# Advisory Committee on Interdisciplinary, Community-Based Linkages

## Training Implications – Health Information Technology (HIT) and Electronic Medical Records (EMR)

August 13, 2007
Minutes of Meeting

**ATTENDANCE**

ACICBL Members

Thomas A. Cavalieri, DO, Chair, ACICBL
Louis D. Coccodrilli, MPH, Designated Federal Official, ACICBL and Deputy Director, Division of Medicine and Dentistry
Alan Adams, DC
Mary Amundson, MA
Heather Karr Anderson, MPH
Jeremy Boal, MD
Hugh W. Bonner, PhD
Brandy Bush, Doctoral Student
Cheryl A. Cameron, PhD, JD
William G. Elder, Jr., PhD
Rosebud Foster, EdD, MSN
Gordon Green, MD, MPH
Gail M. Jensen, PhD, PT
Anthony Iacopino, DMD, PhD
Karona Mason-Kemp, DPM
Andrea Sherman, PhD
Stephen Wilson, PhD
Rose M. Yuhos, RN

Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHPr) Staff

Marilyn Biviano, Ph.D., Director, Division of Medicine and Dentistry
Norma J. Hatot, CAPT/USPHS, Program Officer
Adriana Guerra, MPH, ASPH Fellow

Private Citizen Representation

Robin Stombler, Auburn Health Strategies
Sandra Kersten, American Health Information Management Association
Claire Dixon-Lee, Vice President for Education, American Health Information Management Association
Brenda Woods-Francis, HRSA

**FORMAT OF MINUTES**

These minutes consist of five sections:

I. Opening Remarks from the ACICBL and HRSA/BHPR/DMD Leadership

II. Review of the June 2007 Meeting Minutes

III. Identification of Findings and Potential Recommendations from June 2007 Meeting

IV. Outline of the Content and Focus of the Seventh Annual Report

V. Committee Business

**SECTION I. OPENING REMARKS FROM THE ACICBL AND HRSA/BHPR/DMD LEADERSHIP**

After the official roll call, Dr. Thomas Cavalieri, Chairperson for the Committee and Louis D. Coccodrilli, Designated Federal Official, welcomed Committee members and public guests.

Dr. Cavalieri stated that the conference call meeting was a follow-up to the June meeting and would be dedicated to discussing findings, offering recommendations, and conducting Committee business.

Dr. Marilyn Biviano, Director for the Division of Medicine and Dentistry, welcomed members of the Advisory Committee. She gave thanks to Committee members for their dedication and for including the chairs from the other Advisory Committees at the June meeting. She further stated that there seemed to be an overlap among the work of the Committees and encouraged each Committee to take advantage of their respective expertise. Dr. Biviano stated that at this time she is exploring integrating Title VII programs between the Division of Medicine and Dentistry and the Division of State, Community and Public Health. Therefore, she encouraged all Advisory Committees to work together to support this activity. Dr. Biviano expressed that Health Information Technology (HIT) is an excellent topic especially when linking HIT to training activities. She recommended a couple of speakers because of their work in Community Health Centers (CHC) and use of HIT, as the work relates particularly to Electronic Health Records (EHR)and improving quality and addressing health disparities.

Committee members asked if these speakers would have a different perspective than the speakers who presented at the June meeting. In response, Dr. Biviano suggested Dr. Neil Calman, a family physician from New York who presented on HIT during a meeting for the Agency of Healthcare Research and Quality. Dr. Calman has used the EHR to evaluate health disparities among the patients at his Community Health Center (CHC). Dr. Biviano also suggested Ms. Anne Lewis from Healthcare South because of her efforts to evaluate quality in relation to HIT.

**SECTION II. REVIEW OF THE JUNE 2007 MEETING MINUTES**

The Advisory Committee received an advance copy of the draft minutes and summary of the June 25 – 26, 2007 meeting held in Rockville, Maryland. However, because of the extensiveness of this document, the Committee was not at a position to approve the minutes. They anticipate finalizing the June 25 – 26 minutes during the upcoming ACICBL meeting scheduled for September 13 – 14, 2007 in Rockville, Maryland.

**SECTION III. IDENTIFICATION OF FINDINGS AND POTENTIAL RECOMMENDATIONS FROM THE JUNE 2007 MEETING**

- Identify Gaps and Outline Draft Recommendations
- Discuss Speakers for September 13-14, 2007 Meeting

**A. Identification of Gaps and Outlining Draft Recommendations**

Dr. Thomas Cavalieri opened up the floor for members to share some findings based on testimony given during the June meeting. The following commentary was made:

- First, helpful criteria for grantees in selecting vendors of electronic medical records (EMR) need to be developed in an effort to choose a system that is both efficient and cost-effective.

Second, in regards to the competency of health care professionals, common criteria for training purposes will need to be developed for all professions across the board. Technology is here and coming even more rapidly, but it is a means to an end, an actual tool to be used.

- There is ongoing activity at the Federal level in regards to vendor selection criteria.
- There is a need to develop criteria for educators and program administrators as guidance that they can use when selecting applications and vendors based on the respective training environments.
- Competency needs are important but developing the criteria is probably beyond the scope of the Committee. The Committee should call for the development of competencies for trainees in the respective disciplines.
- EHR is a common language focused on the patient and used by all providers (physicians, nurses, physical therapists, medical technicians, etc.). There needs to be a common understanding specific as to how the EHR can be used by the various professions in different ways. A basal set of criteria should be considered across the board rather than having each profession develop its own set of criteria.
- The Veterans Health Administration (VHA) has its own set of criteria and the question remains on how we bring in others who seem to be on their own?
- Consensus on the development of competencies for the individual can be difficult.
- The American Health Information Management Association (AHIMA) and American Medical Informatics Association (AMIA) have collaborated on a workforce taskforce committee consisting of representatives from the Veterans Health Administration, pharmacies, nursing, informatics, physician practices, and health information management. This committee is attempting to develop basic core competencies across all levels and professions such as health literacy; and is preparing a skeleton of model core competencies by this October.

At this point, there was discussion about exploring the possibilities of including Dr. Dixon-Lee of the AHIMA in the September meeting as a potential speaker.

In an effort to expedite the discussion, Dr. Cavalieri and Lou Coccodrilli recommended that members review the discussion section under each presentation as a starting point to shape their findings.

**Federal Perspectives and Policy Implications of HIT/HER**

**Presenter -- Cheryl Austein-Casnoff, MPH/Director**
**Office of Health Information Technology, HRSA (Rockville, MD)**

- Training needs to be targeted for certain groups of professions depending on the age of the trainees and the populations that they are serving.
- The Federal government is moving forward with HIT in a variety of ways. There was a question about the level of Federal government collaboration and coordination of these efforts?
- The Office of the National Coordinator for Health Information Technology has been charged with coordinating the Federal efforts focused on HIT.
- Depending on the population being served and what the health care needs are, HIT will play different roles. Therefore, this will add to the complexity of coordinating the integration of HIT and developing core competencies.
- In regards to tracking the impact of these technologies on patients as well as on the overall health of various populations and training of health professionals, it must be understood how technologies are being incorporated into the various curriculum and what has been the success in preparing these professionals to practice in areas where these technologies are located.

**Best Practice: A Study of the Veterans Health Administration's Decade Plus Experience with HER**

**Presenter – Gail Graham, RHIA/Director, Health Data and Informatics**
**Veterans Health Administration (Washington, DC)**

- The VHA has invested a lot of time, effort and money into the system currently used. Many of the veteran patients are also seen at other places such as rural health clinics or community health centers where the systems are different. Is there any way to make the VHA system compatible with other systems so that patient quality is not hindered?
- The day that these systems become compatible with one another may never come. Therefore, the reality may be to provide training so that both VHA personnel and Rural Health Clinic providers who are not a part of the VHA may become more familiar with their respective systems.
- The lack of interoperability makes training difficult.
- Proposed recommendation: The Committee **recommends** that the National Health Information network and the Health Information Technology Standards panel ensure that these systems have interoperability in the transfer of information.
- The adoption of HIT may result in consequences that affect other recognized core competencies either favorably or unfavorably. For example, the use of email communication with patients may minimize the need for unnecessary official visits. On the other hand, overuse, inappropriate use, or unmanaged expectations could lead to misunderstandings or miscommunication. Providers need to understand both the benefits and risks associated with using HIT. Innovation can support the achievement of the same or enhanced patient care goals through new and different means, which may have different positive and negative outcomes – all of which need to be considered in the development of training programs.
- The problem centers on the incompatibility of the software.
- Testimony suggested that with provider training there may be a need for health professions schools to ensure that students have basic skills for engaging in EMR before entering the health care workforce.

**EHR End User Adoption and Change Management Strategies**

**Presenter – Sharron Confessori, PhD/Director, Organization Development and Learning**
**Bon Secours Health System (Marriotsville, MD)**

- Testimony suggested the need to prepare potential health care providers for change and encourage them to be life long learners. Students not only need to have basic skills in understanding how a Windows-based system works, or the ability to work with a mouse and/or navigate a webpage but must have basic knowledge of how an EMR works, thus the adaptation of innovation, of which HIT is one component.
- Since many of the grantees focus on diversity, the theme of culture needs to be addressed. Provider and health student training should incorporate how providers and students deal with the culture of patients and how the average person adapts to the technology. Access and language issues are a part of this discussion.
- There is a need for the importance of contextual issues (patient centeredness and delivery) and how providers consider those issues. Technology is a tool but does not replace the interaction with patients. Fiduciary responsibility, respect, and confidentiality cannot be lost with HIT or EMR.
- Proposed recommendation: The Committee might suggest that working with school accreditation bodies to develop the language needed to address health information technology within their menu of competencies.

**Infusion of Informatics and HIT into the Medical School Curriculum**

**Presenter – Jeffrey Weinfield, MD/Assistant Professor**
**Georgetown University Department of Family Medicine (Washington, DC)**

- Proposed recommendation: Students need more exposure to HIT/EHR in the classroom setting. The Committee might recommend that those health profession schools teaching HIT, should include EHR in the classroom setting first to ensure that the students have a baseline understanding of EHRs before going into the clinical setting.
- Encourage the Federally supported HRSA training programs to consider including HIT/EMR in their training programs.
- In regards to the AMIA's 10 by 10 initiative for training health professionals in informatics, the Committee might consider having AMIA give testimony during the September meeting since AMIA is doing some work in clinical and public health training in bioinformatics.
- AMIA has the 10 by 10 program – infusion of medical informatics curricula throughout medical programs (i.e. physicians, nurses, dental, and public health). Both AMIA and AHIMA are working collaboratively to develop competencies across other professions at a lower level. In regards to best practices, both organizations have considered which training programs have begun infusing medical informatics into their curriculum by searching the programs on-line and reviewing the details of the curriculum.
- Proposed recommendation: The Committee might recommend training programs being funded Federally to infusing MEDLINE into the curriculum.
- Training programs that do not have the capacity to do research on-line using MEDLINE should not be penalized, but rather receive additional funding to build that capacity.
- Proposed recommendation: The Committee might recommend obtaining a compilation of best practices where training programs are integrating health information technology into the curriculum. Hence, the use of MEDLINE may be one of those best practices to consider.
- The findings and recommendations suggest that the the need remains for more information on the education side in terms of best practices and evidence based examples of using HIT, thus, indicating a need for a study.
- As the Committee begins formulating the recommendations, real gaps may be identified and a recommendation may have to address the need for further study.

**Use of EHR in Clinical Practice and Training – Experiences from an Arkansas AHEC**

**Presenter – Mark Thomas, MD/Residency Faculty**
**Northwest Arkansas Area Health Education Center (Fayetteville, AR)**

No additional comments on findings from this presentation.

**Use of EHR in Rural Settings and Its Impact on Rural Health**

**Presenter – Tommy Mullins/Administrator and Chief Executive Officer**
**Boone Memorial Hospital (Madison, WV)**

- The cost associated with implementing the EHR and maintaining the system is phenomenal. In addition, the time it takes for this process to move forward is lengthy particularly for rural health systems who are not apart of a larger health system.
- The pharmacological theme needs to be highlighted. For instance, in geriatrics, the use of electronic medical record is overwhelming. There is difficulty with inputting data into the electronic system in the emergency department the medications that patients take at home.
- There is agreement from the June meeting that EMRs would assist with patient care especially in the area of pharmacy by decreasing medication errors and more accurately providing the patient

with the correct medications. Any training program should address how the use of the EMRs may be used to improve the quality of care.

- The idea of exposing health profession students to introductory coursework (common language) may benefit the patient.
- The idea of exposure to HIT/EHR is a major step in dealing with resistance to adoption.
- In relation to the business of implementing HIT/EHR, there needs to be an understanding of how to select a vendor and contractual considerations. However, not all health care providers need to have this business savvy understanding. Rather, those individuals leading units that will implement these systems should acquire these skills in order for the change to be effective. There is a need to understand how to select the vendors who will provide customized systems in response to the specific health care issues.

**Use of EHR in the Academic Setting**

**Presenter – David Dorr, MD, MS/Assistant Professor**
**Medical Informatics and Clinical Epidemiology**
**Oregon Health and Science University (Portland, OR)**

- In the chronic care model, the EHR can be used to improve the quality of care by monitoring outcomes. The Committee may need more testimony on improving the quality of care.
- The use of care plan elements can certainly enhance interdisciplinary communication on behalf of patients. There are elements within the EHR that could lead to interdisciplinary communication and effectiveness.
- Training programs need to give attention to the transfer of patients from setting to setting (including inpatient and outpatient entities).

**An Urban Experience – Understanding the Regional Health Information Organization New York Clinical Information Exchange (NYCLIX)**

**Presenter – Gilad Kuperman, MD, PhD/Director, Quality Informatics**
**New York Presbyterian Hospital (New York, New York)**

No additional comments on findings from this presentation.

**GENERAL COMMENTS**

The Chairperson asked to have these findings recorded and disseminated to members for review before the Committee convenes in September to facilitate the development of the recommendations. He also inquired about the need for additional testimony for September 13-14 meeting. One member stated that Rosh Hashanah begins Wednesday, September 12 and would influence her travel plans. When the potential meeting dates were discussed and confirmed, they were selected based on the preferences of the Committee, as a whole. Rosh Hashanah was not mentioned as a conflict when the meeting dates were confirmed during the early portion of the year..

**B. DISCUSSION OF SPEAKERS FOR SEPTEMBER 13-14, 2007 MEETING**

The Chairperson stated that the Committee will need to develop recommendations on September 13-14 and must have adequate time to complete that task. In addition, any further testimony needed to further shape the recommendations would be solicited.

The Committee had previously stated the need to hear from Allied Health. Federal staff identified a potential speaker from this area using their contacts with the Association of Schools of Allied Health Professions, Dr. Thomas Elwood.Other suggestions were for representation from the American

Association for Medical Colleges (AAMC), community health centers, AHIMA/AMIA, and the National Library of Medicine (NLM). One Committee member suggested an individual from the Association of Academic Health Centers who has incorporated EHR into its strategic plan, possibly Denise Holmes.

The HRSA leadership recommended an individual who would speak to all Committees on the development of reports, how they are received, and how they are acted upon. Since the Committee will be going through a big transition period with a large turnover of membership, one Committee member suggested that this individual may be a better fit as a presenter for the first meeting of next year.

The Committee agrees to have the morning of September 13 for additional testimony with the afternoon of the 13th and all day September 14th for the revision of findings and development of recommendations.

There is a consensus from the Committee to have no more than four speakers on the morning of September 13. All members agreed to have a speaker from Allied Health and AHIMA/AMIA. The suggestion accepted Dr. Marilyn Biviano's recommendation for a speaker from the community health center arena. In relation to a speaker from NLM, a Committee member suggested someone to present on the training initiatives currently in place. Federal staff will research possible speakers from NLM.

**SECTION IV. OUTLINE CONTENT AND FOCUS OF THE SEVENTH ANNUAL REPORT;**

This discussion was TABLED until the September 2007 Meeting. The content and focus of the Seventh Annual Report, as well as broad headings for the report will be discussed at that time.

**SECTION V. COMMITTEE BUSINESS**

- Confirm members of the planning and writing subcommittees
- Committee Leadership – options for chair and vice-chair

**A. CONFIRM MEMBERS OF THE PLANNING AND WRITING SUBCOMMITTEE**

Members of the both the planning and writing subcommittees were confirmed as the following:

**PLANNING SUBCOMMITTEE**: Dr. Andrea Sherman (Chair); Dr. Alan Adams, Dr. Jeremy Boal; Dr. Carol Ann Bynum and Heather Anderson.
**WRITING SUBCOMMITTEE**: Dr. Stephen Wilson (Chair); Brandy Bush; Dr. Amna Buttar; and Dr. Gail Jensen.

There is concern that with so many members rotating off the Committee and the work of the writing subcommittee continuing; assistance will be needed. The Chairperson agreed to continue with the Writing Subcommittee even though his term will end at the end of September. He asked the other members who will rotate off the Committee if they would consider assisting the writing subcommittee to ensure that there is continuity in completing the Seventh Annual Report. The outgoing chairperson of the writing subcommittee confirmed his availability for this effort..

**B. COMMITTEE LEADERSHIP – OPTIONS FOR CHAIR AND VICE-CHAIR**

Since no record of formal nominations was received , the Chairperson called for nominations for the positions of Chair and Co-Chair.

Dr. Gail Jensen nominated Dr. Stephen Wilson for Chair and Dr. Hugh Bonner seconded the nomination. Dr. Wilson accepted the nomination. No other nominations were offered. Members voted by unanimous consent for Dr. Stephen Wilson as the new Chairperson.

Dr. Cheryl Cameron nominated Dr. Gail Jensen for Co-Chair and Dr. Alan Adams seconded the nomination. Dr. Jensen accepted the nomination. No other nominations were offered. Members voted by unanimous consent for Dr. Gail Jensen as the new Co-Chairperson.

**C. CLOSING REMARKS**

Those members who made comments or observed findings were asked to email those to Dr. Gordon Green with a copy to CAPT Norma Hatot and Adriana Guerra. Dr. Green agreed to be the focal point and to accumulate findings. CAPT Hatot suggested that each member submit at least one recommendation or finding to Dr. Green with a copy to the Federal staff. If there were some concepts or ideas captured at the June meeting and not discussed at this time, they should be sent to Dr. Green. The summary of the meeting will be forwarded to all Committee members to provide assistance with shaping the findings and formulating recommendations.

New members will be joining the Committee October 1, 2007. A question was raised regarding the mailing of notifications for the last rounds of HRSA grants for Geriatric Education Centers; Geriatric Academic Career Awards; and Geriatric Training for Physicians, Dentists and Behavioral, Mental Health Professionals. Federal staff indicated that this is the responsibility of the Division of Grants Management Operations, but that usually notifications are disseminated prior to the start date of the award, which in this situation is September 1.

The next meeting of the ACICBL will be Thursday, September 13 and Friday, September 14, 2007 in Rockville, Maryland. All logistics should be confirmed within two weeks prior to the meeting. All members are requested to remain for the duration of the two days if at all possible. As such, no flights should be made prior to 4:00 PM.

The meeting was adjourned by Dr. Cavalieri, Chairperson at 4:10 PM.