slide, and this is the knowledge for an informatics occupation. And actually I think a lot the discussion we just had, I feel like perhaps is relevant here, some of the usability and workflow issues. Let's see, what else, knowledge maps, maybe that's not appropriate in here, but – so, they have customer and personal service; computers and electronics; education and training; biomedical and health sciences; administration and management; communication and media; design and mathematics are all concepts.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, so I think some of the things we were talking about I would lump into the design world.

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

Great. Anything else on this slide? Should we start with the biomedical and health sciences? Is that – if you were to start somewhere, and rank 1, 2, 3, because I think it gives an impression.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Sure.

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

Yeah, I would agree, putting that first.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Especially if we're trying to say this is going to be part of healthcare and not part of technology.

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

Right.

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

Yeah. One thing that's actually – I can't remember if we talked about this last time, but I mean there actually really isn't a description of informatics as part of the knowledge needed.

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

Ah, yup, you're right, so this is maybe where – it was interesting because as you were saying that, I started writing down what they don't have in here is anything related to an information science.

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

Right, yeah. But we all know about circuit boards, right?

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

Oh, my eye went to that and processor chips, oh boy.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Maybe not, maybe that comes out.

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

Yeah.

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

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

What do you think, can we be radical and pull that out?

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

So, knowledge of computers – I mean, it's in –

Larry Wolf – Health IT Strategist – Kindred Healthcare

It's macro knowledge, not micro knowledge.

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

It's macro, yup, it is –

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

Yeah.

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

– often.

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

I mean, there are some things to know about computers, standards, network issues, I mean, it's not like we should pull it out, but obviously it needs to be updated.

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

Yup.

Larry Wolf – Health IT Strategist – Kindred Healthcare

You're right, this is beginning to feel like we're teaching a – well actually, I wonder if this was some of the feedback on who did well or poorly in the ONC-supported programs. Community College Program in which people felt like they were getting beat over the head with more technology than they really needed, why the computer guys did better than the healthcare folk, if I remember right.

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

That's very interesting, may be good input. All right, we're bumping up against our agenda time, so if we want to move – just really quickly go through these last couple of slides. The next slide has to do with skills and abilities, and it's pretty generic. If there are any immediate impressions of anything missing –

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

This is JoAnn Klinedinst, it almost seems as though one should take an updated job description for an informaticist and cross-reference this.

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

Yup, I think that's a great point. Yup, okay. Let's – I think we can – I think this is not going to be the hear – this will be something that we should be pretty able to update. Let's go to the next slide. And this is just titles, and we talked about the fact that we can brainstorm, but then also look at job boards from our different associations, what are some of the titles that seem to fit these broad categories. The ones that are here listed, are from that – are listed on O*Net with the nursing informaticist role, so a specialist role. But I think it'll be good for us to gather some others as well. All right, so –

Larry Wolf – Health IT Strategist – Kindred Healthcare

I think you're thought to go to the association job boards is a great one.

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

Exactly, I think that would be a pretty easy exercise. All right, let's go to the next slide. What we asked for from the group last week, and I think in terms of any homework or feedback, what will help us, as well to show this is an occupation is an education pathway. And to be able to show that there may be different education pathways, but in this and around this informatics type role. So, I think over – probably in this next month, we'll want to share and relate the different educational paths, the different training programs, certification level programs, things like that, that relate to this role. So, if you have that, please – I think you could send that to Chitra and Chitra can get that into our proposal.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I think the other thing that might be relevant, speaking about associations, is I know the associations have certification programs.

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

Yup, exactly.

Larry Wolf – Health IT Strategist – Kindred Healthcare

And maybe those examples would be better here than some of – in the accounting example.

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

Oh yeah, and why don't you move to the last slide which is the fact that – where can we get some supporting information. So, and this is more of a call for resources, I think it will be very useful where there are schools and programs, so we can show this is an occupation, this is formal – there are formal programs and pathways, educational pathways, curriculum standards, accreditation programs, certification and credentials. So, for those who work for or have relationships with associations, where you can see that it's definitely connected to this pathway – or to this occupation, if you could send that information to Chitra, I think that would be fantastic.

And then once we get the proposal, and something you can start thinking about if you're in a role to have some data, we think being able to show the – where health informaticists work, our estimates on the number in the work environment today will be very useful. All right, I think that is – that's it for this part of the agenda.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Thank you so much Michelle and Susan, thank you so much for I think both of you were typing away, and I'm sure Chitra was, too, getting the great input. The second time through I think that we've really added a lot on, we're in good shape for when we get this entire draft together. So I appreciate the hard work that you've been doing. And so actually Larry, I was wondering on the next part of the agenda, we wanted to go to the next set of slides on reviewing progress on the recommendations that were presented, that Larry had presented back to the Certification/Adoption Workgroup. So we're looking for that slide.

And while we're waiting for that to come up, I think the thought process behind it was that we certainly feel like we've accomplished quite a bit as a working group since we made those recommendations. And we've been so focused on the Standard Occupation Code and getting a lot of that work done that maybe taking a look at what we have accomplished, what still needs to be accomplished and then prioritizing, because I see that we're scheduled all the way out into the June timeframe. So with the notion that we could create a timeline of activities that would support certain milestones getting done.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, let me jump in with a couple of thoughts, really in advance of sort of this broader look at what we're doing. And that's sort of where we might think about some intermediate steps on the SOC work and I'm thinking that we're pretty close to having a reasonably clean set of slides, the ones that we just went through, and it might be worth at the least sharing those with Marc Probst, the other Co-Chair of the full workgroup. And possibly, and Michelle's probably going to laugh at this suggestion, possibly taking 10 minutes at the next – one of the next workgroup meetings, that are already overflowing –

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

I did laugh Larry.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– to point out to the workgroup that there is a sub-workgroup and that they're working on this topic and that we have a preliminary set of slides being built around Standard Occupational Codes. And maybe we don't actually walk them through the slides, but at least give them a heads up, this is in the works and that we're expecting a Federal Register announcement of sort of opening the gates for input, and that once that's out, the sub-workgroup is going to revise its material to be in line with that. And then we would bring that to the Policy Committee, through the workgroup. So, maybe there's – maybe it's more a news flash, maybe it's not even a presentation.

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

Either way it makes sense.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Um hmm.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I'd rather not completely surprise them in two months to say, oh, we have this finished piece of work. And they're going to go, what? What was going on?

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

And I do think there has to be context as part of our learning processes to understand where there are existing occupations or healthcare designations for occupations and where there are complete gaps, and how that data's used in the US around the workforce. The specific workforce roles.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right. It also might be a good place to encourage the workgroup members if they have specific resources or opinions about this stuff, let them know the sub-workgroup has sort of gained a closure on these topics.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

I think that would be helpful.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay. So maybe Norma and Chitra and Michelle and I can work on trying to figure out how to shoehorn that into the full workgroup's agenda.

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

And Susan.

Larry Wolf – Health It Strategist – Kindred Healthcare

Okay.

Susan H. Fenton, PhD, MBA, RHIA, FAHIMA – Assistant Dean for Academic Affairs – UT Health School of Biomedical Informatics

I'll be happy to, thank you Chitra.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, I was thinking Michelle Consolazio –

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

Oh, I see, I'm sorry.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Sorry. There are lots of people who share names. Okay, so now let's get back on to the specific recommendations that we've brought to the – brought out last time. So we had several things we were asking ONC to look at, right.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Yes.

Larry Wolf – Health IT Strategist – Kindred Healthcare

The first couple relate to really ONC doing work.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

And so Larry, I wonder if – I mean, Chitra, do you want to just identify some of the pieces that we've already seen have been placed onto the site and –

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

Yes. So a lot of the evaluation pieces that we had talked about, there's going to be a 250-page evaluation report that will be out next week. So that should summarize a lot of the outcomes that came out of the funding.

Larry Wolf – Health IT Strategist – Kindred Healthcare

That's great.

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

And al – so that report will publicize a lot of the competencies and all the work that came out of the program. But I think the piece that we need to focus on is number 4.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Um hmm.

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

Do you agree?

Larry Wolf – Health IT Strategist – Kindred Healthcare

This is new program development, healthcare –

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

Right, yes.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yes, I do.

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

I can't imagine anyone on this call doesn't.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

As well as, Chitra, I'm also thinking that 3, there's still some additional work to be done there, and I know the ONC is working to coordinate and get some of those resources. But as you and I have chatted in the past, there's also a plethora of other siloed resources and there's some work that's happening on the EU working group and then the memorandum that was just signed by the Secretary with the UK. And so there's going to be even more materials and so I guess not losing and thinking that we're done there, but that this is a continuing addition of resources and publicizing these best practices. So, and I think maybe we can roll that also into this healthcare of the future, and it's something that I'm thinking even with this SOC work that we just went through. The new skill sets that will be required for the future workforce are really going to be able to have to stay on top of how rapidly these things are changing and being able to mine for that information and understand how to access them and link these pieces together. So, I just didn't want lose 3, because I personally feel we still have a ways to go.

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

So although we do have really good training materials out there, I don't know if you've addressed everything that needs to be addressed in Meaningful Use 2, with the new payment models and all the new initiatives that are out there. And also, the different workforce segments, like Larry was interested in the direct care workers and the unpaid workers, how do we address them? So, those might be some of the challenges that people will be facing. So do we think about what training will be needed for the different segments of the healthcare workforce?

Elizabeth Royal – Senior Policy Coordinator – SEIU

This is Elizabeth Royal from SEIU. Does anyone hear me?

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

We can hear you, I'm glad you're on.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yes.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Great. I'd be happy to sort of help parse that out more. I know I'm still relatively new to the group, but there's definitely sort of the cultural and there's like a work culture. And I think we should pay very special attention to that, that one size doesn't fit all and that each segment of workers needs to have, at least at some broader level, needs to have special consideration about that.

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

And you know related issue, as healthcare professionals, and there's a push in some quarters in Health Science Universities on interprofessional education. It's certainly a big issue at my university of getting the different health professionals to take classes together so they get to know each other before they get siloed into their medical or nursing or physical therapy careers. And informatics, I mean I actually say to them, you know, informatics is the sort of prototypical interprofessional subject, because it's something that everyone has to know. So certainly the – from the standpoint of educating healthcare professionals, I think that would be good to include in this, among the other things that others have raised.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

So this is Norma. Getting back to what Chitra had said about folks – not only patients, but those caregivers who are not a direct care, but giving them competencies or identifying skills, knowledge and abilities that would be required to be a consumer. I think even JoAnn has mentioned that before when we were talking, I had made note of that, just what is the consumer competency in this new healthcare arena. And I know from some calls that I've been listening to that even in the UK, they are starting to think about mapping competencies that way, too, so as it's a holistic approach. So we're addressing the one side of the equation and maybe not necessarily the other heavy side of the equation that we need to get up to speed.

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

This is Michelle Dougherty. So building on the discussion, it sounds like defining our segments and then some framework for documenting skills, abilities, and things like that, training options, could give us a structure to begin to tackle this.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

So Michelle, there's some really good work that's going on and Chitra – the work that Jamie's doing on the EU working group, I think that that might be insightful for this working group to hear their process, and maybe it could help us think about what Michelle just said. How we might then somehow look at breaking those down.

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

Right. Because they did create some segments, although they were specifically focused – the last time I was on the call, on the acute care worker –

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Yeah.

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

– now they're expanding. But it's a start to some segments and then we can begin to expand the consumer, the informal caregivers. There are going to be categories of direct care workers that have different training types, perhaps, and then – but I think you're right Norma, there's something to build on there, that we wouldn't have to reinvent the wheel.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Yeah, I think it's really good work where it is, the last time I saw it and it may just give us – I think there's a heavy lift that's already been done and we can just leverage that.

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

But – Larry, but when you had proposed this the last time, what were you thinking? I mean, which group were you thinking that we should target?

Larry Wolf – Health IT Strategist – Kindred Healthcare

– of healthcare of the future.

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

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So all of the above, I mean, the issue with the future is we don't know what's coming, right.

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

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So we're trying to shake out the world has changed and what used to be exotic is not so exotic anymore. But we also don't want to fall into the trap that we were seeing looking at some of the slides today of asking people to know about chip design when that's really not relevant to – if there are 10 people doing informatics that need to know about chip design, I'd be surprised. But it's probably important for them to know that you could do stuff on chips that could maybe drive assay equipment or something, but that's a pretty niche job. So –

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

But with –

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I guess I'm wondering how much it would be important for us to have like a couple of brainstorming, one or two brainstorming sessions to say, so what is our vision of the future? How different from the present is it? And where are the things that we would like to pick out of that future to focus on? Right, if there are just – as someone was telling me the difference between new and news is news is very easy to relate to, it's one more variation on something we already know about, it's where did this earthquake happen or where is the storm happening or how cold did the deep freeze get? Right, but if it's an entirely new phenomena, then it's really hard to get people to even recognize that something is happening.

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

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

And I sort of feel like –

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

But –

Larry Wolf – Health IT Strategist – Kindred Healthcare

– it's happened in informatics in the last 5 years, maybe 10 years, but certainly the last 5 years, that the scope and depth of what's happening is phenomenal, right. I mean we're talking about potentially hundreds of millions if not billions of devices collecting health information that people have on their persons.

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

Yeah, so this is –

Larry Wolf – Health IT Strategist – Kindred Healthcare

And not tethered to instrumentation in a hospital bed.

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

Yeah, this is Bill. I mean I agree, and I mean the way that I see this happening now, and I agree it will be good kind of brainstorm and get many perspectives on it. But now that we have these systems that are full of data, albeit dirty, incomplete because we don't have good HIE and all that, but there's really the possibility to do something with the data and you have to understand it and also you have to understand the limitations of it. And I mean we get students – I can tell the future by what students come in and ask us to teach, and the word I hear most frequently, even though it has a little bit of a buzz word status, but I believe it's important is data analytics.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Um hmm.

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

And so the devices you're talking about, I mean also all of the genomic data and all the societal and ethical issues around that that people from informatics will hopefully be in the lead on. So yeah, I think it would be good to sort of look where things are going forward and maybe that might make the case for some additional investment.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I guess I'm hearing there's that piece, right, there are things driven sort of by the technology and how the technology is changing and I'm wondering though, to Chitra's comments about my unpaid workforce, right. What does it mean these days to help somebody through the healthcare system and how much does it help if you have some level of health IT literacy and you can make sense of the printout that they hand you as your summary or if you have access to view and download, what you do with that. Right, now I have my data, what do I do with it? Oh, there's an app for that, well, oh, there's more than one app for that, so you sort of feel like this could go in maybe two directions that are both important. One is sort of at the tech level and the other is more at the human delivery system level. And clearly it's not just unpaid workers, I mean there are a lot of paid workers as well.

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

Yeah, helping people manage and navigate the healthcare system or try to understand – not really wanting to open a can of worms, but trying to understand things like health insurance exchanges and things like that. Yeah, there's a lot of literacy, knowledge that would be needed.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Larry, as a matter of fact, I had the opportunity to listen to Dr. Daniel Kraft talk about the future of health and medicine to a group of benefit folks from large employers in our area. And just the breadth of all of the new devices, as you mentioned, and all the different ways that healthcare today is changing the way that we're monitoring patients or engaging with them or what have you. I was thinking about that same thing, gosh how as a patient can we or a caregiver, can we possibly even know about all of these different things and really not only empower ourselves and improve our health, but be part of the solution for improving our health and our outcomes. So, I just feel like this is really a big chunk of work that's not probably gotten to and yeah, I think the brainstorming piece would be very, very valuable, just to get some thoughts out there that we could focus on.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

This is JoAnn Klinedinst. I'd recommend that we have a guest speaker that perhaps can, excuse me, to what some of the thoughts are, much like you described attending a local talk.

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

Yeah, this is really multidisciplinary and kind of goes beyond the scope of our knowledge. I think that would be good, bringing in some outside people. But then that probably trying to put some bounds on the discussion, so, because there are so many different things we could all talk about, but maybe focusing on sort of the workforce issues and competencies including people who aren't workers, but information competencies that people need to survive.

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

This is Michelle. This may be where some type of a hearing, public hearing input, a half day where in the context of workforce and the different segments, we bring some of those who are most knowledgeable together to help inform some planning.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, for those folks who are going to be at HIMSS, maybe we can be specifically alert to interesting speakers that seem to have a good sense of how things are changing, where they're going and what that's going to demand of the people who are doing the work, plus any other favorite resource. Your favorite inspirational speaker.

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

Should this group meet informally at HIMSS? I'll be there.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Oh, that would be a good idea, sure.

JoAnn W. Klinedinst CPHIMS, DES, PMP, FHIMSS – Vice President, Professional Development – Health Information Management and Systems Society

Yeah, and this is JoAnn, I have a conference room I have access to, so if we pick a date and time, I'll get the scheduled.

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

I mean, I imagine we can't have an official meeting, or maybe not, I don't know what the rules are, but I'd love to meet some of you face-to-face.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, I think that would be fun.

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

We could set a webinar up from this end, I won't be there, but I could call in.

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

I mean, it can't be a public FACA call, it would just be a gathering that you all coordinate on your own, if that makes sense..

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

Um hmm.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay.

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

Okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, maybe we should do that.

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

Yeah.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

The other thing there is Community's Open House where it's a great place to meet, I know a lot of people meet and gather. There are beverages and food available, there's also the Welcoming Reception, which is Sunday night, and the Community's Open House is Monday. So that may be a good place to meet up as well.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, so maybe we should handle this coordination offline from this call.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Yes.

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

I'd like to get some input from Elizabeth because Elizabeth is so – is involved with the direct care workers. What do you think Elizabeth? Are you there?

Larry Wolf – Health IT Strategist – Kindred Healthcare

Are you on mute?

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

I guess we lost her.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

So Larry, its Norma. I'm wondering if there's a need to then update our progress on these recommendations more formally for input back up to the Certification/Adoption Workgroup. I mean obviously there's been other areas where we've made progress, and then there – so that's one question. And then second would be, on 4 and I guess 5 is that 250-oage report, right Chitra?

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

Yes.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Okay. So really on 4, the second part of work would be to try to at least – because from my perspective, if we could somewhat pace this out in a way that we know what we'll be doing for the next couple of calls. That would be really helpful and maybe help us prepare, because that's a big chunk of work right there. What are your thoughts about next steps on just the recommendation piece?

Larry Wolf – Health IT Strategist – Kindred Healthcare

So my sense is that maybe to bundle this with SOC stuff –

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Um hmm.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– and do an update to the workgroup and targeted to the Policy Committee. I know the workgroup is going to have a hot topic in March, so maybe not February or March, but maybe April, is that too far out? That's going to be pretty far out into the SOC timeline though, isn't it? When are we expecting that to go public and what's its likely timeline?

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

It was supposed to come out end of last year and I don't know when it's coming.

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

And there was a 60-day – so, if had come out early January, the comments would have been due early March. So, 60 days from the day it comes out.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So already, tomorrow's February first.

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

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So it wouldn't – so, an April date would actually be pretty late if it comes out soon.

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

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

It would be better if we hit the March Policy Committee meeting with something short. So maybe that should be the timeframe, is to have an SOC recommendation and then to have an update on these recommendations and that we should consider the additional future direction stuff, right, plus an update when the ONC report is out.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Um hmm.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Does that sound like enough of a focus? I think it's Friday afternoon and time –

W

Yeah. There was a lot of heavy lifting today.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

I think that sounds like a good enough focus for us now. And what do others think?

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

Silence is consensus.

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

Are you talking about the list of recommendations still or –

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I think I'm hearing something pretty – the work on SOC, to be helpful needs to be wrapped up in the next month and a half probably.

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

Um hmm.

Larry Wolf – Health IT Strategist – Kindred Healthcare

The summary of what ONC is already doing, it sounds like ONC has some of that material, we could respond back on that. And the future directions piece, I think the discussion today was pretty good for the kind of range of things we might do and the sub-workgroup folks and ONC should bounce that around and we'll figure out some focus for our work. I like the notion of bringing in some guest speakers or maybe doing a hearing or something to kind of not put all of that on our own shoulders about where the future is, but bring in some folks to join us on that, at least at the presentation level. I don't think we need conclusion to that to go back to the workgroup and the full committee, I think we can say we're heading in this direction as a future workforce piece and these are the two or three areas we're going to explore.

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

Good. Do you have any suggestions for guest speakers? If you have any ideas, please send them to me.

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Okay.

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

Okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So should we go to public comment?

Norma Morganti – Executive Director, Health Information Technology Learning Resource Expansion Grant – Cuyahoga Community College

Um hmm.

Public Comment

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

Operator, can you please open the lines?

Ashley Griffin – Management Assistant – Altarum Institute

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

Larry Wolf – Health IT Strategist – Kindred Healthcare

So how about a big round of thanks, a lot of good progress on the SOC work. It's beginning to feel like that's very close to a wrap. I know we left a whole bunch of wordsmithing to be done, and it's not trivial, but feels like another iteration and we'll be there, so that's great. And everybody have a great weekend.

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

Thanks Larry, you too.