Part 1: 2012 AMIA Hill Day—About AMIA

Who is AMIA?

- AMIA and its multidisciplinary members advance the use of health information technology (health IT) in clinical care, research, public and population health, personal health management, and translational science.
- Our more than 4000 members are health professionals, researchers, teachers, librarians, and thought leaders who work in academic, government, private health care delivery, research, and commercial settings.
- AMIA is regarded as an authoritative and objective source within the informatics community, the policy community, and the health care industry.
- AMIA members’ expertise spans a wide range of disciplines including biomedical and health sciences, computer and communications technology, organizational behavior, cognitive science, biomedical and health sciences, library and information science, and consumer health.

AMIA Key Positions

- The role of health IT and informatics is greatly expanding in health care delivery.
- A well-educated and trained workforce is essential to meaningful implementation and the use of HIT to deliver high-quality health care.
- The health IT workforce includes clinicians, researchers, software developers, administrative and support personnel, and many others who have HIT knowledge and skills.
- Ongoing funding for research and evaluation of efforts to develop and deploy HIT is essential to assure successful implementation and integration into health care delivery.

AMIA’s 2012 Policy Priorities

- Informatics Research and Funding
  - DHHS agencies (especially AHRQ, NIH, NLM, NINR, ONC)
- Impact of Health IT on Patient Safety and Quality of Care
  - Meaningful Use (supporting MU)
  - Ensuring safe, effective use of health IT and EHRs
- Informatics and Health IT Workforce (includes education and training)
  - Informatics competencies
  - Funding for training programs; pipeline of trainees
- EHR Best Practices, Lessons Learned and Successes
  - EHR evaluation
  - EHR usability
  - Evolution of clinical decision support

Hill Day Focus

- Ensuring ongoing relationships with Congressional Staff
- Helping strengthen and expand recognition and support for biomedical and population health informatics education, practice, and research
- Increasing awareness of the need for a trained informatics workforce
- Guiding sound implementation of the national investment in health information technology (IT)
- Reinforcing availability of AMIA for informatics expertise, advice, and assistance
Informatics Research and Funding

- Informatics research is critical to insure that the country receives value from implementation of electronic health records.
- This funding comes from the National Institutes of Health (NIH), National Library of Medicine (NLM), Office of the National Coordinator (ONC) and the Agency for Health Care Research and Quality (AHRQ).
- Informatics research – from basic to clinical – can improve health outcomes for the whole population.
- Planned and systematic testing, evaluation, and implementation research are needed to demonstrate achievement of meaningful use, interoperable health systems, and improved quality of care.

Impact of Health IT on Patient Safety and Quality of Care

- Quality measurement, reporting, and improvement require an interoperable health information system based on EHRs and evidence-based clinical decision support systems within learning care systems.
- The current program has been enormously beneficial in terms of encouraging adoption but there is still a long way to go.
- Clinical decision support is key for achieving value from electronic health records.
- Safe use of EHRs depends on organizational leadership and a professional clinical workforce that is attuned to the challenges, pitfalls, and potential of health IT.

Informatics and health IT Workforce: Education, Training, and Development

- We need a new generation of informaticians to move the health care system forward.
- Core competencies for future healthcare workers include working in inter-professional teams, delivering patient-centered care, using evidence-based practices, and utilizing informatics.
- The U.S. needs public and private investment in additional education and training in order to assure a sustainable healthcare system.
- The health IT workforce needs additional advanced training opportunities, including increased numbers of positions in existing programs and new academic units and degree programs in universities and health science schools in order to keep the pipeline filled.
- Informatics related fellowship, research, and training programs such as those offered by NIH, National Library of Medicine, and the Fogarty Center should remain fully funded and supported.

EHR Best Practices, Lessons Learned and Successes

- As providers increasingly adopt electronic health records and implement health IT systems, the federal government should work with industry to try to catalyze information-sharing on lessons learned and success stories,
- Efforts should avoid fostering “technology for technology’s sake,” but rather encourage system designers and implementers to focus on the use of HIT to contribute to the ultimate goal of improvement in patient experience and outcomes.
- AMIA believes that additional research is needed to support ongoing identification of unintended consequences of health IT design and implementation efforts and the situations in which they are most likely to occur.
- The federal government should build on existing models and working with stakeholders to lead the development of procedures, systems and entities to ensure the safe and effective use of HIT. These should include usability guidelines, as well as proven technical and organizational safeguards to ensure privacy.
**National Library of Medicine (NLM)**
- The NLM is more than just another medical library. It represents a major research institute at the NIH and has a vibrant extramural program that supports research in informatics.
  - Much of the current technology that is the center of attention in the HIT world and the President's budget emerged from NLM over the last 4 decades.
  - NLM is the source of new ideas and technologies that in turn get moved into the "real world" and are adopted by the vendor community.
  - Databases, standards, and other resources developed and/or supported by the NLM include PubMed/MEDLINE, UMLS and standard terminologies, Visible Human, GenBank, BLAST, and ITK toolkit.
  - NLM has played a key role in workforce development (both research and applied) since the field evolved in the early 70s.
  - Lack of awareness about the NLM and its role have led to inadequate funding of its research programs, even at a time when applied informatics has been getting increasing attention and funding for NIH institutes and HHS agencies. This threatens to compromise the pipeline of new ideas and methodologies.

**ICD-10**
- Accept HHS’s proposal to delay implementation for an additional year, until October 2014
- Understand that some stakeholders have concerns about the implementation timeline in light of competing priorities such as meaningful use, electronic prescribing, and performance measures
- A delay until October 2014 if properly utilized to address specific challenges and problems could prove beneficial to all stakeholders.
  - testing legacy and new systems for ICD-10 “readiness”
  - updating and testing related health IT products
  - training and educating clinicians (specific documentation and clinical data requirements) and coders
  - mapping to/from ICD-9-CM and ICD-10
- Would not support further delay of ICD-10 implementation beyond October 2014
- Believe that proposals to ‘skip’ ICD-10 and await ICD-11 are ill-advised at this time
  - the technical difficulties in transitioning directly from ICD-9-CM to ICD-11
  - a US Clinical Modification for ICD-11 (if needed) will not be available until 2020 or 2021
Part 3: 2012 AMIA Hill—in Case They Ask

What is Comparative Effectiveness Research (CER)?
- Comparative effectiveness research is essential to improving healthcare delivery and quality while monitoring costs.
- Hospitals and healthcare organizations need to be encouraged to use extant data from EHRs to improve quality and care delivery through evaluation of current processes and comparison of different diagnostic procedures, therapies and work flows.

What is Health Information Exchange (HIE)?
- Health information exchange is the transfer of personal health information across organizations to insure that healthcare providers have access to all of the relevant information essential to high quality care.
- Without access to an individual’s complete health information, healthcare providers will be unable to make appropriate diagnoses or management decisions.

Why do we need Biomedical Research and Clinical Trials?
- Researchers must have access to patient-specific data to both identify potential candidates and exclude certain candidates based on confounding health issues.
- Clinical Translational and Science Awards (CTSA) help identify patients with specific medical conditions who are candidates for clinical trials.

Why do we need Health Services Research?
- Health services research differs from clinical care and clinical research in that it focuses on processes of care and effectiveness rather than the individual patient or illness.
- Access to patient data is essential, as is making sure proper protections follow the data.

Why do we need Public Health, Prevention, and Monitoring?
- Insuring the health of the public requires the monitoring emerging infectious diseases and reportable conditions.
- The information that enables public health interventions should be protected, and covered entities should be clear that such public health uses and disclosures are permitted. Data for public health research parallels that for general biomedical research.

About AMIA
AMIA is the center of action for more than 4,000 health care professionals, informatics researchers and thought leaders in biomedicine, health care and science. AMIA is an unbiased, authoritative source within the informatics community and the health care industry. AMIA and its members are transforming health care through trusted science, education and practice in biomedical and health informatics.

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