

RI EOHHS Healthcare Workforce Transformation Committee
HWT Data Quality Reporting HIT 11/15/2016 (3:00 – 4:30 pm)
DLT Conference Room (73-1)

Facilitator: Rick Brooks

Presenter: Elaine Fontaine, Director of Data Quality and Analytics, *Rhode Island Quality Institute*

Prepared by: Cheryl Wojciechowski

Participants: Melody Song (RIALA), Siena Napoleon (RIDOH), Arleen Petersdorf (CareLink), Michael Walker (CareLink), Amy Zimmerman (EOHHS), Suzanne Herzberg (Brown Primary Care Transformation), Michael Beauregard (Perception Analysis Advisors), Nicole Hebert (RIPIN), Mariama Adekomaya (CareLink)

Agenda Item	Key Discussion Points
<p>Welcome & Introductions</p>	<p>Rick Brooks welcomed participants and provided background on today’s subcommittee meeting. The full HWT Committee met on October 7th to begin to plan strategies to transform Rhode Island’s healthcare workforce development system. Elizabeth Roberts, Secretary, EOHHS, Nicole Alexander-Scott, MD, MPH, Director, DOH, Rebecca Boss, Acting Director, BHDDH, and Marti Rosenberg, Director, RI SIM Project each spoke to provide a sense of direction and the overarching goals derived from Reinvent MA and SIM.</p> <p>Seven HWT goals were extracted from that meeting:</p> <ol style="list-style-type: none"> 1. Primary Care 2. Behavioral Health: Practice & Integration 3. Social Determinants of Health/Cultural Competency & Diversity 4. Data Quality, Reporting & HIT 5. Community and Home-Based Care 6. Chronic Disease 7. Dental Care <p>This Data Quality, Reporting, and Health Information Technology subcommittee meeting is the fourth of the seven. The remaining three subcommittees will meet to discuss the other goals through December 1st and the full group will come together again on December 6th to develop concrete workforce development strategies with the likelihood of having the greatest impact and of being accomplished.</p>
<p>Issue Overview (Elaine Fontaine, Director of Data Quality and Analytics, <i>Rhode Island Quality Institute</i>)</p>	<p>Elaine gave a brief summary of her work in data analytics. Currently at RIQI, she described her main role as working to leverage data from HIEs to achieve the triple aim but also focuses on improving efficiency in the healthcare system. Previously, she held positions at UMass Memorial Healthcare, Neighborhood Health Plan of RI, and Miriam Hospital.</p> <p>Elaine acknowledged that we are in the midst of a massive transformation. She went on to say that in order to transform the healthcare system we actionable information leading to insight. And added that we cannot transform the system in</p>

	<p>the dark. She presented Gartner’s Analytics Maturity Model which illustrates this continuum (“what happened”, “why did it happen”, “what will happen”, and “how to make it happen”).</p> <p>Elaine listed the foundational skills needed in RI to move from data collection to insight in four categories and stressed that the piece we are missing is people with foundational data management skills (data profiling in particular).</p> <ol style="list-style-type: none"> 1. Acquire & Architect Data, Data Profiling, Data Governance: data architecture, entity relationship diagrams, data profiling, meta-data documentation, ETL job documentation, proactive, creative problem solver, judgement on scoping and sizing problems, understanding Data 2. Transform & Summarize Data: version control, SQL, in-line documentation, basics stats 3. Analyze & interpret data: SME, advanced stats, machine learning, predictive modeling, exquisite communication understand business questions and the unasked questions 4. Present Results: visual design, communication, subject matter exposure <p>A few questions were asked of Elaine: <i>Where do we find the people for these jobs?</i> Answers included:</p> <ul style="list-style-type: none"> ▪ Master’s in Public Health and Epidemiology though analyzing data for health improvement is different than epidemiology. Math majors with on-the-job training ▪ Master’s in Health Informatics ▪ A number of online programs. ▪ Some engineers such as RIQI data scientist that is trained as an engineer. ▪ Biostatistics. ▪ Those with a clinical background and analytic mindset. ▪ It is critical to embed analytic skills curricula into healthcare fields of study. <p><i>To what extent do direct care healthcare workers need some HIT skills?</i> The group agreed this is an important piece.</p> <p><i>To what extent are we looking to educate students better and to what extent are we looking to retrain or provide continuing education for those already in the workforce?</i> Workforce training is needed to help folks see the data and see the trends both in colleges and training programs and for those already in the workforce.</p>
<p>Large Group Discussion of Workforce Strategies</p>	<p>The group discussed proposed workforce strategies in a large group rather than breaking into small groups. The discussion included:</p>

	<ul style="list-style-type: none"> ▪ It would be helpful for providers to learn about health policy. The Brown Medical School curriculum is moving in this direction but is not fully there yet. ▪ HIT is different than healthcare analytics so we need to differentiate the two as we discuss healthcare workforce transformation issues. ▪ In response to, “How does your organization manage this issue?”: interested in collecting data; URI and RIC are working on embedding this in their nursing curriculum; CareLink sees a knowledge gap and they have seen outcomes increase by educating CNAs. ▪ In response to a question about how to increase skills in the existing workforce: need to investigate what happened to the online certification courses focused on adoption and use of EHRs and the outcomes from these programs; billing and coding professional are in demand and the RI Health Information Management Society may be a resource; need more training for clinicians on how to input data properly and the importance of understanding how to document properly; ▪ RIPIN is interested in gathering more quantitatively data on outcomes of CHWs. ▪ The question was asked, “Can data governance be a required topic CMEs/CEUs in certain areas or should this just be made available?”. The group agreed this should be explored. This is sporadically offered for nursing. ▪ The question was asked, “What might we do to strengthen the higher education programs that we have to connect them more to providers or organizations like RIQI?”. Answers included: adequate internship opportunities; curricula that is “based in real the world”; Brown offers an undergraduate degree in public health; It would be useful to inventory college classes that are required in the state and CEU requirements; RIC bachelor’s in Health Administration; it is important to educate students about what career paths available to them after graduating with a particular degree. ▪ This is not just a Health IT or policy problem, students don’t have adequate numeracy skills, critical thinking skills, and basic skills in how to think about data (evaluation of data). ▪ Provide guidance counselors/job counselors with information about data analytics and HIT workforce gaps in RI so they can steer students into these career paths. ▪ The question was asked, “Is there a way to partner with healthcare IT employers to create intensive training for those with “unconventional talent”?”. This has worked in the tech industry. This may work with entry level data analysts but not the more advanced levels. We could explore the possibility of hands on training in lieu of a degree for entry level positions ▪ Piece missing is the provider perspective.
Next Steps	Rick Brooks thanked participants for their time and input and reminded the group that there will be three other subcommittees through December 1 st and that the next large HWT Committee meeting will be on December 6 th .