

**HIT Policy Committee
Certification/Adoption Workgroup
Transcript
March 5, 2014**

Presentation

Operator

All lines are bridged with the public.

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 Health IT Policy Committee's Certification and Adoption Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. 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. Marc Probst? Carl Dvorak? Diane Bedecarre?

Diane Bedecarre, RN-BC, MS – Workforce Development Co-Lead – Veterans Health Administration

Here.

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

Hi, Diane. Donald Rucker? Elizabeth Chapman?

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

Liz Johnson? George Hripcsak? Jennie Harvell?

Jennie Harvell, PhD – Senior Policy Analyst – Office of Disability Aging & Long-Term Care Policy

Here.

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

Hi, Jennie. Joan Ash?

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

Here.

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

Hi, Joan. Joe Heyman? Marty Rice? Maureen Boyle?

Maureen Boyle, PhD – Health IT Lead, Center for Substance Abuse Treatment – Substance Abuse and Mental Health Services Administration

Here.

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

Hi, Maureen. Micky Tripathi? Mike Lardieri?

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

Here.

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

Hi, Mike.

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

Hi.

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

Paul Egerman?

Paul Egerman – Businessman/Software Entrepreneur

Here.

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

Hi, Paul. Paul Tang? Stan Huff?

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Here.

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

Hi, Stan.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Hi.

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

Is Liz Palena-Hall on from ONC?

Elizabeth Palena-Hall, RN, MIS, MBA – 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

Elise Anthony from ONC?

Elise Anthony – Senior Policy Advisor for Meaningful Use – 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

Jennifer Frazier from ONC?

Jennifer Frazier, MPH – Policy Analyst – 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

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

Larry Wolf – Health IT Strategist – Kindred Healthcare

Great. So, welcome everybody. We're in the final round here of reviewing material before the presentation to the Policy Committee on Tuesday, expecting, of course, the updates from them. And then we're going to hear from one of our sub-workgroups, I guess our only sub-workgroup, which has been looking at workforce development. And so they've been doing some work on standard occupational codes. They've also been looking at the work that ONC funded under HITECH, several programs. We talked about sort of earlier status of these programs and we had requests from the Policy Committee to sort of do a final report on where things wound up. In addition to that, we're going to hear about some tools that have been put together that look at the competencies needed to meet our new challenges in healthcare, particularly looking at the Health IT training needs, so that'll be a pretty interesting discussion. And then a quick next steps and public comment. So, let's go on to the next slide.

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

Larry, this is Michelle, can I just ask a quick question?

Larry Wolf – Health IT Strategist – Kindred Healthcare

Sure.

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

I think I want to update the Policy Committee agenda appropriately –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Um hmm.

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

– so, just to confirm the Workforce subgroup presentation will be more than just the occupational codes, there will be all of the things that you just mentioned.

Larry Wolf – Health IT Strategist – Kindred Healthcare

That was the intention, but –

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

Okay, I just want to update the agenda, so thank you.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, so the agenda for this workgroup, get some recommendations to Policy on Tuesday, get some feedback from them, discuss that the following week, and then update the Standards Committee. And based on what we hear next Tuesday, we'll have a meeting to further refine what we've heard and then present revised recommendations in April. So, that's the overview of the – where we are now and what's in front of us. Next slide.

So this is the summary slide that points out all of the various certification criteria that we addressed and we're most of the way through this. So let's go on to the next one. Next slide please. Right. So this is picking up where we were last time. So why don't we continue our standard format.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Oops.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– sorry, one slide too many.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Yup.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So Liz, would you walk us through what's here.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Yeah. So, I think I'm going to go column by column first, just to make – because there are questions on those second two columns. So the first one is advanced care planning and the first bullet there is the criteria that's in Meaningful Use Stage 2, to support the ability to record whether an advanced directive exists for the patient. And then the second item there is, in addition, if approved by HHS for MU, to support the ability to store advance directive document in the record or provide a link to the advance directive in a repository. So this is what was proposed by the Meaningful Use Workgroup. So as we heard, this workgroup supported that, if approved by the – for Meaningful Use. And then future work would be standards for the content of the advance directive. So does that look good to everybody?

Larry Wolf – Health IT Strategist – Kindred Healthcare

We're good.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Okay, so I'll move on to the next one, data portability. And the first bullet is what's in Meaningful Use Stage 2, so support the ability to electronically create a set of export summaries on all patients formatted in accordance with the Consolidated CDA. And where we landed on this was, in the LTPAC conversations, there was – the workgroup requested more information. And so – and on the BH calls, this – there wasn't time to discuss, so I just – there are some points of clarification here that are needed. So, just as – one point to add about this is the data portability criterion was meant as a first step to support data migration of providers changing systems. There was a question about does the MU2 Final Rule address receiving the Consolidated CDA and the answer is yes, this is addressed in the ToC criteria to receive, display and incorporate. So I'm wondering does the workgroup have any other further questions on this.

Paul Egerman – Businessman/Software Entrepreneur

This is Paul Egerman. It's not so much a question as an observation which is, if I understand it correctly, we're going to put this forward as like optional certification criteria.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Right.

Paul Egerman – Businessman/Software Entrepreneur

And I guess this works by itself as an option, in other words, I can see how that would work. I'm – have to say though, for the goal that is set here, which is to make it possible to migrate to other systems, I'm pretty skeptical that this is – I'm skeptical of the utility of this function for that purpose. It's just – especially when you do LTPAC, because I suspect there'll be a lot of data elements that the LTPAC people will be recording that won't be included in this standard. So, I doubt its utility. I don't have any problem with including it, but I just want people to have a realistic view, my guess is this very seldom gets implemented for LTPAC.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Paul, I think that's actually something we should look at broadly with certification criteria, because the concern you're raising is one that was raised when the earlier criteria was brought forward broadly, outside of this context.

Paul Egerman – Businessman/Software Entrepreneur

Yeah, and so – and so in one sense it's easy to just like shrug your shoulders and say, yeah well add it in because its optional. But at some point, maybe somebody's going to look at this and say, well maybe we're sort of mucking up the works, if we put in a lot of stuff that's optional, but nobody ever uses –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Um hmm.

Paul Egerman – Businessman/Software Entrepreneur

– the utility just isn't likely to be there. Maybe we should save the time of ONC to actually write up the NPRM on this thing, because – that's an observation. And I'm not stating it like I know it won't be useful –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right.

Paul Egerman – Businessman/Software Entrepreneur

I'm questioning whether it's useful in this environment.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right. I think the bottom line is that the utility is really going to be pretty simple, it's going to help you get some demographics moved forward, and it may help you get some high-level problems and allergies moved forward. And I don't think anyone's under the – well, I don't know if anyone's under the impression it will actually help you create the new EMR with robust information. I think to your point, it was seen as a small first step and it would, even in the acute care settings, would likely have limited value. But that value is probably –

Paul Egerman – Businessman/Software Entrepreneur

It has limited value in acute care; it would be more limited in LTPAC. Because if you're doing the migration, you don't want to do it as two steps either. You're not going to say, well this is how we'll do our – some of our problems and this is how we're going to do the rest of the data on that same patient. You want to do it all at once, I suspect.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

This is –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right, well I think the problem is historically there have been very poor tools for migration at all.

Jennie Harvell, PhD – Senior Policy Analyst – Office of Disability Aging & Long-Term Care Policy

Yeah. So this is Jennie. I was just going to say that I agree, I guess, with both sides of the conversation. I think the Consolidated CDA is a useful starting point. But maybe we could add a recommendation at the bottom of this column in terms of future work that further analysis – that the Office of the National Coordinator undertake some further analysis about additional requirements that would be important to support migration across care settings, including long-term post-acute care and behavioral health.

Paul Egerman – Businessman/Software Entrepreneur

I have to tell you, I would not be in favor of that recommendation because I just think this is a hard problem, I'm skeptical that this kind of an approach is the right approach. And I also, especially at this point in time with what we're trying to get done with the LTPAC, it seems like migrating so people can change computer systems, doesn't strike me that that should be at the top 10 or 15 items that we're focusing on. It's a lot of work, but it just doesn't seem like – it's far away from transitions of care, which is the stuff that we really need to work on.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I think we should note the issue here, that this is perceived as a poor solution, it may be even less good in LTPAC and Behavioral Health given the other limitations in those systems, or the fact that they're not going to be fully coded.

Paul Egerman – Businessman/Software Entrepreneur

Well that's right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right.

Paul Egerman – Businessman/Software Entrepreneur

That's right, I mean, they're not going to be coded; the problems aren't coded in SNOMED, for example, so in free text or in some other coding system and this solution won't work for them.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well, it's not going to work in terms of bringing over coded data –

Paul Egerman – Businessman/Software Entrepreneur

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, I think that's a known limitation of the criteria today and we should acknowledge that it's also a limitation in the setting and it's – and I think we should note the disagreement among the workgroup members on it.

Paul Egerman – Businessman/Software Entrepreneur

Sounds good.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

So, let me – just to be clear, is this being – should we go around and see if this approved for optional or is it to drop it entirely?

Larry Wolf – Health IT Strategist – Kindred Healthcare

I think that both – it's all optional.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Yes.

Larry Wolf – Health IT Strategist – Kindred Healthcare

The question is, do we want it on our list or not.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Yeah, exactly.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I would like to see it on the list as something that we talked about, that we assessed, that we understand the intention that ONC has with this and we think it will be of some, but limited value and likely of lower value here than in acute care settings.

Paul Egerman – Businessman/Software Entrepreneur

That's fine with me.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

This is Jennie, I agree.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Okay, thank you. Okay, are we okay to move on to public health?

Larry Wolf – Health IT Strategist – Kindred Healthcare

Let's do it.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Okay. So the first bullet there is the wording that's in Meaningful Use Stage 2, so support the ability to electronically generate immunization information for electronic transmission – I guess this sh – using ONC specified standards. And the conversation on this, well first, this was only included on the LTPAC discussion and just to refresh your memories, basically there was some discussion around the fact that in Meaningful Use Stage 2 that the conversation was exclusive to children. And in fact, we did a little bit of background research and found out it was a broader conversation and so it was not to the exclusion of adult immunization. And so, would want to get the workgroups feedback on whether or not to include this criteria.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

This is Jennie; I think as an optional criteria, I think it would be useful, not only in nursing home but potentially in psychiatric hospitals and other residential settings.

Paul Egerman – Businessman/Software Entrepreneur

And my understanding – this is Paul. My understanding of this, and I might be wrong, is one of the problems with this capability is whether or not the public health side is able to receive the data. In other words, there have been a number of things that we've done where we say, the EHR transmits it, but the problem is there's nobody to receive it. And so that's – it's just something I don't know whether or not the public health agencies who are able to receive this data electronically and whether or not they want the adult data. And maybe they do, but I just don't know how that works.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I know in other context, I've heard public health say they very much want this as a population risk measure, like during flu season, and that those are really the immunizations they're mostly looking for things about. And so that they do see the value, as to the readiness of the public health agencies, that's been addressed, in fact, I think the new Coordinator has specifically pointed out the need to shore up public health. So I think it's a recognized limitation. So maybe the concern should – here at the end should be, we understand the criteria is not specifically focused on children, but there is a concern about public health readiness.

Paul Egerman – Businessman/Software Entrepreneur

Okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

To Jennie's point, it's true really; any inpatient or any long-term inpatient or residential setting could well be doing immunizations for seasonal issues that are –

Paul Egerman – Businessman/Software Entrepreneur

That makes sense I'm fine with that.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

So just to be clear, because you mentioned psychiatric hospitals, are we including this for BH as well?

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

Mike?

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

I would becau – this is Mike. Yeah, I would for –

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Okay.

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

– the fact that you have some long-term residential settings where immunizations would be important for the people who are old in those settings, some are.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Okay, thank you for clarify –

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I guess what I'm hearing is, maybe the clarification should say, some of the settings are inpatient or residential – long-term inpatient or residential –

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

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– and provide immunizations to the individuals in their care, reporting to public health is valuable for coverage of vulnerable populations. However, the workgroup is concerned that public health agencies are not consistently able to receive this information electronically.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

Sounds good.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Are we ready for the next slide?

Paul Egerman – Businessman/Software Entrepreneur

Yup.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Let's do it.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Okay, so the – oh, do you want me to talk to the first bullet?

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, let's talk to the first bullet in our most interested workgroup member isn't on today.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Oh. So, there was a lot of commentary about including past history or the fact that it's not included in Meaningful Use certification. And so I – we're wondering if there could be clarification on whether the recommendation by the workgroup is to, in fact, include it in certification and if so, is it for all providers?

Paul Eggerman – Businessman/Software Entrepreneur

Well, this is Paul, I mean the absence of past history in particular the absence of past surgical history, is sort of like, in my opinion, like a glaring omission that we haven't done that in Stage 2 or Stage 3. And I think it's important in all settings, I suspect it might be particularly important for LTPAC –

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Um hmm.

Paul Eggerman – Businessman/Software Entrepreneur

– I think those patients probably have – are much more likely to have a surgical history that people need to know about. It just seems, though, that we shouldn't be coming up with sections of the record here that aren't in MU2 or MU3. And so I'm sort of thinking maybe the comment here is, we send a message to the Policy Committee that this is needed, but we don't want to limit ourselves to LTPAC, this should – and behavioral health, this should be part of MU3.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, I think that is the sense – that was the sense I heard from the commentary during our discussions is, broadly this looks like a hole and we want to bring it forward, it's not something specific to LTPAC or behavioral health.

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

Right, that's correct.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Okay. Okay, so then moving on to the next two bullets, it's to recommend that ONC track national trends in LTPAC and BH Health IT adoption. Such efforts should include tracking use by functionality and criteria. Also the recommendation that national survey data on LTPAC and BH EHR adoption and use, utilize definitions that are consistent with those used in the Meaningful Use Program.

Larry Wolf – Health IT Strategist – Kindred Healthcare

The intention with both of these was to address the inconsistencies in the information that we heard when we started the contextual review of what's happening in these care settings, is that there have been surveys, but they seem to be a very mixed – the questions used, the criteria that they implied vary greatly. And in addition to their having the problems of self-reporting, it wasn't clear how to sort out what they were telling us about current adoption.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

This is Jennie and generally I agree with both of those recommendations. I might – I think maybe wordsmithing a little bit on that third bullet. The recommend national survey data on long-term post-acute care and behavioral health EHR adoption and use utilize definitions that are consistent with – that are consistent, as applicable, with those used and I don't know if it's the Meaningful Use – I think I'd want to go back and look at surveys for physician and hospital EHR adoption that are used to – numbers and see if those reference the – but I think generally the idea of coming up with consistent definitions – measures as appropriate is correct.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So Jennie, I think you're pointing out a flaw in the current survey process, because those surveys were developed before HITECH, they were built on expert opinion at the time, and they've persisted in order to create consistency from year to year and survey to survey. But they don't completely align with the existing certification criteria in Meaningful Use objectives and so you're right, we shouldn't align with the program that those are not aligned with. We're looking for a consistency across care settings –

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

Okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– maybe that should be the message.

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

I guess – this is Mike. I guess I'm just a little different on that. I think you should align with Meaningful Use where it aligns and then where there's extra, that behavioral health does or LTPAC does over and above Meaningful Use and add those. But I think it's important to see if your survey –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Special –

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

– yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Special needs.

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

Yeah, so I think you need to align with Meaningful Use and then go over and above for those special needs.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So to Jennie's point, we have both the appropriate, which suggests that some criteria might not apply, but also Mike's suggestion that it also address the particular needs of the care settings.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

Yeah, I think that's correct, too.

Larry Wolf – Health IT Strategist – Kindred Healthcare

And in both cases I think we need to – we want to be consistent with the surveys and to the extent to which those align with ONC and CMS initiatives, we'd like to encourage that as well. But we actually want to be consistent with the surveys.

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

Yeah, that would be very important.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, I hear some suggestions for wordsmithing, are you okay Liz, do you have enough notes –

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Yeah, I think –

Larry Wolf – Health IT Strategist – Kindred Healthcare

– to make something coherent out of that.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Yeah, I think so.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well, let's move on.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Okay, so this –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Did we get our CMS experts, by the way? Are they joining us or are you representing them?

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Do we have anybody on the line from CMS? I'll go through the slide.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, thanks.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Okay. So, CMS conducted a survey of state surveyors in – between January and February of 2014 to identify barriers and challenges that surveyors encounter when surveying facilities – with surveying facilities that have implemented a full or partial EHR. And so they were able to obtain –

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, Liz, let me break in.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So the context, for those who aren't deep into regulatory requirements for some of these care settings is there is a mandated survey process where CMS provides the guidelines and the structure in the states and carry out those surveys. And we had talked about that supporting the surveyors was one of the needs for LTPAC. This is additional detail on that.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, thanks.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

So CMS conducted this survey, which hopefully will help to inform the next slide, which is around the central certification criteria. So the survey had 988 responses, and what I've pulled out here are some themes from the findings of that survey. So one of the themes was on access and surveyors noted that there was a need for full access to the EHR; often partial access is provided. They also have a need for immediate access, not hours or days later. So when they arrive at the facility, they need immediate access. They need access to the MDS, which is the patient assessment, preferably the entire document rather than separated into sections. They need access to closed charts for patients that are – have been discharged or deceased, including care plans.

In terms of navigating the EHR, the surveyors noted that documents were easier to locate when there were specific tabs that they wanted systems to have tabs like paper charts and the ability to move between sections without going to the main menu, that they find “print mode” to be helpful in terms of page consolidation. There are specific features that they enjoyed such as history to see changes in a wound, for instance, over time, the feature to search, to sort notes. They also noted that systems should be user-friendly for entering data as well as retrieving and reviewing the information.

In terms of documentation, they noted the need for printouts so nurses notes or physicians notes with patient identifying information. They noted that often today they get printouts that don't have the patient identifying information and that's problematic. They noted the need to – the need for the ability to tell who authored or modified documentation along with the exact time of the modification. And then there were a number of reports that they said were of value to them. So these would be, for instance, reports on weight, vital signs, medications administered over time, the use of certain medications like anti-psychotics and medications that were given late. So that's not to say that all of these would be appropriate for certification, but it gives you a flavor for the needs of these surveyors.

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

This is Mike, can I ask a question, because I know this is focused towards LTPAC –

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Right.

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

– but in behavioral health, we have the same type of situation, not from CMS so much – well, if a Medicare audit comes in, well that is CMS but it's more often a Medicaid audit. But the idea here is – and what actually works is there's no one surveyor that knows all the systems –

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Ummm.

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

– and I've never – and I don't know any systems are going to align with everything that they want, so it really has to be a cooperative process between the organization and the surveyor, where the organization assigns a person to sit with the surveyor and pull up the documents as they want. Because as surveyors go through 30 organizations, they might go through 30 different systems, there's no way that one syst – or one format is going to meet or all those systems are going to meet one format.

So maybe there needs to be something about the, and it's a different view of the survey process anymore, you can't just throw a bunch of charts at a surveyor, sit them in a room and go away, as what we used to do. You really have to have somebody with them to navigate that particular system. I agree, they should get all the stuff that they're asking for, but somebody who's used to the system should be able to pull that out.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Jennie, if you don't mind my putting you on the spot, you used to do this, any comments you've got.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

Well I think Mike's observation about behavioral health and surveying activities in Medicaid are similar, obviously, in long-term post-acute care for both – there are both federal and state survey activities in long-term post-acute care settings. I think Mike's comment about expecting surveyors to be able to walk in and be familiar with different survey – excuse me, different EHR applications, I think that's not likely to happen. I think there are potentially some applications that could be developed in the future that might make it easier for surveyors when they encounter different systems, to figure out how to navigate those systems.

But I think from these survey results – findings that CMS shared with ONC, I think there are a couple of possible certification criteria that this group could consider for EHRs that would help surveyors perform their jobs when they are encountering electronic health records. So I think if you – I don't know, Liz or Larry, if you want to flip to the next slide and we can look at those criteria and talk about those.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Sounds like a plan, I'll go with that.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

So, Liz, do you want to describe – okay.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Yeah, I can walk through this. So the first criteria here is, support the ability to provide surveyors with immediate electronic access to the complete EHR, consistent with federal requirements. So for example, access to the patient assessments, care plans, point of care documentation, nurses and physician notes, accident incident reports and closed records for persons discharged or deceased. Another criteria would be support the capability of surveyors to obtain a copy of portions of the record with patient identifying information as needed to perform the surveyor's role.

And there are a couple of items for future work. These would be around supporting the surveyor navigation of the EHR, potentially implementation guide to describing the functions in the EHR that surveyor's need. There's the QIS process, which is a computer based survey program, but it's not standardized today. And support the creation of report templates needed by surveyors, so we heard from – in their findings that there are a number of types of reports that would be valuable to them, such as weights, vitals, medications and – yeah. So, questions?

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

This is Mike, and we're saying support the ability, does that mean support the ability for the surveyor to do it themselves or for somebody to pull this information for them. I agree, all the information they're asking for, absolutely they need to be able to get that. But I don't think it's – they're going to get it themselves.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

I think the workflow around whether or not somebody needs to be present to assist the surveyor, I think will – I don't think we're talking about that, that may be necessary or may not be necessary, depending upon the surveyor and the system. I think this is talking about if – enabling the surveyor to gain access to the system immediately, when it's an electronic EHR, giving them the appropriate login and password information so that the surveyor can access the system. And if they need a person present to point where they can find different documents and different pieces of information, that's a – some guidance that CMS can provide. But this is just – this is in terms of accessing the information in the electronic health record, being able to access that information.

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

I would be more comfortable if we made a friendly amendment here and access to the information, with or without organizational support, or something like that. Because otherwise it looks like – if you leave that out, then it looks like the surveyor has to be, in my mind, looks like the surveyor has to be able to get it themselves, which I don't think is going to be realistic.

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

Well – this is Joan. And the other thing is that the login and password issue isn't a certification related issue as much as it is the organization needs to have the processes in place to issue those before the surveyor gets started. So, I'm having trouble figuring out how this fits in to certification criteria. I mean, in other words, it's not a technical issue, it's an organizational issue.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I wonder if there's a small technical piece. So I agree with Joan that the issue here is mostly about the organi – the healthcare provider needs to have a process that 24/7 when the surveyors show up, can effectively get them access to a computer system. And given that surveyors have the right to show up truly 24/7 to see the preparedness of the organization, that it's not unreasonable for them to say, I need access and maybe if part of the way you get it is we wake someone up and they have to issue me credentials, that's okay if it takes an hour. But it's not okay if it takes three days. So I think that's an organizational piece.

I wonder, though, if there isn't value in the notion of role-based access. And this is not to have individuals login without identifying themselves, but to have the notion that there could be a surveyor role that's either baked in to the application or is available through configuration. And that it would make a broad range of things available in a read-only mode and so that there might be a way to craft criteria that spoke to the capabilities of that role. Without specifically addressing how quickly a user could be set up to be in that role, just the role would need to pre-exist so you weren't like scratching your head when a surveyor showed up to say, now how am I going to deal with this?

Paul Egerman – Businessman/Software Entrepreneur

Well – this is Paul. I have to say, I agree with Joan's comment. I think this whole area is just an issue of policy on the part of the healthcare organization as to how they want to deal with it and what the capabilities of their systems are, and these surveyors are not the only people who have to access the records. I mean, you've got situations where you have Medicare audits that occur or Medicaid audits, or you can have all kinds of different things occur, possibly even involving accreditation where different people need to have access to different parts of the records. And the organization has to have their own policies as to how they're going to handle it. And I don't think we can be doing special certification around role-based security, because it's not like we can figure out like one-size that fits all for all those possibilities.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

So this is Jennie –

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

But we do want to though say that systems need to be able to provide this stuff for surveyors.

Paul Egerman – Businessman/Software Entrepreneur

Well yes, but they –

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

(Indiscernible)

Paul Eggerman – Businessman/Software Entrepreneur

– being provided right now because they can provide it for the healthcare workers, so the systems are able to provide it and the systems have security systems approaches. But the reason I view it as policy is the healthcare organization has to decide the kinds of questions that need to be answered, like are you going to give a user name? Are you going to have somebody look over the shoulder of the surveyor? How are you going to handle that entire process?

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

Yeah.

Paul Eggerman – Businessman/Software Entrepreneur

And – but, I mean the data is available, I mean you can always give somebody a user name and password, but if that's the approach you want to do. But maybe you want to give it to them and take it away right away, take it away within a certain time period, too. That's why I say, the organizations have to figure this out, I don't think you can possibly write certification criteria that will help.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

This is Jennie. I think – I'm concerned that if we don't include some certification criteria on this point, that surveyors will continue to encounter problems with accessing the information that they need to be able to access to do their jobs, which from the survey that CMS did, surveyors are having those problems. And I would anticipate those problems to increase as EHRs are increasingly used in these settings. I don't disagree with the comment about other entities having to perform similar functions, you know, accreditors or auditors and that sort of thing. I liked Larry's notion of – I think it was kind of a dual approach of, this is both a policy issue as well as a role-based function. And so maybe this criteria should be one, a recommendation in terms of an EHR certification criteria, but also a recommendation that CMS provide guidance to providers regarding use of EHR systems, particularly in terms of supporting survey activities. I mean –

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

Is is – I guess, Jennie – this is Mike. Is it the use of the EHR systems for the surveyors – I mean that these – I'm the surveyor, that I need to have the – good use of the system or that the systems need to produce these things? Because where I get hung up is in the whole issue of there are so many systems, there's no one surveyor that's going to be able to do all of them. So, I mean that's where it gets to it, I mean, I agree that all this information needs to be able to be spit out, but that's where I'm having the problem, really, because this applies to behavioral health, too, this same kind of stuff. And I just know it just works best – and I've seen things from – I'm not sure if it's been different Medicaid states or diff – or has been something from CMS where they've told the CMS surveyors that yeah, it's okay to have the staff sit with you and go through the record, bring up the pieces that you need, that type of thing.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So maybe this is a place where the guidance from CMS would be needed before any criteria could be even defined, because it would be in support of that guidance.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

Well except, except Larry, we know that surveyors right now are having problems accessing information that they need that would be in a paper chart, if a paper chart existed in a facility. And so I'm trying to understand as a – I think a general criteria of providing role-based access to imm – role-based immediate access to the electronic health records to support survey, and if you want to go on, accreditation functions.

Paul Eggerman – Businessman/Software Entrepreneur

I just –

Larry Wolf – Health IT Strategist – Kindred Healthcare

I hear that, but I'm wondering if the question isn't that this is not – there's not a technol – the technology solution is not the problem. The problem is that there isn't a clear understanding on the part of the providers of what they need to do when surveyors show up and there isn't a clear understanding on the part of surveyors what they can reasonably expect.

Paul Egerman – Businessman/Software Entrepreneur

Right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

And that if there some guidance, that then becomes the framework and again said guidance then providers could say, well that's interesting guidance, we can't do it because you put something in the guidance that's not in our systems. Or we can go, oh, so that requires I do something in advance of survey to be ready, but I also have some support in pushing back to my surveyors to say, this is an acceptable way to give you access.

Paul Egerman – Businessman/Software Entrepreneur

That's right. This is fine, and certainly is acceptable, I hope that somebody sits next to the surveyor and pulls the information up off the screen to the surveyor. It gets to be a very tough situation if you're going to say to the surveyors, okay, you want to do your work, here's the manual how to use our EHR system, here's your user code, you now have read access to the whole thing. Well, I mean, you do that, all the privacy people are going to go nuts, why do they have read access to absolutely every aspect of the record. And –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well, they do – I mean, the sad news is Paul, they do.

Paul Egerman – Businessman/Software Entrepreneur

Well, they do, but at the same time, to just hand it over like that, I find troubling. I think that there are some policy issues there on the provider side, and I don't think we should be solving this problem with a certification solution. The solution to every problem is not – there's not a technical solution to every problem and there's not a certification solution to every problem and it's unfortunate that surveyors are having difficulty, but I would look to some policy solutions first.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

So I think in this instance – you know, I think a couple of things. There is a clear policy both established in statute and in regulation that describes what surveyors are legally entitled to access, in terms of an elec – in – health records. And I assert that having an electronic health record does not change or should not change that policy.

Paul Egerman – Businessman/Software Entrepreneur

Well that's true, but I don't –

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

But they can still access it but, I mean even in the paper world, Jennie, I sat with the surveyors and they say, where's this, and I go to the right tab, I find it for them and said, here it is. I mean I think we need to make that same facility available in an electronic world.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

Well Mike, I'm just saying, I'm not even addressing your point –

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

I know.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

..which seems to be – right. Because whether or not you have – you either must have or want to have – don't want to have a person sitting next to you while you're trying to survey a facility, I think is a separate issue from being able to gain prompt access to content in the electronic health record. It's – from CMSs survey findings, surveyors are not getting access to electronic health information when they go in and do their jobs. That's a violation of statute.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right. So the problem here though is we don't –

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

Is that because somebody's not helping them or is it because they just don't know how to use the system –

Larry Wolf – Health IT Strategist – Kindred Healthcare

It could be many, many reasons. We don't have root cause analysis of why they're having problems. We know they're having problems and I don't think that's arguable, this is not a new finding in this survey. Right, this is an old, longstanding issue of surveyors show up and organizations have EHRs, there used to be a bigger problem, there's less of a problem now because more people have some or all of the chart electronic. But it's not a new problem and there are glitches in getting them access. And unless we are proposing that there's going to be the standard surveyor module that gives them consistent, uniform navigation and access, which I think is a little bit extreme, we're not going to get – I don't think there's a certification piece here. I –

Cathleen Lawrence, RN – Division of Nursing Homes Survey and Certification Group - Centers for Medicare & Medicaid Services

This is Cathleen from CMS.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yes.

Cathleen Lawrence, RN – Division of Nursing Homes Survey and Certification Group – Centers for Medicare & Medicaid Services

I was just going to comment, because I did the survey and I think –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Thank you.

Cathleen Lawrence, RN – Division of Nursing Homes Survey and Certification Group – Centers for Medicare & Medicaid Services

– what surveyors were – sure – getting at was they felt like access was limited. They could get into certain parts of the record and not other parts without getting help and then when they get help, then staff become aware of kind of what exactly they're trying to investigate, which affects the survey and affects how the staff react and they might be trying to fix things while the survey is still going on. And so they feel like they don't have the same access that the staff does, and that was a problem for them. Whereas with the paper chart, it's right there, they have the entire chart. But if they feel like they're getting different screens than what the staff members get, which is what they would find and they'd have to ask staff, well, I'm trying to find this, oh, well you can't get to that part, let me do it for you, that kind of thing. So, I guess –

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

Why did they have – this is Mike, why did they have a problem with that?

Cathleen Lawrence, RN – Division of Nursing Homes Survey and Certification Group – Centers for Medicare & Medicaid Services

Well –

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

Somebody helping them?

Cathleen Lawrence, RN – Division of Nursing Homes Survey and Certification Group – Centers for Medicare & Medicaid Services

Well, I think they would – they don't mind help to a point, but they don't necessarily want help for everything, because they want to be able to do – investigate – do the record review part of the survey on their own, without staff necessarily knowing which resident they're actually looking at, at a given time.

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

Okay.

Cathleen Lawrence, RN – Division of Nursing Homes Survey and Certification Group – Centers for Medicare & Medicaid Services

So, that's just part of the –

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

I just don't see how you'd be able to do that for all the different systems that would be out there so that they would know how to navigate all the different systems.

Cathleen Lawrence, RN – Division of Nursing Homes Survey and Certification Group – Centers for Medicare & Medicaid Services

No I don't think they expect to navigate all the systems, I think what they want though, they don't want to – when they're in any system, that their access is different than what the staff is getting. That they can't get to certain portions of the record that they need for record review, that they would have access to if they were looking at a paper chart.

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

I don't think you can do that in the electronic world, the way it is right now, because all systems are so different, because they'd have to be proficient in every one of them and I don't think that's a reality.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Mike, I'm hearing the issue is not proficiency, I'm hearing the issue is the role given the surveyor does not give them access to certain information.

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

Well, I'm hearing that you want to get to a certain patient and a certain area of the patient and they're uncomfortable with somebody helping them get to that area because they might know they're looking at that area. I don't know –

Larry Wolf – Health IT Strategist – Kindred Healthcare

That's a separate question. I think both are true.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

So I guess this is a question for the vendors on the phone, would establishing a criteria for role-based access for surveyors, and if that functionality were set up in a system to enable the surveyor to access all parts of the record that the surveyor is legally entitled to access, wouldn't that role-based functionality provide the access? I mean the surveyor still may not know how to navigate the EHR system, but if that role-based access were coded into the system, it seems like the surveyor would be able to gain access to the parts of the record that they're legally entitled to.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I guess the question is that – is the definition of what that is sufficiently clear that it could be baked into certification criteria.

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

This is Mike, I'm not a vendor, but working with enough of the different systems, no way. If you take out access to the complete EHR and you leave access to current and prior assessments and those particular things, yes, everything after e.g. you could do that, because you could set up something that says, okay, these are the things you have to spit out for a survey. But once you say access to the complete EHR, that means you need to have the facility within the EHR and know what you're doing and know which buttons to push to get where and that's just not – I don't see that happening.

Paul Egerman – Businessman/Software Entrepreneur

And this is Paul. My response, at least as a former vendor is, if I see certification criteria like that, that appears to be hard to use or I don't seem to understand why it's all-important to do. And I don't have to do it, because there's no obligation for me to do it, there's no money to do it, I'm just not going to do it. It's pretty easy, there's no mo – it seems like there's no motivation if had that certification criteria, there's no motivation for a vendor to do it, especially if it's hard to do.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

Yeah, except the motivation on the provider side – there is motivation on the long-term post-acute care providers to perform well during their surveys.

Paul Egerman – Businessman/Software Entrepreneur

Well, there is, but the providers may not want to just hand over the keys to the surveyor though. I don't know what the providers want, they might just want to sit next to them and like the current status quo, and I don't know what they like.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

Well – so I think you will end up – I think it depends upon the provider. I think some –

Paul Egerman – Businessman/Software Entrepreneur

If the providers want this, then it's probably already in the systems, but apparently it isn't.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

At least it's not in the implementation of some of the systems, given some of the surveyor's problems. So Cathleen, has CMS developed a clearly defined list of information, document types that surveyors have the right to access when they go in and do their document review?

Cathleen Lawrence, RN – Division of Nursing Homes Survey and Certification Group – Centers for Medicare & Medicaid Services

I don't think it's a list, I think it's just the full – it's what's in the regulations now as far as medical records that would be the same electronic or paper.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

And so, because I don't have that regulation right in front –

Cathleen Lawrence, RN – Division of Nursing Homes Survey and Certification Group – Centers for Medicare & Medicaid Services

I know – I don't have that memorized either, but it would be the same, there's no difference. So any part that they have access to in paper form, they need access to electronically.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

Right. And so I can't remember who just now was expressing concern with the criterion that starts – the part of the criterion that says – that references the complete EHR. I'm wondering if that word – those words, complete EHR were stricken and replaced by the requirements in the CMS regs, in terms of the type of information surveyors must have access to, whether it's paper or electronic –

Cathleen Lawrence, RN – Division of Nursing Homes Survey and Certification Group – Centers for Medicare & Medicaid Services

Um hmm.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

– would be –

Paul Egerman – Businessman/Software Entrepreneur

This is Paul. I'm listening to this; this is not heading, in my opinion, in a good direction. I mean, I would feel differently if, for example, you were to say, here are some examples of some systems that have this and it's working fine. And we should not be designing how role-based security works for – that's not – that doesn't strike me as something the government should be doing right now. And if there are some examples of some people who've got this in place, let's look at those and see if there's something around that that can be certified. But to start drafting language and creating certification criteria for – to help surveyors and sort of like create something out of whole cloth, I don't have any sense of confidence that what we create will be either useful to surveyors or will be implemented.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So at the risk of offering to kick the can down the road here, is this a place where we request clarification on what – on both things, what the current regs say and what the vendors have implemented? And this something that we can't get to conclusion on for next week.

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

And I think there might be some other guidance from CMS about whether it's okay to sit down with – side-by-side, and have a –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yup, so maybe three parts to this, where there would be helpful guidance beyond what's in the regs.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

And so Larry, are you suggesting trying to gather that information before the Policy Committee completes its consideration on these criteria?

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I guess I'm feeling pretty generous to time right now, that ONC has put forward an annual update cycle that there's going to be feedback coming in from the NPRM they just issued. That we can point out that this is an area that potentially has value, but is also an area where concern that we don't know enough to actually recommend anything specific that would be useful and might create criteria that are neither helpful nor easy to meet. And I guess my concern would be, this would be exactly the place where, while it might be voluntary, it turns out not to be voluntary, because of the survey process. So, it might be voluntary year 1 and 3 it would be, if you're site gets surveyed, you need to have software that meets certify – that's certified for survey process.

Paul Egerman – Businessman/Software Entrepreneur

Yes, which is incidentally going to be very difficult because a lot of these systems will not be whatever it's called, backwards or forwards compatible. So to impose that on some systems would be extremely difficult.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I guess what I'm saying is, we should put forward the request to get some more information from CMS. We should ask some vendors to tell us what they've done to support this in the past, maybe even some providers, what they've done, because I suspect that some of this is completely under the control of the provider organization of how they configure their systems. And certainly the process of assigning user accounts is and that there's potentially a lot of work to do here around minimum necessary, around best practice, around existing process and procedure.

Paul Egerman – Businessman/Software Entrepreneur

And I –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Maybe the bar moves up that all of this becomes future work.

Paul Egerman – Businessman/Software Entrepreneur

And I agree. And if CMS wants to put some penalty on providers who don't provide access to the surveyors, then they should just do that, don't necessarily have to say, here's a penalty if you don't have the certification criteria, the penalty should be if you don't provide the information that the surveyor needs. That would make much more sense, rather than being this prescriptive and saying this is exactly how you have to change your EHR system for the surveyors.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well, I think the suggestion to have the systems change was to create a minimum necessary rather than leave it as vague as it is now. In any case, I think that this becomes future work, this becomes, we found an issue that's important, but we don't have the information and we don't have agreement on the workgroup either.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

All right.

Larry Wolf – Health IT Strategist – Kindred Healthcare

And I guess I want to add one more piece. On the reporting templates, there used to be, and I'm a decade out of date here, there used to be some standardized forms that CMS required a nursing center provide when surveyors showed up, that provide patient lists and provides a minimum set of criteria – a minimum set of information. I'm thinking they were things like a weight loss report and things like that, so that where there are specific requirements, it might actually be valuable to identify those as things that the systems ought to produce, whether or not they become certification criteria. I guess what I'm saying is that the third bullet on future I think is more specific than it says. We've bludgeoned everybody into silence.

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

Yes –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Does anyone see a way through this thicket in the next two, 3, 5 minutes, 10 minutes?

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

No, I think CMS needs to do some further review and work on identifying the functionality that they need and identify what's needed via – what could be established via policy and in what ways EHRs can or must or will need to support those policies.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah. Yeah, I think we need to drive this functionally.

Elizabeth Palena-Hall, RN, MIS, MBA – Office of the National Coordinator for Health Information Technology

Sounds good, I think we're done with the slides for this and we can move on to your sub-workgroup.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay. Thank you. We're even more or less on time. That's got to be a first. Thank you everybody. Let's move on to the Certification/Adoption Sub-workgroup on Workforce Development. So this is a workgroup that I co-chair with Norma Morganti and I heard Norma on earlier, you're still on Norma?

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

I am here.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Great. So we've been working for I don't know, probably six months or longer on upcoming – expected any day now, requests from Department of Labor for input on updated Standard Occupational Codes. And one of the things the workforce first ran into when we started looking at, what is the current state of the workforce is that the current Standard Occupational Code system has a big hole when it comes to the work that most of us are engaged in. So, we feel it's important to actually address that, so that will be a piece of what we're going to present. And then we've talked about the other two areas as well.

So why don't we get on to the next slide. This is the folks on the workgroup. We've got a pretty good mix of folks from providers, academia, and people who have been involved with – on the worker side of this with SEIU representation, with docs. So there's been a pretty wide and pretty active participation on the workgroup. And I think there's been lots of very good discussion and let's go on to the next slide. And the next slide.

Okay, so the first couple of slides we're going to talk about what is a Standard Occupational Code. So obviously this is a big switch from what we've been talking about with certification criteria. So this is standard nomenclature that's used in a lot of federal statistics that federal agencies use, is part of the budgeting process, and is used to collect data through various surveys. Next slide. Is used to do things like predicting – understanding current supply and demand and predicting supply and demand and funding educational and training programs. And it feeds into what some of the search engines use as trying to make sense of the data that is out there for job search. And when employers look to do relative rankings of where jobs fall, it's part of the structure used to understand that.

Next slide. So there's a two-part organizational piece here, Office of Management and Budget, sort of driving some of the use of this and publishing the manual. And then there is Policy Committee specific to Standard Occupational Codes that periodically reviews changes and proposes new changes and sort of moves the process forward. Next slide. So like any good system, the classic system, we have a hierarchy of codes here of major groups and a variety of subgroups.

Next slide. And so here's an example. So there's a broad major group for healthcare practitioners and technical occupations. Within that there's a minor group for health technologists and technicians, and within that you see that some of the lab techs and other medical technologists are broken out. And then for each of those, there's detailed descriptions of what the job is; so that's sort of the framework that we're working in. And in looking at this framework, there wasn't a place for the many informatics jobs that exist. When we were looking initially to collect information about what the workforce was, we could sort of look at who does an IT job in a healthcare setting, but we couldn't look at where are there clinicians who are doing the informatics job or IT folks who are steeped in clinical information and are doing the informatics job.

Next slide. So this is the timeline we've been working with. We actually expected that first Federal Register notice to come out at the end of 2013 and then we were told it would be early in 2014 and it has not yet come out. And there's an expectation of a 60-day notice cycle when it does come out, so we wanted to be ready. And then it triggers a review cycle, like a lot of other regulations. Next slide. Maybe I should stop, back up. So are there any questions about sort of the timeline and what's going on here? Okay, let's go on to the next slide.

Next slide. Thanks. This is the right one. So here is the heart of the recommendation coming out of the workgroup. So we're looking at the intersection of healthcare and information technology and we're proposing that within the major group for healthcare practitioners and technical occupations, that we add a new minor occupational group for Health IT and that within that, we add these seven broad groupings. And maybe I'll pause for a minute and see if either Norma and Chitra, did you get on the call as well? I guess not. So Norma is there anything you want to add about the classifications.

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

No, I think you've really covered it well in a very brief time, a lot – it's a lot of work.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So here are the major headings we're going to be proposing. Go ahead.

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

Yeah, this is Mike, I was going to ask, do any of these align with the training programs that ONC put together for those six different areas that I think AHIMA took over now, purview used to have them? Do they align with that, so if someone takes that test, then they would actually be one of these?

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well actually, I could turn to Chitra, who I guess isn't on, but Norma, do you have any thoughts about that, because you were pretty close to those programs.

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

Yeah, as a matter of fact, I think that you would find from the Community College and then also the EBT programs that they would fall inside these broader occupations and certainly a lot of the skill sets and the competencies that we were teaching in those programs you would find align very nicely with these broad occupations.

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

Okay, great. Thanks.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, let's go on to the next slide. So the subgroup has pulled on a lot of resources and is still continuing to work some of this, to sort of fill in those seven categories and then what their detailed description would be. So looking at everything from – these are requirements in the process, so describing the nature of the work. What makes it unique? Are there existing job titles? So really asking that there's actually reality of workers in these jobs and that it's not a tiny, tiny niche that is never going to get counted, but is actually going to have a fair number of people in it. And I think with the growth we've seen in Health IT, that all of the jobs we're looking at have seen a lot of growth.

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

Could I just back up on that sort of previous slide? Not to be picky, but there's nursing, medical, dental, pharmacy, but there's no behavioral health, could you throw behavioral health in there, under the clinical health IT informatics?

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

Yes.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I think, in fact, this list needs to be, for example, because there are no therapists in here either. There are a lot of people who are missing.

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

Umm.

Larry Wolf – Health IT Strategist – Kindred Healthcare

That's good feedback, Mike. We don't want this list to be seen as limiting.

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

Right, thanks.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay, let's go on to the next slide. So there are a couple of next steps. There's some work currently going on to do more work on the occupational descriptions and then to be able to bring this forward to the Policy Committee when the Department of Labor releases their request for input. So, that's sort of the work plan for this stuff. So, are there any questions from the workgroup?

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

So the complete occupational listings will be complete in terms of identifying all the categories of healthcare professionals.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I think the intention is to use that outline that we have and that that's the jumping off point. But when you say complete, what we're going to complete are the descriptions of the – for those seven headings. This will not be a complete nomenclature of every possible job in Health IT.

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

Larry –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah.

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

– it's Norma. And I think – I don't know if we mentioned the fact that these SOC reviews don't happen on a regular basis. So if I'm not mistaken, the last one happened over eight years ago, so we're trying to, in our work, be very thoughtful about not being too discrete and detailed that these can't grow to what might be imagined as future jobs or uses of this wonderful infrastructure for Health IT.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah, that's probably an important thing to say and maybe get into the slides, is that this is typically a 10-year cycle. And there certainly are examples of oddities that have been very popular at the time a cycle happens that in retrospect, are questionable whether they were good decisions.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

In – this is Stan. In setting up these categories, is it important that they be non-overlapping or is that – when I look at –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

– some of those definitions, the biomedical informaticist, for instance, would sort of consume or a sub-type of a biomedical informaticist would be just a medical informaticist or –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Right. So why don't we back up to slide 9, so we have that list in front of us. Thanks. So Stan, I think in the best of all possible worlds, these would be non-overlapping, we'd want to be – we'd want to cover the space but not have overlap.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Um hmm.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I don't know that we're that smart.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Well this is – yeah, it's a classic problem of classifications, I mean, depending on how you're classifying, you might make them, but if you look at them just a little differently, then you would see –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah. We were trying to get out of the blocks. I think in many ways we were focused on the minor occupational grouping, that there ought to be a Health IT group –

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

– and that we can't get there if there aren't next level down.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So, it's – I don't know, we didn't have anyone come forward with a really good model that we could build on.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, I think it's a good start, so –

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

This is Joan. I think I see what Stan is getting at here, which is number 5, the biomedical informatics. Maybe they mean bio-informatics.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I don't know, when you say that, what are you thinking would be in there?

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

Well, bio-informatics usually is people who work in labs having to do biological computational informatics.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Um hmm.

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

Or in industry.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Because what you made me think of was the more engineering focused guys who make sure that the IV pumps are working right and those things.

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

But from what I hear you saying, there's still a lot of work to be done on this, so I guess we shouldn't be nitpicking it.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well I mean, it may be a good example where five – if we extend one and we need to find out if someone in the workgroup actually had something specific in mind for biomedical informatics, whether that's really another example of one.

Elizabeth Chapman – Program Analyst - Veterans Health Administration

I suspect – this is Elizabeth Chapman, that that actually refers to something a little different than the AMIA definition of biomedical informatics.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Um hmm.

Elizabeth Chapman – Program Analyst – Veterans Health Administration

That's actually a pretty broad category and bio-informatics is looked at more as at a cellular level.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Umm.

Elizabeth Chapman – Program Analyst – Veterans Health Administration

So – but that is a very good point that that's something that would need to be clarified.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I'm hearing heading more towards the science, if you will, of how a body works.

Elizabeth Chapman – Program Analyst – Veterans Health Administration

Well actually, in the definition that they've proposed, biomedical informatics includes – health informatics, clinical informatics and a variety of things so I think – yeah, I think that is something that we can send back to them and ask for further elaboration on because, as you say, many people would also think of the engineering folks who maintain the equipment.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Um hmm.

Diane Bedecarre, RN-BC, MS – Workforce Development Co-Lead – Veterans Health Administration

And this is Diane Bedecarre and I think they should be included in this list.

Larry Wolf – Health IT Strategist – Kindred Healthcare

That they are in that intersection, and will get more so as more and more smart X, Y, Zs get embedded in the healthcare system, smart – smart scales, whatever.

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

And people doing genome work, where do they fall? Do they fall into the biomedical?

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

Yeah, they would be one of the subdivisions of biomedical in –

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

Okay.

Stanley M. Huff, MD, FACMI – Chief Medical Informatics Officer – Intermountain Healthcare

– at least some places. I mean, that's part of the problem with this, I don't think there's any canonized definition of biomedical informatics. But – that's – for instance, that's the name of our department at the University of Utah, and it, as previously noted, that the subtypes of biomedical informatics are public health informatics and clinical informatics and then bio-informatics or genetic informatics or all of that sort of computational informatics part, so –

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I'm hearing there's no value in trying to clarify what five is, whether it's a super term like University of Utah uses it, or if it's meant to be something more focused. Yeah – take that back to the workgroup.

Elizabeth Chapman – Program Analyst – Veterans Health Administration

And as it is directed at biomedical engineering, then perhaps that would be a better term there.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Um hmm. And we should check that might be one that already has a classification.

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

Larry, its Norma. I just wanted to also add, I think in our conversations that we are looking also to circle back with other organizations that maybe also providing public comment for this area of the SOC code, so, at the end of the day, hopefully we'll capture all of those different nuances, maybe by working through AMIA and AHIMA and others. So, hopefully it's not in isolation.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay. So I'm hearing that at least there's another piece added to our next steps as well, to acknowledge that we're continuing to refine this and circling with the association. Okay, maybe we should move on to the other topic. Thank you. Norma, are you going to take this?

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

I certainly can thank you Larry. So, I do remember that part of our recommendations that Larry presented in May of 2013 included reviewing the programs that were funded by the ONC for workforce development. And was mentioned on the call today, funded a lot of good work and so just a reminder as to what those large buckets were and why we're running through this update today. Next slide please.

And ironically I certainly do think that this goes back to the conversation that we did – just had regarding an SOC code. Certainly if we had those in place, these wouldn't just be pulled from job postings that were online health IT job postings. But certainly relevant data that we see increasing openings for health IT professionals and that there was a lot of funding to support all of that. But hopefully in the future we'll have some really accurate data around exactly what it is that these jobs are and how many and where they are. Next slide please.

Just a reminder that NORC was the agency that produced all of the surveys and pulled together the reports and I understand that the final report will be posted before the next Policy Committee meeting. So the ONC will be posting this, I think it's an over 200-page report from NORC, but we'll just be walking through the highlights of that report around workforce development programs. Next slide please.

This is a great slide that just really captures some high level data around the three different programs. A University-based Training Program, the Community College Consortia Programs which trained – both programs trained students in various roles to meet the anticipated demand of health IT jobs and then the Curriculum Development Centers and the HITPro Exam that were supporting those training programs. I think it's really interesting to see that the number of students trained in both programs and then also their employment six months after completion, 89% for the University-based Training Programs and 74% for those employed six months after program completion out of the Community Colleges. Although that data, there is a caveat, I believe that data was pulled from the third cohort of the Community College Program, based upon the way the survey was administered. Next slide please.

And this really is a nice visual that gives an overview of all of the community colleges and the universities that were involved in those workforce training programs and then the level – the numbers of students that came out of those programs by state. Next slide please. So we're really just going to walk through the summary of the key findings for each one of these workforce development programs – next slide please – starting with the University-based Training Programs.

And I think there may be some commonalities between the University-based Training outcomes and also the ones that you'll see for the Community College Consortia. But as they all noted that they had great training curriculums. Many students emphasized the importance of getting hands-on experiences with the electronic health record systems through training. And certainly in the University-based Training Program, many of those students appreciated those opportunities for group work in those programs, but you can see a very high satisfaction rating of the UBT students, as well as their willingness to recommend the program to others. Next slide please.

And then of course kind of just recapping what we saw before about the employment in health IT amongst these University-based Training Programs. Many of them were employed in health IT, managerial responsibilities, as we might have expected from the programs, as they were certificate and graduate level programs. And then, positive increases in salaries, promotions, titles. Next slide please.

I think something that we've seen across both the UBT and the Community College Programs is that employers, many of them said that they were not familiar with the ONC Workforce Development Programs. And they thought that – although they thought for the UBT that the training was aligned very well with their employment needs. And they also pointed towards the fact that the programs needed to be nimble and update curricula in real-time. So, just some employer views of the program and their input. Next slide please.

Next I'll go to the Community College Consortia Program. Many of these programs were delivered online, as a matter of fact; two-thirds of those students took courses exclusively. We did glean that many of them preferred the four-credit programs, but they also appreciated that the instructors that they were presented with had real-world health IT experiences. Then the key – so the findings for employment, many of the program directors and instructors in these Community College Programs really struggled at times connecting with employers in the field. Obviously there were over 19,000 students that were trained in these programs to go out into the working world. Many of them had to address skepticism from healthcare around the ability for these students to come out of a six-month training program with real world or sufficient health IT training program – health IT training that they would apply in their field.

Next slide please. And then the Curriculum Development Centers – next slide. As you recall, there was a very large – broad curriculum that was developed that was utilized in both the University-based Training Programs and the Community College Consortia. And obviously the survey pointed to the fact that those materials were very comprehensive. There were various iterations of the materials, it was a very short development timeframe as all these programs ramped up, as a matter of fact, those curriculum development materials were being developed at the same time that Community College and UBT folks were developing their new programs. So a lot of development, short period of time, which did not necessarily allow for a tremendous amount of communication or a ramped takeoff to really pull everybody together and have time to synthesize all of the needs. Next slide please.

So there was a lot of quality. There was a good quantity that instructors and schools could choose from to align and appropriately use within their programs. Many times we found the instructors were not actually revising the materials, they were using them as they were from the national curriculum, as it was developed. Next slide please. And again, just repeating the fact that they were useful materials, they didn't really – three-quarters of those using them did not modify them or modified them minimally. And that students were, in general, very satisfied with the materials as they were delivered. Next slide please.

Then the competency exam, next slide please, which was really administered to the Community College Consortia students, AHIMA was the agency who was developing those exams, delivered by Pearson VUE. I think the big takeaway here is that the exams that were taken were lower than expected. I think there were a lot of challenges early on with marketing those, and certainly the developers felt that there was a lack of awareness for employers around the exam. And the fact that the exam was not incorporated as a graduation requirement, so it was an optional at the end of the training programs and students may have tuned out or were just so focused on getting employment, that they didn't come back to take the exam. Next slide please.

And then just a summary, this is a very nice slide about crosscutting findings that communication and clarity of purpose at the outset would have greatly enhanced the alignment between the curriculum, not only the Curriculum Development Center, the community colleges and the HITPro Exam. But there was a positive around the flexibility that the ONC gave all of the community colleges and universities as they were developing their programs. Certainly we all had an overview of the roles that we were supposed to train in, but there was a lot of flexibility amongst community colleges to appropriately go out and deliver what their local healthcare organizations and vendors and institutions needed at that time. I think certainly the employer community and engaging them and building stronger connections was certainly a crosscutting finding here. Many of our community colleges felt like there was not enough time or support for developing internships or apprenticeships that would have really resulted in more employment for their students coming out of the program. And then certainly hands-on experiences where we could have them were so incredibly valuable to students and there were many, many, many wonderful examples across the country that this did happen, in spite of not having a formal process for that through the Workforce Development Program.

Next slide please. And I just want to point out that there certainly is a lot of sustainability in the materials that have been developed, 63 of the original community colleges and all 9 of the University-based Training Programs are continuing to offer those programs. I also, and I just saw, that Bill Hersh blogged about the fact that the materials that were developed for the Community College Consortia and the University-based Training Programs are all now, I think being hosted at AHIMA. So the repository of –

W
AMIA.

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

I'm sorry, so sorry, you're correct, at AMIA. Correct, at AMIA, they're being hosted there and will be available for – I haven't taken a look specifically, but for anyone who is certainly interested in utilizing them. I think the competency exam certainly has been converted to a healthcare technology specialist, and I think there's more review as far as new exams that can appropriately meet the needs in the workforce. And again, just continuing to update the current healthcare programs within all of the community colleges, I think is a really big key. So, if they had Health Informat – Health Information Management programs or the Nursing programs or others that we started to utilize the health IT curriculum to support those so students coming out of the programs have the skill sets and knowledge around EHRs and use of health IT. And with that, I think I'll stop for a quick second to see if there are any questions about the summary of the Workforce Development Program from NORC.

Diane Bedecarre, RN-BC, MS – Workforce Development Co-Lead – Veterans Health Administration

Hi Norma, this is Diane Bedecarre from the VA.

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

Hi Diane, how are you?

Diane Bedecarre, RN-BC, MS – Workforce Development Co-Lead – Veterans Health Administration

Good, good. Well, I just want to put a plug in that the VA has been very fortunate to leverage a lot of the community college curriculum first through collaboration we had with Bellevue College in Washington State. And then we have leveraged the content on our own and we have delivered this content to thousands of VA staff through an online training program. It's been so successful and so valuable to us.

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

Thank you, Diane. As a matter of fact, I think you're pointing to a great example of how these materials are continuing to remain valuable in the workspace for employers and others. I know that many times they're cropping up either being modified, incorporated or adapted in ways that are – even the Department of Labor, I think there's a healthcare site that has some materials on there, I think it's the Virtual Healthcare Network. And then certainly the work that Bellevue College did in being posted on the – site, the Department of Energy site. So, a lot of different ways that they're being utilized, not just within these Community College Programs, so thanks for the reminder.

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

And this s Joan. I was wondering, you said that the full 200 plus page report would be out before the next HIT Policy Committee meeting. Will there be press releases and – I mean, this is really amazing how successful these programs were and I'm wondering how people will learn about it.

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

And I'm wondering if Chitra Mohla is on the phone yet. Larry, I thought she was going to be joining us.

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

I am here. Yes, we will be posting the evaluation report that came out and so next week we will be posting some of this information on our healthit.gov website.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I'm hearing a suggestion that we do more than just add it to the website.

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

Okay.

Larry Wolf – Health IT Strategist – Kindred Healthcare

I don't know what that means, but I hear that and I think that's a good idea. Maybe it could be an ONC blog post or maybe –

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

Actually, I just wrote a blog post as well, so –

Larry Wolf – Health IT Strategist – Kindred Healthcare

Okay.

Diane Bedecarre, RN-BC, MS – Workforce Development Co-Lead – Veterans Health Administration

And you know Chitra – this is Diane again. I don't think those numbers will reflect the VA staff, because we've done a lot of this training internally, so I don't know if you want to add a caveat about that, but –

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

Actually maybe Diane, you could write a blog that would be wonderful.

Diane Bedecarre, RN-BC, MS – Workforce Development Co-Lead – Veterans Health Administration

Um hmm. Well, maybe Elizabeth Chapman and I will do that.

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

Okay, that would be great.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Maybe we can get a note though in the slides that references the VA.

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

Okay, yes.

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

Great. Okay and then Larry, I guess I'll move to the next section on Tools, Training and Transformation, if there are no other questions.

Larry Wolf – Health IT Strategist – Kindred Healthcare

That would be great.

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

And so I actually think that there was a presentation, also last year, around the first bit of this work but I just wanted to review a little bit about what had happened with some additional ONC funding. Again, just to publicize and share some of the best practices and resources that the ONC has funded. But in September 2012, Cuyahoga Community College received some additional funding from the ONC to support new competencies that would be required to leverage health IT in pursuit of the Triple Aim. So, certainly coming out of that first big chunk of work around just implementation and adoption of Health IT for Meaningful Use, we realized that Meaningful Use Stage 2 and other types of care delivery models and payment reform were going to require new competencies and we wanted to know what those were. Next slide please.

So we assembled subject matter experts, content experts to come together and help us identify what that would look like. We selected patient-centered medical homes as a model that we were going to build out. And so basically we asked them, in patient-centered medical homes, what were some of the key competencies that workers in a practice would need to know, in order to leverage health IT to improve patient care and outcome. And so what you're seeing on the screen is certainly the major topical area, and then the key competency areas that we built out into very discrete competencies. The same thing with Meaningful Use, we addressed that area. Next slide please. Health information exchange and population management, what do folks in a practice situation need to know about those areas and how to leverage them to meet Meaningful Use and be engaged in patient centered care delivery, using health IT.

Next slide please. So we developed a series of what we call Health IT Framework for Workforce Competency Frameworks for Practice Transformation. And these are all posted up at the ONCs website and available, but they detail within all those topical areas, key competencies that are then broken down into more detailed competencies with discrete learning objectives for each one of those detailed competencies. And then to the right, you may not be able to read that very effectively, but we made a framework of the roles that you would anticipate would be involved in those practices. And then "x" in the box, the intersection of learning objective in a role indicates that that would be a competency that that person would need to know, in order to be effective. Next slide please.

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

Is that available someplace?

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

It is, that's all available – and I'm going to show you that slide later on. It's posted on the ONCs workforce development page.

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

Great, thanks.

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

Right. And then we developed out a secondary set of frameworks in each one of those areas that takes on those more discrete learning objectives, and we kept the numbering so folks could refer back. But then we aligned resources or recommendations of how competencies could be mapped, either through toolkits that were available. There's this tremendous amount of work that has been done across the nation as we have been talking about, the volumes of materials just in the Curriculum Development Centers and so forth. So we then provided at least a link and alignment to those learning objectives, really intending that not only could you use these in your practice and say where do I go to find out more about this. But if you were developing curriculum or you wanted to understand where some really good resources were, you would have those readily available. It's not comprehensive, but it's a very good list.

Next slide please. And so while we were developing out those competency models and the aligned frameworks, we also had funding to develop up to four hours of content for e-Learning. And we went back to our subject matter experts and I asked them in the patient-centered medical home area, to help us prioritize what areas they would really think would be valuable for folks in practices. And we took the approach from the nursing role, but certainly these are applicable broadly to all of the areas.

So you don't have to be a nurse to go through the introduction to patient-centered medical home, you certainly could be the person who's in charge of the health IT infrastructure and need to know more about patient-centered medical homes and how they utilize health information technology to do what they do. So these are four modu – the modules are everything from team-based care to quality improvement, change management, patient self-management. And these also the ONC has and I think we can chat with Chitra a little bit later about how you may be able to access them. Next slide please.

So based upon that work, we had an extension period here at Cuyahoga Community College where we said, gosh, this work around patient-centered medical homes and health IT led us to understand that there were a lot of competencies that we weren't able to discretely delineate around leadership, change leadership. And how do we help these practices really sustain viability both as a business and as a practice with a focus on improving patient care and outcome. So what we did is we built out a practice fitness assessment, which I'll talk about, but we also built out a visual roadmap of what transformation looks like and understanding that there are various stages and steps to this road to transformation ultimately ending in health communities. But that it's okay to be at any particular stage, but that there are resources to help you at each stage to move forward. And some of these are the items that the ONC has developed or it may be others.

Next slide please. We developed what we called a practice fitness assessment because one of the things we understood is that it's very challenging to understand how ready you are to move from one stage on that road to transformation. Because you may have all the right technology and health IT systems, but maybe you're not really focused in strategy in your business model to be able to take the next step. So we had an organizational psychologist build a fitness assessment in these four areas – in four areas and as a practice comes through that fitness assessment, they get a score that's a fitness level that gives them feedback about what they should be looking at to do for the next – to move to the next level in that area. So you may be very fit in technology and health IT systems, but you may be beginning to really operationalize your practice to support these new payment care reform models. So, it's just another way to contextualize and maybe take some of the noise out of the system for these practices.

Next slide please. And while we were building that, we also built a leadership competency model for supporting transformation in healthcare, knowing that many times again these leadership skills are not necessarily all – always the ones that we are teaching in our programs. And so just to understand that again, that visual was an uphill climb, an uphill slope and so certainly you have to build your competencies and your strengths in a lot of different areas, as any organization does. So that's the leadership framework, and we built out some aligned resources or we aligned resources to that framework also. Next slide please.

And one other thing we built out was a course around continuous improvement, because that certainly was something that came up from our competency model development. And so we built a course called Introduction to Lean Principles for the PCMH that walks a learner through various pieces of foundational knowledge around what process improvement is. And gives them the ability to understand how to create a map of future state processes using measures to assess the impact of process change and all those other pieces that are foundational to process improvement. Next slide please.

And then we certainly did, in December, deliver those materials to the ONC, as we wrapped up our grant funding opportunity. And those – many of those resources you can find under the beg – begin developing health IT competencies today, that's where the frameworks are, the aligned frameworks. And I would defer to Chitra to tell me as we will probably be developing out more resources in that space, correct? Or at least posting them. Next slide please.

And then all of this work really did lead us to some questions at the subgroup meeting, as we ponder how do we continue to support practice teams in acquiring these new competencies? And how do we integrate these competencies into the educational programs across the country? And certainly I heard someone mention the fact that we need to message widely and broadly about all of these resources, but then also what educational approach is it – approaches are working for practice-based teams. There's so much going on at any given time, certainly taking time out of one's day to go and take some training is not probably high on their priority list when they're putting out fires or they're attending to patients. So, how do we really find new and innovative ways to deliver that education? And then how do we link folks that are in these roles or educators to that growing body of tools? And with that, I'll open it up for any questions or comments.

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

Well this is Joan again and I just want to applaud all the work that's gone into this and I just find it incredibly exciting.

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

Thank you, that's wonderful feedback. We think that there's – and I have to personally applaud the ONC for having the vision to continue to support this workforce development piece, because certainly having been in the Community College Training Programs, I know that there were so many other burning platforms that workforce development maybe wasn't always on the front-burner. So, the ONC kept putting that focus via Chitra and the team and we were appreciative of that.

Jennie Harvell, PhD – Senior Policy Analyst – Department of Health & Human Services/ Office of Disability Aging & Long-Term Care Policy

This is Jennie and I also wanted to thank you very much for this information, I thought it was really interesting. And I wanted to ask, just in terms of this third question that you've posed, did you have any insights into how that issue might be addressed?

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

Well, I'll certainly let Larry chime in also. I think part of the focus of the working group will be to identify other opportunities for us to link healthcare workers and educators to the growing body of tools. I believe that we have some presentations where we're aware that the ONC is also focused on broader workforce development connections. There's some wonderful work going on with the EU working group and there are a lot of individuals who are connected across the country. So I think that's very, very positive.

Certainly I believe that we only scratched the surface on some of the work that was developed, so hopefully there will be additional opportunities for funding more development that could be made available. And also, just this connection to organizations that can support educators getting access to these materials and understanding how they go together, because I think a lot of work is being done there, but I fear sometime not fast enough. So I think we're still looking for input on that and feedback on how we can do that better and then present that back to you, and also to the ONC.

Larry Wolf – Health IT Strategist – Kindred Healthcare

So I'll chime in with my sense is every time I've reviewed this material with folks they're very excited and the reaction has been like members on the workgroup that hey this is really terrific, how do I get it. And that says to me that there's a huge opportunity here to broadly get this information out, because people don't know it's there. But to Norma's point, a lot of this is going to require ongoing funding to continue to maintain it, and that's part of the problem with the curriculum that was developed, it was built around Meaningful Use 1, and obviously needs to be adjusted for Meaningful Use 2. And now we're about to have Meaningful Use 3, so, some of this material needs ongoing maintenance, but others is just really very helpful as it is. I think the stuff around patient-centered medical home, for example or just the competency model in general is a really powerful piece to have out there.

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

And this is Mike and yeah, I agree, this is great stuff. Where we have a problem, and there are some groups in Arizona that have tailored this specifically to behavioral health, but getting behavioral health providers who haven't been big enough to invest in technology on their own, to see they're not getting any other money. So they're hard pressed to see the value of it, even though we know there is, but they're still not recognizing it yet, to actually have some of their staff trained and having some of these competencies. That's still a problem.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Yeah. So I guess the other thought is that we've done some work with the professional associations and maybe this is another route to take some of this material. Any other comments? Well thank you; it's been a really good discussion today. I think the workforce stuff is really pretty exciting and I'm looking forward to some good comments from the Policy Committee as well. So with that, we've got some calls scheduled for ourselves starting almost right after the meeting, right. I don't have the calendar up in front of me. We'll get that out to everybody.

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

Yup.

Larry Wolf – Health IT Strategist – Kindred Healthcare

And, let's go to public comment.

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 comment at this time.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Well I'd like to thank everybody for their time today. We've got some final cleaning up to do to get materials ready for Tuesday's Policy Committee meeting, so we'll be sending out slides early next week. We'll do that and I'm sure there will be plenty of feedback on Tuesday, so we're not done, but hopefully we're in the final turning of the crank here. Thank you again for all your efforts.

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

Sounds great.

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

Thanks Larry. I just want to note that the next two meetings are March 19 and April 2.

Larry Wolf – Health IT Strategist – Kindred Healthcare

Thanks.

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

Bye everybody.

Public Comment Received

1. I may have overlooked it, but I would recommend Imaging be added to that list of Informatics Specialties as well. The other term used could be Radiology. Thank you.