NHIT Collaborative: HIMMS18
Workforce Panel
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Workforce: Thought Questions

- What competencies & roles are needed to advance HIT use in underserved populations?

- How can we create opportunities for underserved communities to participate?

- What resources can be leveraged/created?
HIT - Changing Fast

- New regulations, requirements, etc.
  - MIPS?, PCMH, ACA evolution, ...

- New organizational types
  - ACOs, HIEs, IPAs, e-referral, networks, etc.

- New clinical & administrative workflows
  - Including cross-organizational workflows

- IT evolution
  - Much more data (eventually petabytes) to manage
  - New types of analysis required (pop health, “Big Data” etc.)
  - Even newer technologies
    - natural language, machine learning, predictive modeling etc.

- List is constantly changing

- Workforce must evolve to use HIT for best care
Competencies & Roles

- There will be several competencies that will be essential in the next 0-4 years (Note: 0 means now...)
- Primary driver is the need for better outcomes & improved systems of care that will drive information needs & usage as well as interaction models
  - All CHCs & most other healthcare organizations have a good deal of investment in community programs, but as with Population Health, we’re looking at a different scope & level of effort here.
  - Focus of population health programs is not related to regulations &/or payer models but to actually improving the trends in health outcomes for populations - requires planning, goal setting, community engagement, analytics, intervention & community feedback
In addition are those areas associated with information & analytics:

- Analytics will become the primary way to deal with data. Data Scientist & Chief Analytics Officer will become important.
  - Analytics will change the relationship between healthcare organizations & the communities they are located in as population health becomes more important.
- Ability to understand & manage much larger amounts of data.
  - CHCs typically have multiple GBs (up to 100) of data, PCAs have 2-4 TBs, Public hospitals often have 8-10 times as much.
  - In the next several years these number will triple, in 10 years organizations will have PBs of data. Infrastructure & the roles & competencies around data management will need to change.
Roles needed within the next 3 years:

- **Community Interaction Officer** - relations with the local community will become even more important over this time, many CHCs already have this role, planning & leading group & individual community interactions wrt collection of SDoT & related programs, clinical programs etc.

- **Chief Data/Analytics Officer** - more data (up to petabytes in 5 years), new storage & usage modalities (distributed file systems, more analytics different analysis types), Machine learning; strategies for alignment of data & analytics with organizational strategy

- **Population Health Officer** - works closely with Community Interaction Officer, planning & execution of pop health projects to further understanding & of larger scale trends leading to improvement of group & individual outcomes, i.e. population health in the large
Creating Opportunities

- **Emphasis on community interaction & population health creates opportunities for community involvement**
  - Broader scope of population health means community members can be recruited as resources for interaction & pop health efforts, cohorts recruited with specific interests &/or capabilities to be used in multiple projects
  - Community members could be recruited to fill Community Interaction Officer role, some people in the community will certainly have these skills

- **Conjunction of Analytics & Population Health creates opportunities for new ways of providing group & individual care**
  - Healthcare organizations can plan & provide better levels of individual & group care by focusing on the alignment of these areas
  - All people in the CHC, or any healthcare organization need to have a level of data awareness & a feeling of responsibility for the use of data aligned with the strategic goals of the organization. Data can not be the exclusive responsibility of the IT group.
Resources

- Culture shift requires a skills shift & therefore a resource shift
- People across the organization need to develop new competencies in data awareness, information use & community engagement
- In addition, new resources & existing resource will be used in new ways:
  - People in the community as resources as well as community based data & expertise sources
  - Public information sources
  - Local community colleges & universities
  - Local non-profits
  - Local businesses that commit to social programs
  - Local, State & Federal government
Thank You

Please feel free to contact us for more information

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