

**Certification/Adoption Workgroup
Workforce Development Subgroup
Transcript
June 13, 2013**

Presentation

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thank you. Good afternoon everybody, this is MacKenzie Robertson in the Office of the National Coordinator for Health IT. This is a meeting of the HIT Policy Committee's Certification and Adoption Workgroup's subgroup on Health IT Workforce Development. This is a public call and there is time for public comment on the agenda. The call is also being recorded and transcribed, so please make sure you identify yourself when speaking. Excuse me; I'll now go through the roll call. Larry Wolf?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Here.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks Larry. Patricia Dombrowski?

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

Here.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks Patricia. Michelle Dougherty?

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

Here.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks Michelle. Don Gull? Samantha Halpert?

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

Here.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks Samantha. Bill Hersh?

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

Here.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks Bill. Joe Heyman?

Joseph M. Heyman, MD – Whittier IPA

Here.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks Joe. Deborah King? Norma Morganti?

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

Here.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks Norma. Gretchen Tegethoff? Steve Waldren?

Steven Waldren, MD, MS – American Academy of Family Physicians

Here.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks Steve. Nancy Brooks? Michelle Fox? Ed Salsberg? Stuart Werner? And Chitra Mohla from ONC?

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

I'm here.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Great, thanks Chitra. Okay with that, I will turn the agenda back to you Larry.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Great. Well I want to thank everybody for joining us today. We had a great presentation with the Policy Committee, I guess it was only a week ago, gosh, it seems like longer. And so I wanted to do a few things today, I want to take advantage of an opportunity we have, Elizabeth Royal's going to be talking about some material on direct care workforce and I think that will be great for kind of where we need to go next, in terms of setting a stage for that. I want to have some follow up on next steps coming out of the Policy Committee presentation and then a couple of other questions for us to discuss that are all on the agenda. I sort of feel like the workforce issues are at the heart of the challenge that Farzad has put out to the world, that we may be somewhere around 50 percent of our way towards getting the technology in place, but we still have 95 percent of the way to go in terms of actually having a learning health system. And that's mostly about people and process, not about technology.

And then finally, to wrap up with some thoughts on who we should be thinking about bringing into the workgroup or if there are folks that we in theory have on board and represent a point of view, but for whatever reason, they haven't been able to be active with us in a while, and we should consider why, perhaps and get a hold of them and also where we need to fill in some holes. And do that's the plan for today and I'm going to assume we're okay with that and invite Elizabeth to show us here slides.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Sure. So thank you again for inviting me. I'm going to – I'm coming from the perspective of I work for the Service Employees International Union. We have over 600,000 direct care workers in our Union that are employed in nursing homes and home care settings. So we've been really thinking about health information technology in the direct care workforce. Backing up a bit, we also have over 100,000 hospital workers, so we had already begun thinking about health information technology, and we have some experience with helping our members adapt to a lot of the changes that the healthcare system is going through, including implementation of technology. So, this is coming from that perspective, just from what we've experienced with our Training Funds and that sort of what our feedback from our members has been, in terms of us working with them.

So, some facts about direct care workers before I begin. So when I'm saying direct care workers, I'm referring to certified nursing assistants in nursing home settings and some in other institutional settings like hospitals, home health aides who are certified and they do some medically related tasks, but also activities of daily living for folks who need long-term care services and post-acute care as well. And then personal care workers, and these are non-medical workers that assist with again, activities of daily living, but often times are not trained and are pretty isolated from every other part of the healthcare system. So, these make up a really large part of the workforce. There are 2.3 million personal and home health care members and then almost two million CNAs. So this is a very, very large number of people. Direct care workers are disproportionately female. They come from an age spectrum of mostly between 25 and 54, trending towards the higher end of that, disproportionately minority. A significant proportion of them are foreign-born and direct care work is characterized for this population like it is for a lot of minority women, low wages, few if any benefits, extremely high turnover, high rates of on-the-job injury and the workforce itself, because of all of these, low wages and lack of benefits, it has resulted in chronic shortages and projected worsening shortages over time. So I don't know how this usually works with you all, do you usually ask questions as you go along?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

No.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Or do you wait until the end?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So we could do it either way.

Elizabeth Royal – Senior Policy Coordinator – SEIU

I'm open to either.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

If you'd like to pause at some point, catch your breath and ask for questions –

Elizabeth Royal – Senior Policy Coordinator – SEIU

Certainly. And if I need to slow down, just let me know. So HIT and long-term care, and by that I'm focused on long-term care with direct care workers, because the majority of them are in long-term care settings. And I think what I've heard from talking with folks at the ONC, is that long-term care is sort of the branch that's been the least looked at or the least supported, in terms of health information technology implementation. And the reason why this is important is because there's an enormous amount of care being done in long-term care settings and there are a growing number of folks who are going to need long-term care, so it's going to be very, very important to really look at it, especially in the home and community-based settings, and not just in nursing homes. I think that as long as people are really thinking about care coordination, which is exactly at the heart of health information technology adoption, you really need to think about all care settings and really the possibilities for knitting all the settings together using technology. And we can talk a little bit about how at first this seems daunting, but at the same time, it's actually very – pretty easy. So, I think a lot of people know that there's an enormous baby boom as well – not baby boom, sorry, aging of the boomers and that is going to drive, again, a lot of issues if we're really talking about care coordination and a lot of folks are getting 90 percent of their care, which is non-medical, in these settings.

So characteristics of these settings, I think it's been well documented, inhibit adoption, right. So these are often smaller settings than hospitals, smaller in terms of staff, they often don't have the same sort of access to capital that hospitals do, so it's much more difficult for them to do huge changes in their technology. In home and community based settings, it's often just one worker, one consumer. Sometimes in Medicaid programs it's a worker that is paid for by state Medicaid funds, so it's very, very isolated, they're not really integrated into the larger care system. Another part is, and this has been well documented as well, there's unevenness in educational backgrounds, in language, familiarity with technology, access to technology, which I think you see a lot of this in all settings, but it's really been something that has come up a lot when talking about direct care workers and the technology.

And I think, we can go back to this a little bit, but I think that there are some similarities between the long-term care settings and acute-care settings and then differences. So, when thinking about implementation of the technology, you really have to think about that as well. And again, with the Affordable Care Act and care coordination, the bulk of this – the bulk of care coordination across settings that are looking at home and community-based settings are going to require some sort of virtual connection, this isn't going to be the same as having a number of doctors on one floor or care teams as generally conceived of in institutional settings. Does anyone have any questions?

I'll keep going, we can always go back. So, I'll start with health information technology that's been implemented in home and community-based care. So there have been some pilots of this sort of work, which I would really encourage folks to look into even more, because this is where you're going to be able to reduce a lot of the hospital readmissions. And I realize that goes a little bit beyond sort of implementation, but if we're talking about outcomes, it's really going to be very important for folks who are in the home and who have the firsthand knowledge and minute to minute knowledge of changes in vulnerable folks health. They're very likely to see emergent issues and they need to know how to communicate it back. In the best-case scenario, if a home care worker or someone else who's in the home and community is able to – is already integrated into a care team, it is a very innovative way of ensuring that the care plan is constantly updated, by connecting them with the technology.

So, to give you a couple of examples. The In-Home Supportive Services Program in California, a couple of SEIU locals who have members that are these home care workers, received a CMMI grant, which is working to integrate them into care coordination teams under managed care. And the next step of this grant is that they're going to introduce portal technology, either through tablets or smartphones where home care workers can input blood pressure, blood glucose, a whole host of sort of daily health conditions and can actually set up appointments and virtually talk to care coordinators and doctors about medications and changes in blood pressure and weight, all the things that are signifiers of deteriorating health or signifiers of even improving health. But it's really going to look at how this can be done and how you can really integrate these workers and then actually have sort of outcome measures, which will be important as well. This is not a new idea. There's a home care agency in New York that has already done this, but they're doing it as an agency-based technology, where home care workers have actually been given these tablets and they daily update the logs. And then what they've seen is an incredible jump in medication compliance, which everyone knows is one of the huge factors in sort of preventable health decline.

So, we've seen this happen, but there are some things that are holding it back in that a lot of home care agencies or even independent provider home care programs don't have the capacity to introduce this technology. Often times there's no interface between – there's no interface at all between like doctors and these home and community-based settings or agencies. Nursing homes have the same issue, I'll get to that, but often times the technology has got to be able to speak to other technology in say the hospital setting or managed care setting, wherever it happens to be. And I can get more information to the group if that is helpful. All right.

So nursing homes have a bit more of a history. They've got – I don't know if folks are familiar with this, but, there have been a number of nursing homes all over the country that have used digital pen technology and hand-held computers on the bedside. And we've actually – a lot of the work that's being done in California and New York around gearing these workers toward adopting this technology, and I think this was said earlier, it's mostly about the people and the process, not the technology. So when the technology is there, you're only a quarter of the way there, you have to really think about what the workforce needs. So, at these nursing homes they have CNAs who are both driving implementation and adoption, they're helping their peers, a lot of peer-to-peer training is really important. But CNAs have been really involved in every step of implementation and adoption, and that has been key to success. Because even though at the CNA level and at the home care level you see great variation in educational background, in language and probably even more variation on the home care side than on the nursing home side, people these days, almost everyone has a smartphone, so there's a little bit more – there's more familiarity with it. So it's not as big of a barrier as it sometimes it's made out to be. So does anyone have any questions about those two, the two scenarios I've kind of laid out?

Okay, so it's clear that there are three big lessons that we've learned, SEIU has learned, from working with our members on health information technology adoption, and this also applies to hospitals. You need to involve workers in planning and implementation. It's very important that this is seen as an ongoing process. It's very difficult, I think, for folks to be able to understand what their piece – how their piece fits into the larger puzzle. It can often be kind of mystifying, like where is this information going and what information am I getting back and what am I supposed to do, at all times people need to understand the universe of what's going on. It's also important that you need to understand who your workers are and understand the needs that they have. We've seen workers that it took four hours to train them on tablet technology to do the work, but it was four hours that were geared towards what they needed, whether it was some math or maybe just understanding how to convert metrics or some – if their English is not their first language, terms; there has to be a commonality of terms. So it's very important to understand that and plan for it.

And always ongoing training with folks, it's never enough to train someone once. I mean, in every profession you have continuing education that requires licensure, and it's the same for technology that's always changing. For direct care workers, because they are so low wage, it's important to train them in a way that – it's important to organize the training in a way that's accessible for low income folks who often times need much more flexible training hours, training venues, and again, training that's tailored to where they're coming from. So from the federal standpoint I think it's really important that taking into account the fact that nursing homes and home and community-based settings are not included in incentive payments, there needs to be support for this. Because state Medicaid budgets are strapped, home care agencies cannot do this in isolation, it's very difficult to take anything to scale.

So what would be ideal for this is that there were some innovative pilots that were funded, especially those that sort of look at a number of aspects of healthcare reform, including expanding the roles of direct care workers such that they are responsible for a wider swath of tasks that sometimes – there's been a lot of thought around that in terms of understanding where the technology sort of inserts direct care workers into the larger care team. Adequate funding and support for the technology and making sure that again, like all the technology talks to one another and it's got to go all the way through the system, everyone has to be able to communicate. And remembering the needs of the workers when you're thinking about this. And what we've found is that the technology is not an obstacle, because it's getting cheaper, you can buy – I'm sorry, you can lease technology, it's not a major obstacle.

But what continues to be the major obstacle are training or is training and is sort of understanding cultural issues that are involved in this. This is also a cultural change when you consider that direct care workers are often not respected or heard in a lot of health care settings, and there has to be a cultural shift such that the information they provide is seen as valuable to the work of everyone, and I think that that's just sort of something that can be included in training for other folks. And again, I know this goes beyond the work of this body, but if we're thinking about integration, we have to think about all these issues at once, and it's not enough to just assume that someone else is going to deal with them so they all come together. So that is my presentation. I can give you – I can send you all more information, I can talk about other pieces if you ever want to hear a little bit more about it. If folks are interested, I could get people to come that have been working on this already and they can come and talk to you about it, some of the pilots that we've been doing. We have plenty of people that have a lot of information to share and who are really excited about this.

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

Elizabeth, this is Chitra.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Yes.

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

Who provided the training as part of your CMMI initiative?

Elizabeth Royal – Senior Policy Coordinator – SEIU

So we have training funds and it's essentially the training fund received the money so they became – they developed curriculum and they've been implementing the curriculum.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So this is the SEIU training fund that's taken on the training in this pilot.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Um hmm, yes.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So could you give us some additional background or sort of commentary on the kind of training, the things you've talked in some terms about the things that you thought were helpful, could you sort of expand on that a little bit.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Yeah, so the training hasn't started for this specific aspect of it yet, right now they're still being trained on how to be part of sort of the care team, so it's much more around interfacing with other healthcare professionals. But when it's ready, so there are – when they're ready to introduce the technology, there's going to be some basics on what the portal looks like. So we have all these computers, people will come in and we will show them sort of where things are on the portal page and at the same time, there's going to be some learning of terms, because the portal has its own vocabulary. And at the point where they actually procure the tablets, there will be some just basics on that like how do you get to this screen, what do you do here, how often do you check in. And then some of the training is also on specific health conditions, so you understand sort of the warning signs. And I think it's intuitive for a lot of the workers, but it's going to be important to be very explicit about it.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay so –

Elizabeth Royal – Senior Policy Coordinator – SEIU

Yeah, go ahead –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Well, I want to make sure that you're actually done, I was just thinking –

Elizabeth Royal – Senior Policy Coordinator – SEIU

Well, and so for the folks who don't have English as their first language, there's got to be some – probably some language classes. There might be some basic computer skills classes, and we do that regularly with our members anyway, because a lot of people just don't have – just the basics. And that can translate over for folks who are going to use a computer to log into the portal as opposed to hand-held technology.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, if I look at this, I guess I'm hearing a couple of things. I'm hearing some areas of focus, so some of this is being part of a team, how to interact, you're directly or indirectly addressing the issues of being respected and being heard, how do you interact in a way that's helpful to the team. And then doing some things that would make them more helpful to the team like training on health conditions –

Elizabeth Royal – Senior Policy Coordinator – SEIU

Yes.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

– right, so it's not just, hey, the person looks sick, but ...

Elizabeth Royal – Senior Policy Coordinator – SEIU

Right.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

– right, I can actually tell you with respect to what I was trained in and these are the things I'm looking for, this is what I'm seeing. So it's not just, hey, they look sick, but this is the specific way in which they look sick, so actually being helpful to the team as a whole. Some issues around language, and I assume when you said culture, it's not just sort of the CNA culture, there's also sort of the medical culture –

Elizabeth Royal – Senior Policy Coordinator – SEIU

That's exactly it.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

– the U.S. culture, if they're mostly immigrants – making sure we're not tripping over cultural misunderstandings when we're trying to actually make a sort of narrative, declarative statement.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Yeah, I mean, so it's two things. One it's, well, to back up, we have to also make sure that the consumer is okay with this sort of access to their health records. But the other part of it is, and this is – cultural competency is a huge issue in direct care, because this is such intimate, personal care, so that's the piece. The other piece is cultural – like you said, in the medical culture where a doctor or a nurse finds the informa – I guess it's an issue of respect and also receptivity to the input of the direct care worker –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Right.

Elizabeth Royal – Senior Policy Coordinator – SEIU

– especially if you don't see them face-to-face, unless it's a doctor's visit. If it's a completely virtual relationship, there's got to be some understanding there, and also there could be miscommunication, so you have to really kind of think about possible avenues of miscommunication between the different settings.

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

Hi, this is Samantha Halpert and I just wanted to jump in here for a second, because I think Elizabeth something that you just said was something that was kind of going through my mind throughout your presentation with regards to people being willing and comfortable sharing their information –

Elizabeth Royal – Senior Policy Coordinator – SEIU

Um hmm.

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

– and that the workforce that you're talking about has such an important role to play in that because if you think about the system trying to, in advances in technology, moving to more remote monitoring, the goal is more happening outside of an institutional or acute setting. I think that there's a really important role for this workforce because they're working with a segment of the population that didn't grow up with technology, may not trust technology and they're the people touching the patient. So I think in sort of the macro, it's really important that we're thinking about that role as well, that that may be – that direct care worker may be their first introduction to health information technology and sharing their information in an ongoing sort of way.

Elizabeth Royal – Senior Policy Coordinator – SEIU

And do remember, in some of these settings, the direct care worker is going to be a family member so, again it's very uneven. It could be that it's a spouse or someone that's equally unfamiliar, the caregiver, so yes, what you raise is exactly right. But there are legal issues, HIPAA issues. In our pilot in Southern California, consumers have to opt into this, so they give their consent for home care workers to perform this function. Where this can be especially helpful is folks with dementia and folks that can't communicate their wishes easily or that are not able to, so you can kind of see how having sort of someone deputized to manage appointments and manage messages from different providers is pretty significant.

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

Elizabeth, this is Patricia Dombrowski at Bellevue College. This is a fascinating topic for me, we've thought a lot about it and there's just such a need for progression here. The long-term – the direct care worker and certainly long-term – in the long-term care, there's been such a revolving door, it's very difficult to find a way up, I think, once you enter that –

Elizabeth Royal – Senior Policy Coordinator – SEIU

Yes.

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

– yeah, so I was asked to present at the SEIU Training Fund Managers conference here in Seattle this year and I learned so much from that discussion. One of the things that I – a couple of questions I walked away with, and I'm really happy to be able to ask you, is there career pathway planning around – because really for the first time, this is an opportunity that hasn't existed before.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Um hmm, yeah.

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

I don't think it's for everybody in direct care, but for those that have a propensity for technology or may have been credentialed in a medical profession in another country, for instance, there are certainly takers among them, I believe. Which, has that been started?

Elizabeth Royal – Senior Policy Coordinator – SEIU

So that's, I'm glad that you could talk with those folks, they're great. There are some reimbursement issues that often keep us from implementing some of our grand plans. We think about this stuff all the time. I think our training partnership in Seattle that's affiliated with 775 Northwest has been thinking about the most, because they've really been building these interesting career pathways with expanded roles. But I think this is a unique time for this, because of ACOs and managed care; it's actually possible to really conceive of this sort of integration that's necessary for this, because there's no real reimbursement. I mean, I think in New York, one of the home care – a large home care cooperative that did implement the technology and does have fairly established career pathways, also with a training fund, was able to get reimbursement, and that definitely makes it a lot easier. But is definitely a part of what would be a career pathway, because this is a real way of sort of integrating into the healthcare system in a different way and becoming any sort of higher credential or higher trained worker, would necessitate a continued pathway and relationship with the technology.

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

Oh, I agree, and what a wonderful opportunity at an opportune time. And I don't know if you know, but the ONC has been very instrumental in moving forward a health IT apprenticeship –

Elizabeth Royal – Senior Policy Coordinator – SEIU

Oh –

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

– that's just coming into being now and Chitra and Norma Morganati, both of who of course are on the call, have done a lot of work around this and that's very close to coming into being. My question is, would that – does SEIU – would that be something that you would look at in terms of adopting for opportunities?

Elizabeth Royal – Senior Policy Coordinator – SEIU

Oh yes, definitely.

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

Good. I think that there's a lot more to be done on that front then. Thank you.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Yeah, no. Thank you.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, Elizabeth, you mentioned there were some payment issues, could you clarify that?

Elizabeth Royal – Senior Policy Coordinator – SEIU

Um, in the same way that expanded roles for home care workers aren't reimbursed for – very specific. So under Medicaid –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

But not around the training, around the work that they're doing.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Yeah. Yeah, yeah. Well there also needs to be some sort of support for training as well. And our training funds often are, also they're joint labor management training funds, so they rely on contributions from employers, and in a lot of these settings, the employer is Medicaid, the state Medicaid office, so there's often no support for either the training, the technology or even the function they're performing. Right, so it could be funded through the function or it could be funded through the training and the technology.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay. Thank you.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Sure. In Washington state, they've actually – and this is just on the advanced role side, they've actually gotten home care workers a wage increase if they complete the training, which is sort of another mechanism by which to do it.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So you talked about variety of venues and is this mostly done – it sounds like this is mostly done not on the job, but there's actually training programs, how is that sort of – how do the training programs and the job stuff tie together?

Elizabeth Royal – Senior Policy Coordinator – SEIU

So if I'm understanding correctly, we do have some on the job training that are sort of apprenticeship models, which work really well for especially home care folks who – especially live-in home care folks. But we also have a lot – we've got a fairly established virtual training, which you can do online and that's especially good in places where certification is required, which there are very few places. Often times our training funds are able to support these low wage workers and if they have to go to physical classes, by having meal vouchers, child care, transportation, the sort of aspects of training that are necessary for low wage workers. So there's just a variety of ways that you can sort of adapt it. And then also providing on the job training, which Washington State, again, there's a really excellent model for that, for home care workers. And nursing homes, there have been some really interesting sort of collaborations between community colleges and our training funds in developing trainings that are actually accessible. And this goes to career paths and credentialing.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Um hmm. So really, a mix of on the job, but also a lot of things sound like they're away from the job site –

Elizabeth Royal – Senior Policy Coordinator – SEIU

Yeah, yeah.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

– and maybe even pre-getting a job, we're going to get you training so that you can qualify for a job, is that –

Elizabeth Royal – Senior Policy Coordinator – SEIU

We generally only do incumbent worker training, because of the legal issues around our training funds, we can only train members, although in Washington state I think there's some initial training that can be done during the first few weeks of employment, so that's sort of another way of doing it.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay. Because one of the topics we've been discussing has been sort of – there's been a big emphasis on curriculum development, most of us see that, not everybody, but most of us see that as you would do that in preparing for a next job –

Elizabeth Royal – Senior Policy Coordinator – SEIU

Um hmm, yeah.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

– maybe while you're still working with one, but you do that as part of preparing for a next job and that a lot of the need on the provider side is current workforce at all levels, needs to understand how to use this new technology. And depending on their job and what they're doing, the need is different, but that there is a need broadly to do lots of training of current workforce –

Elizabeth Royal – Senior Policy Coordinator – SEIU

Yeah.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

– and that in some ways, that's the biggest today problem, and your comment about it never ends is certainly true.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Well, what we've seen is a lot of our members take advantage of our training to move up or through careers, so a lot of them are working as CNAs but going to school to become LPN or RN. And there again – yeah, you do see how the relationship to the technology changes over that time. And the other part is from the employer standpoint, incumbent workers are the best workers to have move through a career pathway, because they've already demonstrated loyal – our employers really appreciate it. They've demonstrated familiarity with the employer, there's loyalty there, there's these are folks that are committed to the profession and they're often the best people to have move through the career pathway. Because I mean you can often find this with some health professionals where they've just been in school the entire time and their first day on the job they discover they don't really like the setting or where they are, you don't have that with incumbent workers.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

It's true, it's very true. That's a really important thing that sadly people don't learn until they're out of school sometimes.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Yeah, right.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Any other comments from the workgroup members?

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

I have one more question. This is Chitra. These – you have a very diverse group of people, how do you give them the training that they need? I mean, what – do they need a basic foundation before they can actually get the training they need?

Elizabeth Royal – Senior Policy Coordinator – SEIU

It depends. So, at a base level, we provide and all of our training funds will provide language and computer trainings to folks. So people come at it from very different places, there are some people that have been displaced from the workforce from their former job and then they become home care workers or CNAs, and some of them have ex – are in another country are lawyers or doctors and then some folks are sort of career home care workers or CNAs. So, they're definitely coming with a much – very uneven educational backgrounds, so at base you have to have sort of these fundamentals and then what we find are people come from where they are, they come to this training. Right, so you can move them through different modules and get them to the same place that – I guess the same place that a base level health information technology curriculum would – from where it would start I guess. I'm sorry, I'm having a little trouble kind of explaining this, but folks are just coming at it from so many different areas that at base we always try to make sure that everyone has at least English fundamentals and computer fundamentals and maybe math, basics in math as well.

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

Thank you.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Sure. And all of our training funds are able to, I think that most of them can at least service home care and nursing home care and for folks that maybe don't need the certification. They'll have a lot more diversity and educational background than say if you're helping train CNAs and nurses that might have some educational sort of educational standard, not standards like – they have a base educational level required. I think what this also points to is some of the work at HHS around developing core competencies for home care. This is – it's very important to really kind of address that, and we're working towards it, but until that time, there's going to be a lot of very, very deep training needs.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So this is, I guess, the 21st century question. You talked earlier about that for some of the patients, particularly the older patients, maybe even for some of the older workers that this is – the whole use of technology in this way is a new thing. But there are other people who are digital natives, some – and depending what you mean by that, you could claim that some of us who are older have been using computers our whole adult lives, and so we like to think of ourselves in that camp as well. So, do you think there's a shift happening that, like you said, a lot of people have smartphones, and so there's a level of I know how to use this device that, like if you're using a tablet, transfers really well, but if you're using a desktop, maybe doesn't transfer as well. Do you feel like there's some aspects of that technology's already part of how people live their lives and so we should be thinking about, as we have workers providing care, that the technology is more the background issue? And these other aspects that you talked about in terms of sort of the future of healthcare and the communication as a team member and some of the disease specific training and then that sense assumes there's technology in place. Is that sort of – do you think that we're really there or do you think that that's still fantasy over the horizon?

Elizabeth Royal – Senior Policy Coordinator – SEIU

No, I think that we're definitely there. I think, if you look at – statistically speaking, a lot of seniors and older adults and people at that sort of higher end of the age of this workforce, have a lot of experience with computers and they use email and they're very plugged in. I mean, I think that if they don't have a smartphone, they know how to use a computer, so the idea is not a foreign concept for them. I think where the cost comes in for this sort of – this group of workers is just leasing the technology, actually having cell phones that they can use that maybe have the capability to interface with portals or whatever you need to do. But, it's definitely, the needs are on the training and worker side, I don't think that there's in any way a barrier, because no one's ever heard of a computer. I mean, I think there's real wide ranging adoption by workers and consumers of health care.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Thank you.

Elizabeth Royal – Senior Policy Coordinator – SEIU

So, I mean, it's relatively inexpensive if you consider sort of both the payoff of integrating these workers and also just the actual cost of it. I mean, you develop training, that can be pricey, but at some point you're training so many workers, if you have like a standardized curriculum, it's just – it's not cost prohibitive and it's definitely technologically prohibitive.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Right, you made the point earlier that you're actually using the technology to deliver the training as one of the methods.

Elizabeth Royal – Senior Policy Coordinator – SEIU

And again, it took us four hours to train a large group of workers who had very uneven educational backgrounds and uneven sort of English proficiency, and they got it right away.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Good. Anything else we need to wrap this up with Elizabeth?

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

I just want to say that Elizabeth is a Senior Coordinator for Healthcare Policy at SEIU and she's been with the union for nine years and has focused on healthcare reform implementation and long term system reform, so she has some very valuable background that we can use.

Stuart Werner – Health Care Industry Lead, Office of Workforce Investment – US Department of Labor, Employment & Training Administration

Can you hear me now?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes.

Stuart Werner – Health Care Industry Lead, Office of Workforce Investment – US Department of Labor, Employment & Training Administration

This is Stu Werner. I want to echo Chitra's statements, I'm sorry I was a little bit late to the proposal, but here at ETA we've had a couple of grants, as you may be aware of, with SEIU focused on healthcare. And I just want to reiterate your emphasis on the competencies and also that culture competence, that I think is so important in terms of the home health aides, clearly these individuals bring second language and third language, they're not all speakers of English as a first language, I guess is my point. But we've seen great success in a variety of investments over time. Also worked with PHI, which used to be Para-professional Healthcare Institute and they developed a business calculator, which got to the cost of churn and the value of retaining these employees, which I think was another tool that may be of interest to the group.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Yes. Also, I don't know how many studies are looking at this, but unmet need, the cost of unmet need of not having proper care for – or inadequate workforce for consumers, especially in home and community based settings. If you end up looking at preventable falls, things like that, that having someone in the home could prevent or even sort of worsening health conditions, it's very instructive about sort of the cost of not integrating folks into the technology and the cost of not creating career paths and not making this a good job for folks.

Stuart Werner – Health Care Industry Lead, Office of Workforce Investment – US Department of Labor, Employment & Training Administration

Excellent, thank you so much.

Elizabeth Royal – Senior Policy Coordinator – SEIU

And if folks need any more information from me, please feel free to contact me. And if you need someone from one of our training funds to come talk, I can also arrange that, no problem.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Elizabeth, thank you so much for having the time for us today, this was really helpful to our deliberations and we probably will be in touch that might be the good news and the bad news.

Elizabeth Royal – Senior Policy Coordinator – SEIU

Sure, sure. Great. Okay. Well thank you very much and have a good day everyone.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

You're welcome. Okay. So, one slice on folks out there in the world doing training and particular set of workers. Let me take us all back to last week and pick up the next of our topics. So, next steps. I don't want to underemphasize the sense in which some very impressive work has been done on the curriculum development and then on the application of the curriculum. I think that was clear from some of the questions from the committee members, and even the lack of questions in some ways was like, well, this is fine, we don't have issues with this. A couple of things did get raised, so maybe we could talk about a few of them. So let's start with the need for updates. I know that the ONC funding for all this initial work is over, but that is a need, right. So thoughts on how do we keep this evergreen?

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

This is Bill. This is something we had kind of talked about and there's certainly a number of possibilities moving towards open-source models and things like that. I guess the – our hesitation and perhaps we kind of bring a little bit of bias towards the fact that we were funded to do this initially, but is, how do you – it's important not only to update it, but also to have some amount of editorial control so that someone with an ax to grind – I mean, if you look at some of the things that Wikipedia has gone through over the years, although they've still been able to maintain a community that has kept some things up to date. But how do you keep those sorts of things in mind so you don't – there is some editorial process that keeps up the quality and doesn't let someone put things in, based on their own agenda and so forth.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Right, and balance that, right? We will have people with their own agenda that needs, whether it's editorial control or broader community that's – so that just one person shouting that loudly doesn't be able to – can't take over the comments.

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

This is Michelle Dougherty and I wonder if this is the time to revisit something that Michelle Fox, it was months ago, presented to the group around a repository or infrastructure that they were using in Energy, I believe, to address some of the ongoing workforce education areas. And I just don't recall, I think we had a brief update about it and I thought it was intriguing, but at that time, we were in that data gathering mode versus how to connect those to some solutions.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So Michelle, if my memory is right, that was, if you will, some infrastructure that could hold and make accessible training materials, right, and also kind of do some of the learning management functions, so running courses and tracking who took courses, maybe even, I don't remember how far it went in that direction.

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

That's what I recall and it would be interesting, at least in my mind, to find out if it's been implemented, what their experiences have been, dealing with these similar issues in a different industry.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Sure.

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

Wasn't there, this is Bill, wasn't there a resource – I thought Chitra had actually told me about this, called "enter" NTER that has – that's what we were talking about?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

And I think – go ahead Chitra.

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

Yeah, that's the same one that Michelle Fox was running, it's through the Department of Energy.

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

This is Patricia, we're using it at Bellevue College.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, sort of back to Bill's opening comments about how do you actually manage something, do you think it would be useful to bring in some folks maybe as part of a presentation to us, that looks at like the lessons from Wikipedia. And say, okay, so when this first broke, everybody was all concerned that it would be complete trash, and it turned out it wasn't complete trash, certainly there are pockets of trash. But by and large, Wikipedia is a reliable source, and in fact, it comes up at the top of most people's search when they're searching for a topic, it is not by accident, it gets used a lot. And my understanding is that it's not just by accident, that there is actually is an active curation process that they try to nurture. So maybe that's something for us to learn about. Other thoughts on if we were to bring somebody in, who we ought to bring in?

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

This is Norma Morganti. I'm wondering if we shouldn't also tap into the Department of Education to understand their development of the common core among 50 states and the, I guess, curation of open-learning resources that are contributed to and shared across in many states I think, under some of their additional funding. I'm interested to see how they have managed to develop and share resources between states. I understand some of that's going on, but certainly don't know the full development. But I think certainly having the common core or some defined obviously standards to develop to is helpful in that.

Nancy Brooks – Division of Academic and Technical Education (DATE), US Department of Education's Office of Vocational and Adult Education

This is Nancy Brooks, I work in the US Department of Education in the Office of Vocational and Adult Education and it's really the Office of Elementary and Secondary Education that has worked with the states on the common core. But please remember that the common core really came out of the work of the states and the governors, so although there is national work around it, it is not federal. And that's a really important point to make because the common core standards aren't owned, if you will, by the federal government, they really are owned by the states, so the governors have done a lot of work around that. The US Department of Education, I think, is building on that work and has encouraged that work, but you shouldn't look at the common core as a federal effort, per se. And I can see if I can find somebody who can talk to you about to work that elementary and secondary is doing. In my office we're interested in the work around career pathways and career clusters, but have only been tangentially involved in work around common core.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So I think here that we're looking for sort of a meta-learning, right, this is not necessarily about whether this is a state issue or a federal issue, but if you've got a community of interest of experts at various levels and self-declared experts and credentialed experts and all kinds of experts. And they come together in some kind of virtual environment to update information, where the goal is to have a low-cost process that's highly leveraged and produces high quality outcomes, what do you need to nurture that process?

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

Yeah Larry, this is Norma, that's exactly what I'd be interested to know, because I think there's value in understanding their process.

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

Hi, this is Patricia, I agree and I think what we're talking about here is sort of, I hate to even use the term, MOOC anymore, but MOOC-ready curricular elements. There are sort of two sides to that when we're talking about kind of a grand crowd sourced, even expertly crowd sourced repository, it is in fact crowd sourced and I think the goal here is to have very sharply defined elements with a high utility and easy implementation by educators available. And I'm really talking here about my colleagues in community colleges, and certainly there's a whole universe of other considerations for our university partners. But I – it would be difficult for me to envision kind of a moving, shifting body of knowledge that, for instance vendors who might have a whole set of considerations that they would like to come to bear on that, or educators who might be skewing in some other way, would have equal access to. And so I appreciate your question about well then, what resources would it take? I believe that you're pointing toward there needs to be some overarching curation and discriminating criteria.

The other part of that, however, is in this fast-moving industry, what we very much need to focus on as educators is the new and evolving technologies and their implementations. Elizabeth's presentation today was an ideal example of that. If we looked at the ONC-funded curricula as it stands now, we could certainly, and we have, drawn elements from it and applied that to long-term care or to other implementations, but we need more specific resources available for fast uptake.

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

Actual – this is Bill. Just to – I agree Patricia, and actually I think you're bringing up MOOCs is actually a good point because I think we really need to define – if we want to create something that's open, we need to define what's open. Because MOOCs are open in the sense that anyone can sign up and take a course from the Coursera or EDX website, but MOOCs are not really open in the sense that the curricular materials for those courses are just kind of put out in some open process. And so I think we – if we're going to call for something that's open, we need to define what we mean by open.

Another issue I want to raise too is that I think if we were going to come up with a process for updating and improving the materials, we would need to kind of define how we do that. Because a great deal of our effort, especially in the third and final version of the curriculum was adhering to standards for formatting and accessibility and so forth that were required. And so if anyone can go in and change so and so's PowerPoint slide, or add an exercise or something like that, will it still maintain the rigor that the funding enabled us to put. I mean we, the funding for the curriculum was not only the people developing the content, but this infrastructure. And you can argue maybe it was a lot of money and we can't do that again, but that funding did provide an infrastructure that enabled us to make sure the slides were consistent, in the right format, accessible, the spelling errors, things like that. We also developed use professional narration on the lecture part of it, so professional narrators reading from transcripts. So all I'm saying is that if we're going to define a process for updating this, there's a whole lot of issues that will need to be worked through and I think just thinking that a crowd is going to maintain that quality is something we need to think about seriously.

Joseph M. Heyman, MD – Whittier IPA

This is Joe Heyman. Can you hear me?

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yes Joe.

Joseph M. Heyman, MD – Whittier IPA

Okay. Now I'm not an expert on this because I'm not an educator. I'm on an advisory board for an informatics course, a virtual informatics course where each class has maybe ten students, and of course they're paying a tuition. And the only advantage there is that they don't have to travel and they can live at home and they can work during the day and do these courses at night. I think the problem with MOOCs, as my understanding and it only comes from New York Times articles and things like that, is that only about 3 or 4 percent of people actually finish those courses and actually get credits for them. And I think the problem with them is that the engagement is only on one side, it's the students engaging with their computer and listening, but there isn't an engagement from the other side that involves them in their actual learning experience with somebody who is aggressively keeping track of how their doing. In other words, it's sort of impersonal. Now maybe I'm wrong about this and you guys are much more experienced and you have programs that can take care of lots and lots of people and actual engage them from the other side. But I think that's a real shortcoming unless you can do that.

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

This is Bill again. No, I agree with you. I don't think we should get too hung up on MOOCs because I think they're – I actually believe there is a role for MOOCs and I think the whole process and business model around them needs to settle out. But the point that I just wanted to make in bringing up MOOCs is that we need to, if we're going to call for something to be open, we need to actually define exactly what we mean by open. Because you're exactly right, I mean, the – you can't just sign up for a MOOC and then just kind of download all the material and incorporate it into your own course on that topic. I just think if we are going to come up with a plan for updating and improving the curriculum that we just need to take a lot of these issues into account. It will require some thought and planning.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay, so I guess, I'm going to try and wrap up this piece. So I guess I'm hearing that there are some example – so, the openness here that we're talking about is on the development side of these activities more so on the delivery side. And in terms – because we have a curriculum that we feel needs to be made current, kept current, well we already know it's not fully up to speed on Stage 2. So, there are issues around if this is going to have life even into the current reality, there are some Stage 2 issues to address and there are going to be Stage 3 issues, there's going to be feedback from implementation. There are a lot of reasons it needs to be updated. So, there are folks out there, from some of the stuff that education's doing, some stuff that energy's doing, some stuff that's happening in the commercial world, non-profit world like Wikipedia.

And so it might make sense to try and do some kind of listening session, if you will, to bring in some of those experts and learn from their experience what works for maintaining content over time and addressing these issues of how do you address formatting. How do you address the accessibility issues? How do you address the content quality issues, the do we have to have some experts at ONC review the final products going, yeah, this is okay to publish, because it's not going get people in trouble, they're not going to follow this advice and then have decreased their likelihood of getting their incentive payments rather than increased it. So, I sort of feel like we've got some key points here that we can take away and act on. Ready to move on to some other things?

M

Sure.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I'll take that as consent. Report back on program effectiveness and program evaluation, Chitra, you said that there is some stuff happening, what August or September?

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

So one of the components of the workforce program was an evaluation program and NORC will have results out, yes, by August. So they will be able to share the results of the evaluation I think in August.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

That would be great, so maybe we should plan getting an update from them when that's done –

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

Yes.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

– and then at some point do a report back to the Policy Committee.

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

Okay.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

That was easy. Standard occupational codes. So this is a good example of maybe there's a subgroup to address this piece. I know Michelle has talked about some work the AHIMA has already done, so thoughts around the workgroup on how do we start looking at the occupational codes and who we might bring in to address those things and actually be ready come the fall when there's an RFI put out.

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

Larry, this is Michelle. And I just wanted to share some insights, since we'd started these discussions. What became very clear is, as we've categorized kind of the main, let's say buckets, or groupings of HIT occupations, both with the clinical component, the informatics/analytics side and then the more technical IT side, that there isn't a single group or organization that could adequately represent the HIT profession or the occupations that are missing or not well represented and the current classifications need significant refinements. So, just to inform the group, that was my thought that what we have is many organizations or associations that likely advancing are advancing SOC proposals. I know it sounded like there was some interest for proposals to also be advanced through the HIT Policy Committee, or at least I recall that correctly, Ed had mentioned that so maybe there would potentially be a single set. What I was concerned about is we could be stepping on each other's toes, in a way that we're duplicating efforts or we, without any coordination whatsoever, one organization's proposal is confusing against another one, and so it leaves the SOC Policy Committee not really with a clear direction. And so, with some level of coordination, not eliminating the need of groups to put forth proposals back at their constituencies, we may be more successful. I hope I said that well.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, are you suggesting we should attempt some coordination?

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

I thought it would be helpful or useful, because if we don't, I think we could hurt –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Sure.

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

– globally hurt each other's chances versus having some level of coordination, especially where we see some overlaps where a rollup to one or two or whatever it might be, classifications that seem related, may have better success that multiple proposals. So, yes, that was my suggestion.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So, we know that your organization is taking this and running with it, if we were to bring together a group and sort of have – be a forum in which they could begin to work together, and not necessarily the only forum. And they might say, we'll tell you what we're working on, but we want to do our coordination some other way. I'm not saying we have to be the coordinator, but, to do sort of a next step, who do you think we ought to bring together?

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

This is Bill. I – one thing that I – because I've been talking about this issue for a number of years, and I think it would also be good to hear from the Department of Labor, whoever actually does these, because I know they have certain criteria that they apply, in terms of the number of people who need to be in each category. Because I suspect those of us involved in the field would want to be really granular, whereas there are certain criteria that the Bureau of Labor Statistics uses to kind of lump things. So probably getting a charge from them in terms of what they view as the kind of things they're looking for. I can almost kind of see a workshop around this. I know of other professional associations that would be interested, like AMIA, the American Medical Informatics Association, maybe even HIMSS might be; I don't know if they would or not, but others as well.

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

And this is Pat, CDC is also looking to advance the public health informatics, so there might be a number of informatics roles with different specialty areas, is that good or bad? So, do we – are we able to support a whole informatics classification area. So, anyways, just some – but agreeing with what Bill said and adding in CDC as another example.

Stuart Werner – Health Care Industry Lead, Office of Workforce Investment – US Department of Labor, Employment & Training Administration

Yes, this is Stu Werner from Labor Department and Bill, I certainly agree with your ideas and want to make sure that we do move this forward. I know that earlier in our activities in the subgroup, Ed Salsberg was slated to deliver a presentation and I believe one of Ed's staff spoke to us, but my point here is Ed and Pam Frugoli here at the Employment and Training Administration are both representatives on a SOC panel. And I know that Pam and Ed are working to set up a meeting in the next week or so, where we could introduce this idea that I think Bill has had, maybe to provide us with some understanding of the ways that the BLS aggregates and completes these tasks to identify new and emerging occupations. Certainly I'll carry the message to Pam Frugoli, but do know that a meeting is planned, I believe it's a week from tomorrow, so, we'll have a follow up for the next subgroup call.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

That would be really good because you're right, we shouldn't go charging off to provide input until it's clear what input's being asked for.

Stuart Werner – Health Care Industry Lead, Office of Workforce Investment – US Department of Labor, Employment & Training Administration

And to that CDC example, I know that our Office of Apprenticeship is working on a Health IT apprenticeship with the Centers for Disease Control and Prevention in Atlanta, and maybe we should circulate some information about that as well.

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

That apprenticeship has already been approved and it's in the field.

Stuart Werner – Health Care Industry Lead, Office of Workforce Investment – US Department of Labor, Employment & Training Administration

Excellent, thanks Chitra.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

So Chitra, this is an aside to this topic, but, since apprenticeship programs keep surfacing as a need that might actually be something to think about is how do we – are there clearinghouses for these things, is there some way to get out to the students and to the employers that there are apprenticeship programs out there?

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

They're done through the Workforce Investment Board.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay. So I guess I'm hearing some suggestions on bringing together professional associations, maybe some other relevant government agencies, getting current from Department of Labor on their SOC activities and get educated about what actually would helpful input. And maybe we actually could define some areas. So, I've got a few suggestions, I mean adding AMIA and HIMSS and CDC, maybe this is a good homework assignment for people to send back some email updates on who you think we ought to reach out to. Whether it's specific individuals or associations, to help us provide good input on the SOC stuff and have the right audience when Labor talks to us about where they're going and what they want to hear.

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

Larry, I think that's a great idea and Chitra, I think when we met, did you indicate originally that there was a thought that there would be just one HIT occupation that would be moved forward? Maybe I misunderstood, but I think that helps all of us understand how very limited opportunities potentially SOC is looking at adding to the classification system and that we have to get pretty concise.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I think the next thing we need to learn is I think one grouping is probably not – to those of us who are deep into this, one is like not very helpful –

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

No.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

– a few is probably helpful, many is probably just going to obscure it because it'll mean something to one person and mean something different to somebody else. So, maybe we can find a nice balance there.

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

We do have some starting points, I mean, we have the ONC workforce roles, we have other people who have kind of thought about these sorts of things, too.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yup, that would be great. So it sounds like there's homework to bring together, as well as some value-add we could bring. Training current workforce. So I think this is obviously an ongoing topic for those of us who are on the organizational side of providing healthcare, it's always a hot topic. And in my mind this is more about how do we even have a useful conversation at this point and what should we be looking at for what the current workforce needs are? Any thoughts on how we might proceed on this topic?

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

I guess it's just a daunting topic, there are so many levels to it, so again, because we're looking so broadly and that's certainly the charge, I think that we could only talk about it within a kind of meaning if we broke this topic up into smaller segments.

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

In a way there's a recurring theme in all of this, I mean we were talking about the curriculum before, and then we're talking about the SOC codes, there's – on the surface, these topics seem kind of obvious what they are, but when you start to kind of peel away the layers of the onion, they're complicated. So, I'm kind of in agreement with what Patricia just said, I think we would need to spend some time, or someone would need to spend some time really kind of drilling down into this, what is it that we're thinking, what kinds of workers, what kinds of training do they need and so forth.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yup. Okay, I'm going to let this one sit for right now, also because we're already 1:15, should think about some kind of closure. Marketing and outreach. So obviously this is another place where MOOCs could come in, but I don't want to get hung up on the MOOC piece. I want to talk – think more broadly about marketing and outreach, I'm thinking everything from, should there be public service spots that talk about Health IT and why when you're doc grabs their tablet, you shouldn't be freaked out, but you should actually find this an opportunity to be more engaged as a patient. And again, this is obviously a really broad topic that we could go in a million directions with this.

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

Especially because our charge is around workforce –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Right.

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

I'm wondering if one area, but this is for discussion, should be career awareness and then I'm kind of opening up ways to open up the career pathway to highly – those highly skilled, those who are in need of skills under sort of demarginalized veterans, that kind of thing. So, I guess I'm trying to shine a light on the idea of marketing around health IT as a very desirable career pathway.

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

This is Norma, I would concur with what Patricia has just laid out as something very needed and desirable, just to get some very key messaging out to a lot of folks who really need to understand how quickly the field is growing and the types of jobs and wonderful opportunities that could exist with the right training.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay, that would actually be a focus, I like focus. Okay. We've already touched on bits and pieces of sort of barriers/enablers to the 95 percent and I almost feel like this ought to be its own structured discussion rather than jumping into it with under 10 minutes to go here. So, let me hit the topic that I think is sort of top of mind for me, which is, are there some points of view that we don't have within the workgroup that we really ought to be pulling in? Or some points of view that have been quiet recently, but were present earlier?

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

This is Bill. I've always thought that we don't have enough representation of employers on our group –

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Right.

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

– people who are actually hiring these – health systems, other organ – and maybe even vendors, industry, what do they need in the workforce and how should they be influencing the recommendations that we might be making.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay. You guys feel that that's sort of the main hole?

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

I do, I don't know, maybe others might disagree with me, but I don't know, it's certainly a major one.

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

This is Michelle, I agree. I think the employers really set the stage for expectations of skills that they desire or require and hold the key to often incumbent worker training.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Um hmm.

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

Larry, this is Samantha Halpert with Federation of American Hospitals. I think maybe one avenue to get at that might be, there are some very large health systems that have developed their own curriculum, and sort of IT Universities, per se, where they're training people kind of from within. And that might be interesting to hear from a couple of those and you and I both know some of the locations that that's happening in, but that might be one place to hear about how – one, what prompted them to start those training programs and how are they approaching it and what are the needs they're focused on.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Yeah, I think that would actually be really good feedback. That's a great suggestion.

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

And I can certainly help to organize that.

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

This is Michelle, and related to the employers side, does anyone see a value in the Human Resource side of healthcare providers or employers also being represented?

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

This is Norma. I definitely do, Michelle, and I think that that's almost been a missing key throughout the conversations, at least under our development of training, there's been a disconnect. So having them involved and also understanding of, some folks have indicated, that performance and feedback on performance are really critical, too. So not having them involved in the conversation and understanding the changing workforce is probably a potential gap.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Okay. I like both of those.

Stuart Werner – Health Care Industry Lead, Office of Workforce Investment – US Department of Labor, Employment & Training Administration

Yes, I agree. This is Stu, and I think that the dialog that Chitra was able and Sin Yong were able to convene last week was a rich conversation because of the employer and I believe MedStar might also be considered an HR voice within that list Chitra.

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

Yes, definitely.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

I wonder if there's any value in, this will indicate how out of the loop I am, so, five, eight, ten years ago, the world was all about Monster.com as a way to find jobs, advertise for jobs. And I know that they did a fair amount of kind of analytics around what were the skills that were actually being looked for, what was resulting in hires. Is there any of that stuff, I'm sort of – the people who are agencies or organizations of various shapes and forms that are actually facilitating the hiring process, would that help in defining sort of what the current workforce needs are?

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

It might, I mean, it's a source of data. How we would – I remember some of those reports, it's nothing – I haven't seen anything in a while from them.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Um hmm.

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

But I was just going to say, too, while I definitely agree in terms of the big health systems that have developed their own training, we may want to include others along the continuum of health systems, community hospitals, critical access hospitals. I know I talk to folks in my state and the issue is just finding the talent in their communities to do this and how that might impact what we might do around training.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Right. Okay, it feels like some good thoughts there, that's great. I'm going to wrap up our discussion and open this up for public comment, unless you guys have any burning final words you want to say. Well thank you, it's been a pretty lively discussion and let's see if we have some public comment.

Public Comment

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Operator, can you please open the lines up for public comment?

Caitlin Collins – 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 do not have any comment at this time.

Larry Wolf – Senior Consulting Architect – Kindred Healthcare

Well okay. Thanks everybody again for your time today.

MacKenzie Robertson – Federal Advisory Committee Act Program Lead – Office of the National Coordinator

Thanks everybody.

Public Comment Received During the Meeting

1. There are technological equipment that record and send vital measurements (weight, BP, Pulse, even blood sugar) directly to doctor's EMR. My mother-in-law sends her vitals every morning in her assisted living quarters. No need for logging manually.