**Subgroup: Health IT Workforce Development
Comments on Recommendations**

The Health IT Workforce Development sub group was formed in July of 2012 to address both broad and specific charges to identify efforts by providers to train their staff and other efforts by industry to create training programs for organizational change management programs.

**Broad Charge for the Workgroup:**

Make recommendations to the Health IT Policy Committee on ways to provide health IT education to all health care workers

**Specific Charge for the Workgroup:**

Make recommendations to the Health IT Policy Committee so that within one year, health IT training needs and competencies are identified and tools for implementation are recommended.

In response to the Broad Charge, the Health IT Workforce subgroup deliberated multiple issues. Initially three sets of workers were identified, (1) the health care workers at the point of care, and those that and support them, (2) IT and informatics professionals who are leading the projects, implementing and configuring systems and leveraging the data from them at the intersection of health and IT , and (3) the information systems developers. The group heard presentations from the Health Resources Services Administration on projected health occupations, there are over 50 health professions, however, many of the health IT specific jobs do not have standard occupation codes (SOC) as identified by the Bureau of Labor Statistics. AHIMA and Department of Labor presented tools that help identify competencies for various workforce roles. Competencies required for supporting team-based care and population health were discussed. The diversity of the workforce and the evolving health care environment pose challenges.

After ten meetings, the workforce sub-group deliberated and made a number of recommendations regarding workforce training. These recommendations are being proposed for consideration by the committee, in order to ensure that these issues continue to be addressed in the future.

 **Background***To meet the goal of a continuously learning health care system the health care workforce needs the requisite knowledge, skills, abilities, and attitudes that complement:*

* Creation of a learning framework for all levels of the workforce
	+ - * Including the ability to understand the health IT needs for different workforce groups such as:
			* Healthcare clinicians/medical
			* Informatics
			* Computer science (IT systems)
			* Including key healthcare organizations such as
			* Provider organization not limited to hospitals and physician practices, but including the spectrum of care: Long-term and post acute care, behavioral health, safety net, corrections health system, etc.
			* Vendors
			* Pharmacies, lab, etc.
	+ Transformation to implementation of Health Information Technology that supports patient centered care and delivers comprehensive, coordinated, accessible, high-quality and safe care.
	+ Development of and access to learning resources that specifically target a team-based approach to care that is heavily supported by technology
	+ Traditional roles within a practice must adapt and leverage this new technology in care delivery, which may require new or updated skills.
	+ Team-based care, interdisciplinary approach – how the team works together and how technology and support improved workflows and information sharing needs.

**Recommendation 1:

*Recommend that ONC identifies and validates the competencies required by incumbent workers to support the adoption and delivery of patient-centric care.***

*Background***:** *This recommendation refers to the diversity of the health care workforce. There are vast differences in the education and training required for health care jobs, but there are also commonalities. Are there a set of competencies that would go across all roles? Are there critical competencies for providers that are moving to Stage 2 and beyond. The subgroup identified this as an important first step in the process.* [*See Appendix*](#Recommendation1) *for tools that Department of Labor and AHIMA have developed to assist with the process of identifying competency for some health care roles.****Comment:***

1. *Unless a method that is fluid is devised to assemble this information “just in time” it will be substantially obsolete by the time it is meticulously produced.  Traditional competency definition process is inappropriate to this sector at this time.  Industry and education might be better served with recommending a just in time process for meeting these information needs.*

 *2) ADD TO BACKGROUND: Suggest providing workforce tools such as migration paths by setting (all inclusive not limited to hospitals and physicians) to identify where current positions can be modified with additional training to perform new health IT roles, identify where new positions are needed. These tools should be specific to the care setting to provide assistance on how to begin retraining the workforce and the priority competencies.*

*3)* *Seems like a task larger than ONC. Either we need to narrow the task or direct it to HHS instead of ONC.*

*To narrow I would recommend either:*

1. *validates the health IT related competencies…

 or*

*b) support the adoption and delivery of patient-centric care with health IT.*

*I would prefer the first option.*

*4) UNDER RECOMMENDATION:*

 *Recommend that ONC identifies and validates the competencies required by incumbent and future health care workers to support the adoption and delivery of patient-centric care.*

***5) Under Background – the last sentence***: *The validation process should also include the input of employers from health care delivery organizations, government agencies, industry and others.*

*6) Comment: Includes both ETA’s and AHIMA’s work indentifying competencies (with salary data, families of occupations, and position titles) for the incumbent workforce transitioning to EHRs in a variety of health and healthcare settings.  The Appendix provides an excellent way to convey the detailed research and validation represented by the EHR Competency Model, the Career Pathways Initiative, the American Association of Community Colleges (AACC) Virtual Career Network, and NTER.*

**Recommendation 2**

***Recommend that these competencies be widely disseminated to the following communities:***

* ***Secondary and Post-Secondary educational organizations***
* ***Federal, State and Local Agencies***
* ***Healthcare professional, provider, trade organizations***
* ***Health Information organizations***
* ***Allied Health Professions***
* ***Credentialing organizations***
* ***Workforce representative groups (e.g. unions)***

*Background:* *This recommendation proposes wide dissemination of the competencies identified to entities that are involved with health care. The sub group would also like to see a continuing dialogue with these entities to ensure that there is an understanding of and implementation of these recommendations.*

1. ***Comment:*** *Recommendation 2 & 5: Seem easily combined, with an emphasis on engaging these constituencies*
2. *Fosters a comprehensive dissemination strategy to connect “pipeline” intermediary organizations with industry-recognized credentials (also see # 6).*

**Recommendation 3**

***Advocate that educational programs (including formal education as well as certificates and certification) in healthcare support the competencies required for team-based care and population health.****Background:**Accelerating, expanding and infusing health IT training into all health related educational programs is the foundation for this recommendation. This would include medical education, nursing education, allied health and continuing education. Creating* [*career pathways*](#Recommendation3) *between secondary and post secondary education and developing articulation agreements should also be considered.*

1. ***Comment****: Highlights the Career Pathways process that will be required to support meaningful articulation agreements as “standards” are agreed upon for educational preparation at different levels*
2. *Re-phrase: Advocate that educational programs in healthcare support the competencies required for team-based care and population health, and utilize registered apprenticeships, internships, and cooperative educational experiences that provide training in a “hands-on” format that teach health IT skills necessary in the workforce.*

**Recommendation 4*****Identify and review the effectiveness of the workforce initiatives sponsored by the Office of the National Coordinator, and leverage and/or expand them to shorten the timeframe for standing up workforce programs across the country.***

 *Background*: *This recommendation refers to understanding the survey instruments that have been utilized for the evaluation of the workforce initiatives. Based on the results the subgroup can make further recommendations.****1) Comment:***  *Why are workforce initiatives of ONC only targeted? Should it be expanded? This isn’t just about ONC – will want to track effectiveness of other groups as well. May want to address some standardization in curriculum across multiple groups.*

*2 )****Comment****: This item could be broadened to include other federal investments across DOLETA with HIT training through the Community-Based Job Training, H-1B Technical Skills Training and Trade Adjustment Assistance and Community College Career Training grants, and NSF’s work on Veterans’ Apprenticeship.  Specifically, can we leverage Patricia Dombrowski’s work with both TAACCCT and NSF?*

**Recommendation 5**

***Review and identify critical workforce linkages that will be needed to support the health care of the future. Advocate that these linkages will also need strong workforce development support from local, state, federal agencies, NGOs and private entities. Advocate for additional funding to stand up workforce programs meeting these needs.***

 ***Review all partnerships and collaborations via****:*

* ***Secondary and Post-Secondary educational organizations***
* ***Federal, State and Local Agencies***
* ***Healthcare professional organizations***
* ***Health Information organizations***
* ***Allied Health Professions***
* ***Credentialing organizations***

 *Background: The recommendation proposes reviewing and identifying the critical workforce that is impacted by health IT and providing workforce development support. Achieving the vision of better care at lower cost will depend on a broad understanding and use of health IT by the complex network of individuals and organizations that make up the current health care system.

1)* ***Comment:*** *This charge might best be combined with Recommendation 3 since it seeks to strengthen the stakeholder linkages across similar entities.* **Recommendation 6**

*Recommend outreach to targeted constituencies such as trade associations and professional agencies to create an awareness of health IT training resources and best practices that have been developed.****Comment:*** *1) Is agency the right word – it could imply staffing, head hunter?*

1. *Reformat this recommendation to be like the other recommendations.*
2. *Although this item appears to be a summative statement, it’s also a critical component of an overarching communication strategy (see # 2 above).*

*Background: This recommendation is focused on providing real-time access to training resources and best practices that have been developed. As the pace of knowledge generation accelerates a mechanism for sharing and disseminating this information will be important.
Examples: 1)* [*Department of Energy hosts NTER*](#Recommendation6) *– the National Training & Education Resource 2) The American Association of Community College, funded by the Department of Labor host the Virtual Career Network and can serve as a clearing house for marketing information.*

***Comment: Suggested Recommendation 7***

*Recommend advancing health IT roles in the Bureau of Labor Statistics Standard Occupational Classifications (SOC) to ensure an official recognition of workforce jobs/occupations.*

***Background:*** *Currently a search of the SOC on “health information technology” brings up one position – Medical Records and Health Information Technician which is limited in scope and does not reflect current functions and skills in a technology-enabled environment. Modifications are made infrequently with the next modification set in 2018. The Workforce Sub-workgroup identified a need to update the SOC in a meeting during the summer of 2012.*

*ADDITIONAL COMMENT:*

*Bill Hersh additional comments: I remain concerned that we are looking at workforce development and education mainly from the standpoint of community colleges and government agencies. Their views are important, but we also need to seek the input of others, especially those who employ those who educated and trained by workforce initiatives. I believe that a more forward-looking approach would focus on where health care is going and what kinds of people we need to train to get there.*

*Comment: Appendix: Inclusion of the AHIMA Career Map indicates it is a vetted source of career guidance in the area of health IT.  It was created for the purpose of encouraging prospective learners to careers in health information management, and to seek AHIMA certification.  It is an AHIMA marketing tool that does not adequately address education and certification options in health IT.  Reference to this tool in a document of this nature has implications I believe are unintended by the work group.  I suggest eliminating it from this document, or adding substantial description of the many other career resource discernment avenues.*

**Appendix**

1. **Health: Electronic Health Records Competency Model**[*http://www.careeronestop.org/competencymodel/pyramid.aspx?EHR=Y*](http://www.careeronestop.org/competencymodel/pyramid.aspx?EHR=Y)

The Electronic Health Records (EHR) Competency Model is depicted in a graphic consisting of several tiers. The arrangement of the tiers in a pyramidal shape is not meant to be hierarchical, or to imply that competencies at the top are at a higher level of skill. The model’s shape represents the increasing specialization and specificity in the application of skills as you move up the tiers. Tiers 1-5 have been developed and are divided into blocks. The blocks represent competency areas, that is, the applied skills, knowledge, abilities essential to successful performance in the increasingly electronic environment of the health industry. A table of the competency definitions and associated key behaviors follows the graphic.

1. **AHIMA Career Map**
<http://www.hicareers.com/careermap/>

The American Health Information Management Association has launched an interactive online career development tool to help students and other job seekers find and track jobs in the health information management sector,

Read more: <http://www.ihealthbeat.org/articles/2012/7/30/ahima-launches-new-career-map-tool-for-health-it-job-seekers.aspx#ixzz2IAczllfR>

1. **Career Pathways – Resources**
* Training and Employment Notice (TEN):

<http://wdr.doleta.gov/directives/attach/TEN/ten2011/ten39-11acc.pdf>

* TEN 39 – 11 – Resources for Career Pathways Link   <http://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=4609>
* TEN 36-11 – Joint Letter of Commitment to Career Pathways from DOL, ED, and HHS
<http://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=3536>

A Joint Letter of Supportfrom the Assistant Secretaries of the Employment and Training Administration, the Office of Vocational and Adult Education, and the Administration for Children and Families encourages states and local areas to align resources that support integrated service delivery across Federal and state funding streams and calls for improved collaboration and coordination to support career pathways systems for youth and adults.

* Career Pathways webinar series:

<https://learnwork.workforce3one.org/>

1. **National Training & Education Resource (NTER)**

<https://www.nterlearning.org/>

National Training & Education Resource – is an easy-to-access, open source, web-based learning platform that enables learners, instructors, and organizations to be part of an entirely new education community – the next generation of learning.

1. **Virtual Career Network**<http://www.aacc.nche.edu/Resources/aaccprograms/health/cap/Pages/vcn_healthcare.aspx>
An online tool that will allow current and prospective health care workers to explore more than 80 different occupations, identify local education and training programs, and tap into current job listings. Through the Virtual Career Network, users also can learn how previous experience such as military or on-the-job training can be applied toward a health care career, take free online courses and find sources of financial aid.