Personalized Itinerary Planner and Abstract Book

AMIA 2013 Annual Symposium
November 15 - 20, 2013

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Monday, November 18, 2013

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<tr>
<th>Time</th>
<th>Session Info</th>
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<tbody>
<tr>
<td>10:30 AM-12:00 PM</td>
<td><strong>S14: Panel - Insights from the Implementation Forums Discussions:</strong> What Thirty Percent of AMIA Members Say about HIT Implementation and Use</td>
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<tr>
<td>10:30 AM-12:00 PM</td>
<td>(Conflict) Insights from the Implementation Forum’s Discussions: What Thirty Percent of AMIA Members Say about HIT Implementation and Use</td>
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<tr>
<td>10:30 AM-12:00 PM</td>
<td>B. Kaplan; R. Koppel; C. Kuziemsky; K. Ravvaz; H.J. Sobko; M.B. Adams</td>
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<tr>
<td>10:30 AM-12:00 PM</td>
<td><strong>S17: Panel - Informatics Careers in Industry:</strong> What Creates Business Value?</td>
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<td>8:00 PM-10:00 PM</td>
<td><strong>Student Working Group Meeting</strong></td>
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Tuesday, November 19, 2013

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<tr>
<th>Time</th>
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<tr>
<td>10:30 AM-12:00 PM</td>
<td><strong>PP5: President's Picks - Preparing the Health IT Workforce of the Future</strong></td>
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<tr>
<td>10:30 AM-12:00 PM</td>
<td>Preparing the Health IT Workforce of the Future J. Murphy; W.R. Hersh; N. Morganti; P. Grundy</td>
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<td>10:30 AM-12:00 PM</td>
<td><strong>S51: Papers - Case Studies to Improve HIT</strong></td>
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<td>10:30 AM-12:00 PM</td>
<td>Gap Analysis of Biomedical Informatics Graduate Education Competencies A.L. Ritko; M. Odlum</td>
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<tr>
<td>1:45 PM-3:15 PM</td>
<td>International Ballroom West (Washington Hilton)</td>
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<tr>
<td>1:45 PM-3:15 PM</td>
<td>International Ballroom Center (Washington Hilton)</td>
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Wednesday, November 20, 2013

You have nothing scheduled for this day
Insights from the Implementation Forum’s Discussions: What Thirty Percent of AMIA Members Say about HIT

Implementation and Use

B. Kaplan; 1  R. Koppel; 2  C. Kuziemsky; 3  K. Ravvaz; 4  H. J. Sobko; 5  M. B. Adams; 6

1. Yale Center for Medical Informatics, Yale University, New Haven, CT, United States.
2. Department of Sociology, University of Pennsylvania, Philadelphia, PA, United States.
3. Telfer School of Management, University of Ottawa, Ottawa, ON, Canada.
4. School of Public Health, University of Wisconsin-Milwaukee, Milwaukee, WI, United States.
5. Department of Preventive Medicine, University of Alabama at Birmingham, Birmingham, AL, United States.
6. Duke Center for Health Informatics, Duke University, Durham, NC, United States.

Abstract: Over 30% of AMIA’s members are part of the Implementation listserv. Since its inception in September, 2012, members have ardently discussed, debated, and shared wisdom about implementation and HIT. This unique, cross-working group listserv was formed to reduce redundant postings generated by the CIS, ELSI, Evaluation, and POI Working Groups’ listservs. The mega-discussion about implementation addresses barriers, challenges, and lessons learned about implementing HIT, as well as ways to maximize adoption and to make “meaningful use” meaningfully useful. Listserv participants confront what is well understood and what is not, disseminate knowledge, and suggest research agendas to inform practice and policy. The listserv reflects AMIA members’ systematic and rigorous thinking about implementation issues.

Panelists will discuss themes and knowledge emerging from listserv content, focusing on five salient areas: education, HIT integration with workflow, pros and cons of current systems, nursing perspectives, and user experiences (including ethical concerns). They will present examples of how listserv participants are informing AMIA’s membership about their experiences with HIT; and the challenges, successes and lessons learned. Panelists are current or former working group chairs and informatics thought leaders who make up AMIA’s Implementation Forum Steering Committee (with John Holmes, Gilad Kuperman, and Donald Schnader).
Informatics Careers in Industry: What Creates Business Value?

A. Kamau;1 M. Cantor;2 H. Cao;3 H. Wei;4
1. Anolinx, Inc., Salt Lake City, UT, United States.
2. CII, Pfizer, Inc., New York, NY, United States.

Abstract: Because of its multi-disciplinary nature, informatics is a field with applications in a variety of settings. Increasingly, industry is seeing the value of informatics training and hiring graduates and professionals in a variety of roles. Experience in informatics also provides the network and capabilities of a more entrepreneurial bent. Above all, in industry there is no one specific pathway to getting hired. This panel will draw on the diverse backgrounds and experience of the panelists to explain 1) how they arrived at their current positions and 2) how their informatics training and experience provides value to their companies.
Preparing the Health IT Workforce of the Future

J. Murphy; 4; W. R. Hersh; 1; N. Morganti; 2, 5; P. Grundy; 3;
1. Oregon Health & Science University, Portland, OR, United States.
2. Midwest Community College Health IT Consortium, Cleveland, OH, United States.
3. IBM Healthcare, New York, NY, United States.
4. ONC, Washington, DC, United States.
5. Cuyahoga Community College, Cleveland, OH, United States.

Abstract Body: Health IT implementation thus far has focused on electronic data capture and information exchange; we are only beginning to understand the power of health IT as a tool to truly transform our health care system. So as we grapple with clinical and payment reform models like patient-entered medical home (PCMH) and accountable care organizations (ACO), it is important to not only understand the role of IT when implementing these models in care settings, but also to consider the changes required for preparing our future health IT workforce. Panelists will address these changes, as well as describe the importance of incorporating topics such as patient engagement, inter-collaboratory practice and big data analytics into health IT training.
Abstract: Graduate training in biomedical informatics (BMI) is evolving rapidly. BMI graduate programs differ in informatics domain, delivery method, degrees granted, as well as breadth and depth of curricula competencies. Using the current American Medical Informatics Association (AMIA) definition of BMI core competencies as a framework, we identified and labeled course offerings within graduate programs. From our qualitative analysis, gaps between defined competencies and curricula emerged. Topics missing from existing graduate curricula include community health, translational and clinical research, knowledge representation, data mining, communication and evidence-based practice.
Abstract: In the age of Meaningful Use, the career landscape for informatics students has expanded greatly. It is crucial that the next-generation informatics workforce is well-prepared for the diverse opportunities and the upcoming health information technology (HIT) trends. The AMIA Student Working Group proposes a “Career Panel” of informatics professionals that will offer perspectives and helpful advices to students on their career opportunities and professional development. This year’s panel will feature panelists from both academia and industry, and from different professional backgrounds (e.g., technical vs. clinical or health). Panelists will also discuss upcoming trends on HIT and informatics, and the implications of these trends on students’ careers. The panel will better prepare today’s informatics students for tomorrow’s workforce expectations, which will have a positive impact for the success of the informatics field in the future.
Providing an Optimal Educational Experience in Informatics: Moving Beyond the Curriculum

E. H. Shortliffe; 1, 2, 3;
1. New York Academy of Medicine, New York, NY, United States.
2. Arizona State University, Phoenix, AZ, United States.
3. Columbia University, New York, NY, United States.

Abstract Body: In this presentation, Dr. Shortliffe will summarize key lessons learned from his experience as an informatics training-program innovator at Stanford, Columbia, and Arizona State Universities. The focus will be on those elements of a training program that are less structured and that deal with the culture, professionalism, and survival skills of those who enter the field. There will be no discussion of the content of courses and the core skills that need to be acquired in the classroom. Dr. Shortliffe will argue that what happens in the classroom may have less to do with the quality and capabilities of the graduates than what they encounter in other aspects of the training program. Specific examples will be offered from the training programs mentioned, along with general principles that can help to guide the design of both existing and evolving training programs in the field.