

# Update 2018

DOUG FRIDSMA, MD, PHD
PRESIDENT & CEO, AMIA



# Clinical Informatics Board Update



## Changes at ABPM

- Chris Ondrula, new executive director
- Update to the CI examination
  - AMIA is conducting a practice analysis to update the examination



# Ongoing challenges

- Addiction Medicine is a potential distraction
- Governance remains a problem
  - No Clinical Informatics representation at the board level
  - Resignation of Chris Lehman

AMIA is working with both ABPM and ABMS



# Clinical Informatics Diplomates



## Total Diplomates and MOC-II

Approximately 1700 since 2014, first year of certification

# Totals: 13,142 credits earned since MOC-II program inception

Activity	# MOC-II credits awarded
CIC 2018	1136 credits by 84 diplomates
AMIA 2017	3487.5 credits by 200 diplomates
iHealth 2017	727 credits by 61 diplomates
AMIA 2016	3093 credits by 193 diplomates
iHealth 2016	571 credits by 60 diplomates
AMIA 2015	2886 credits by 191 diplomates
iHealth 2015	196 credits by 35 diplomates
AMIA 2014	1045.5 credits by 100 diplomates

With the Learning Management system, more AMIA MOC-II will move to online resources



# FAMIA Professional Recognition Program



# Board Charge

It is moved that AMIA develop a recognition program (i.e. designation of members as Fellows of AMIA) for members who apply informatics skills and knowledge within their professional setting, who have demonstrated professional achievement and leadership, and who have a sustained commitment to the betterment of AMIA. These individuals practice in applied settings, and use informatics skills and knowledge to improve health and health care.



# Process & Players

#### **Process**

- Established an Advisory Group of 11
  - Inclusive of:
    - CICOP
    - CIPD
    - ACMI
    - ACIF
    - NIWG
    - BoD
    - CRI and
    - Public Health



# Advisory Group Members

Name	Affiliation
Jeff Nielson	Northeast Ohio Medical University
Lisa Masson	Cedars Sinai
Lipika Samal	Brigham and Women's Hospital
Bruce Levy	Geisinger
Mark Zhang	Partners Healthcare
Karen Monsen	University of Minnesota
Sarah Collins	Columbia
Deborah Ariosto	Vanderbilt
Dean Sittig	UTHealth Health Science Center at Houston
Catherine Staes	University of Utah
Justin Starren	Northwestern



# Eligibility Categories Overview

- 1. Education
- Certification
- 3. Experience
- Letter of Recommendation
- 5. AMIA Membership
- 6. AMIA Engagement
- 7. Future Commitments



#### Education

Advanced healthcare degree, including:

- MD/DO;
- SSN;
- DNP;
- PharmD;
- OPH;
- Etc.

Advanced informatics degree, including:

MS or PhD



#### Certification

# Completion of approved informatics Certification

- ABPM / ABPath Clinical Informatics;
- ANCC Nursing Informatics

- AHIC expected 2019
- Other certifications may be included in subsequent years (e.g. imaging informatics)



## Experience

Worked in a position that has >25% informatics for at least 2 years after completion of education, making meaningful contributions.



# Long-Term Experience Pathway

For applicants who do not have an informatics certification:

• 10 years at >25% informatics experience, or equivalent

Narrative explaining how individuals have impacted:

- Patients or individuals through informatics initiatives designed to enhance health care, population health, or personal health;
- Health systems and/or organizations through informatics initiatives designed to enhance performance and learning;
- Technology that promotes better health and health care; and
- System or team effectiveness by leading and managing health informatics change.

Five-year window of availability to allow for AHIC to launch



#### Letter of Recommendation

Letter of recommendation from fellowship director (for fellowship graduates) or professional informatics colleague



# AMIA Membership

Current member with history of membership for at least 3 years (within last 5)



## AMIA Engagement

# At least one contribution to AMIA from the list below (within last 5 years)

- In-person presentation of a paper, poster, panel, tutorial, or other academic contribution at an AMIA meeting;
- Publish a paper in an AMIA-endorsed journal; or
- Participation on an AMIA committee, task force or equivalent
- Leadership in AMIA Working Group
- Other contribution by petition



#### **Future Commitments**

- 1. Commitment to maintain Certification requirements;
- 2. Commitment to maintain AMIA membership;
- 3. Commitment to meet minimum participation requirements (TBD); and
- 4. Commitment to follow the AMIA Code of Ethics and Professional Conduct



# Steps Beyond Eligibility

#### **BoD Approval**

- ✓ Eligibility criteria
- ✓ Naming Convention

#### **Establish Review Process**

- Online application
- Timeline

#### Establish Governance Body

Manage updates and complaints



## Review Process: Online Application

#### Areas for input:

- Documentation requirements
  - Diploma versus transcript
  - Certificate
  - ° CV / Resume
- ICQ Evaluation
  - Applicant form
  - Evaluation schema



### FAMIA Timeline

Application Period Opens (July 1) Application Period Closes (Aug. 30)

Review Closes (Sept. 28) FAMIA
Applications
Notified (Oct.
12)

FAMIA
Announcement
(Annual
Symposium)

FAMIA Induction Ceremony (CIC19)



# Learning Management System



## Learning Management System

- Members want online educational resources
  - CME, MOC, podcasts, online resources
  - CIBRC course now online
  - Clinical Informatics Fellows podcasts, additional resources for informatics practitioners to be added over the next few months

https://education.amia.org/

# Clinical Informatics Board Review Course



Extension to the practice pathway has given more time for practitioners to put together application

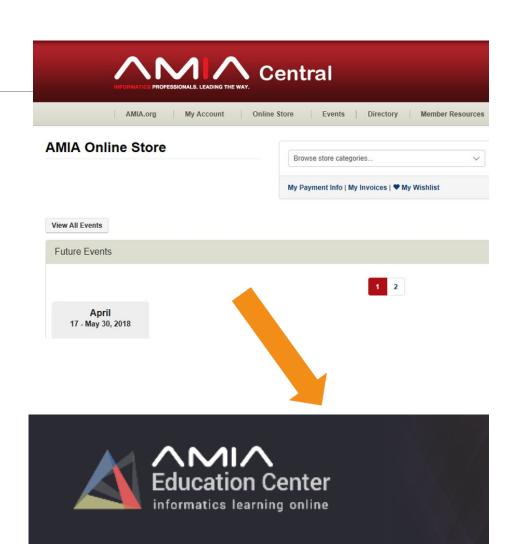
Online resources available on <a href="http://education.amia.org">http://education.amia.org</a>

https://www.amia.org/clinical-informatics-board-review-course

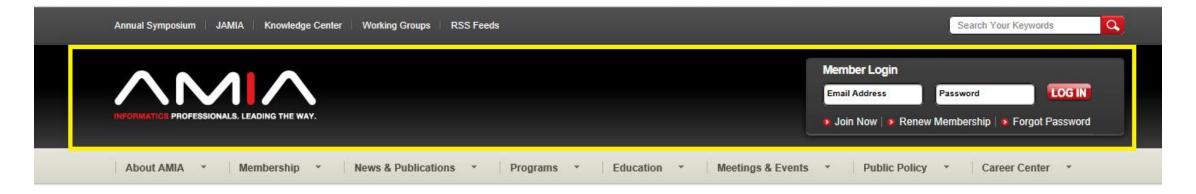
Next course is September 14-16, 2018

#### How it works

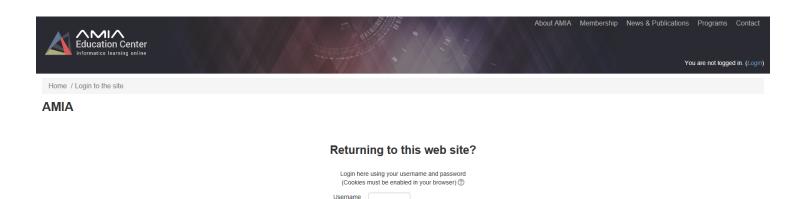
- Purchased AMIA Education
   Product (CIBRC)
- Purchase confirmation provides
   link to Education Center Portal



# SSO between AMIA Central Portal and AMIA Education Center



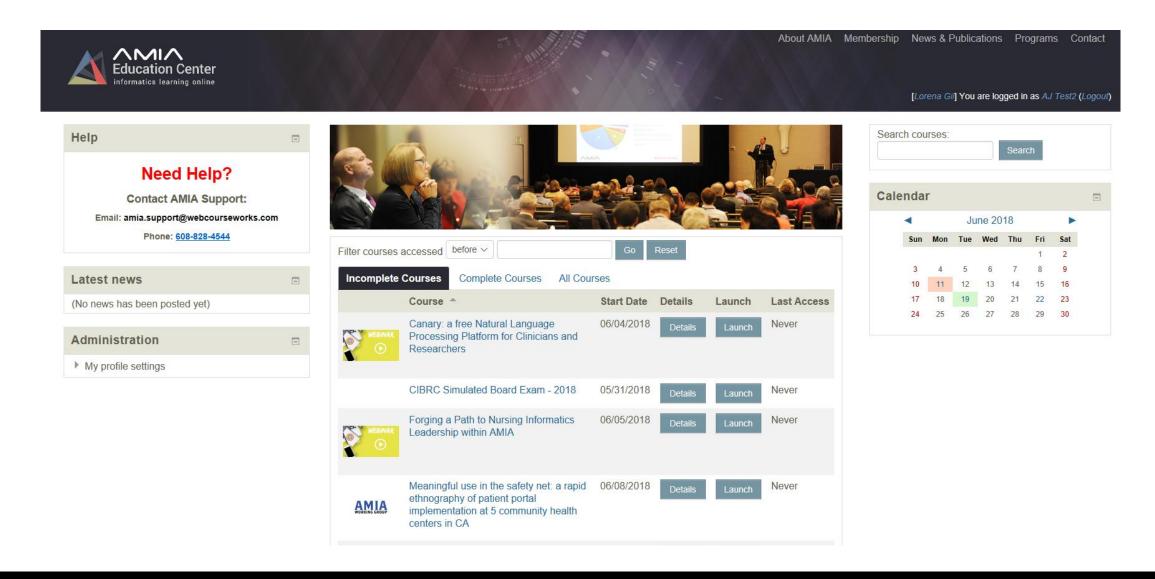
- Each time you use the education activity purchased you will be prompted to login
- AMIA members can your AMIA.org Login



☐ Remember username
Forgotten your password? | Forgotten your username?

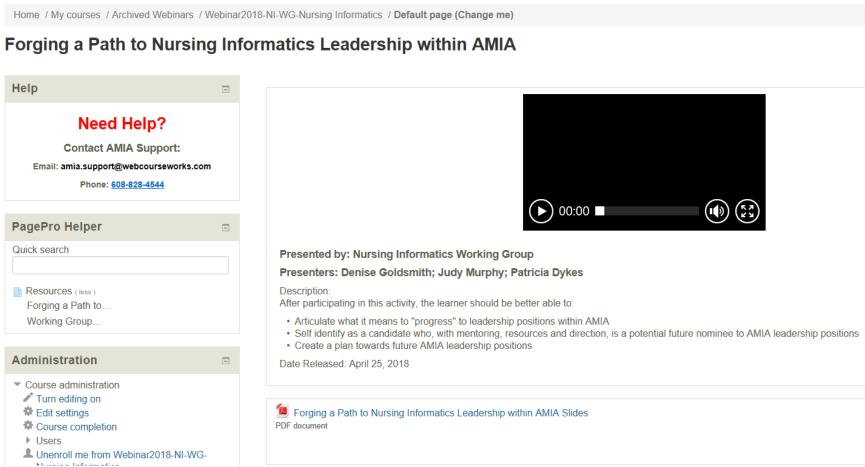
Some courses may allow quest access

#### Welcome to AMIA Education Center

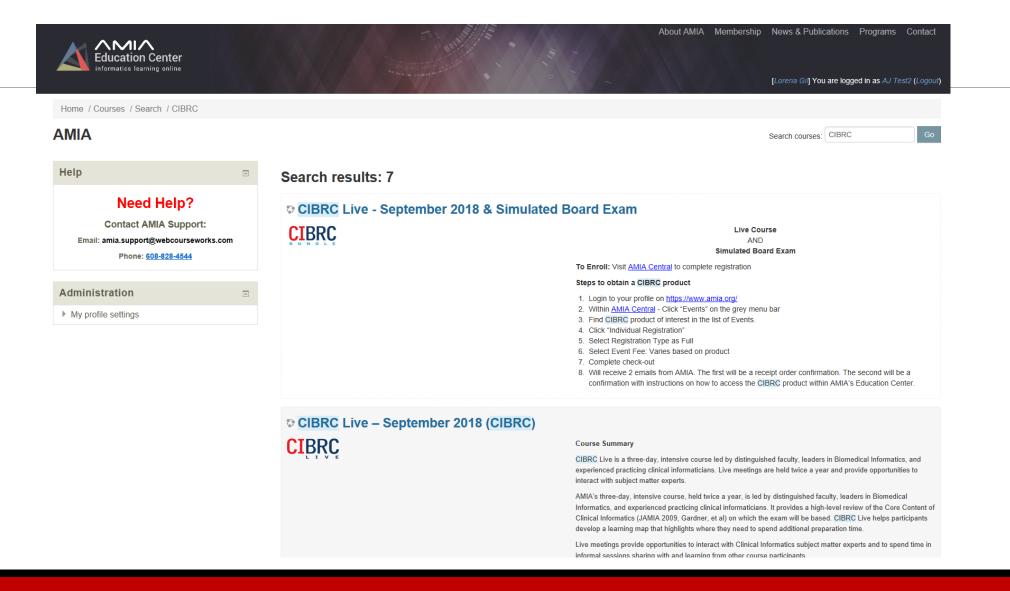


#### AMIA Education Center – Webinar View





#### AMIA Education Center – CIBRC





# Policy Engagement



#### MU Gets a Face-Lift

Renaming the Medicare and Medicaid EHR Incentive Programs, aka Meaningful Use to the "Promoting Interoperability (PI) Programs"

2015 Edition CEHRT Required in 2019

90 Day EHR Reporting Period Continues through 2020

New Stage 3 Scoring Methodology Provides New Flexibility

RFIs on Future Direction of EHR programs, Changes to Conditions of Participation and Quality Measurement



# MU gets a facelift

#### 2015 Edition CEHRT Required in 2019

 Enhanced interoperability capabilities, including open APIs and Common Clinical Data Set

#### 90 Day EHR Reporting Period Continues through 2020

New Stage 3 Scoring Methodology Provides New Flexibility

- Eliminates "all or nothing" provision (new flexibility afforded by Congress in Budget Act of 2018)
- Performance-based versus threshold scoring (ala MIPS ACI)
- Max PI score: 100; Need 50 to be considered "meaningful user" and avoid penalty



## Programmatic changes

#### CMS Open to PI Program Flexibility

- Fewer measures down from 16 to 6
- In-measure flexibility use of any CCDA document template for transitions / referrals / summary of care
- Two new opioids measures
- Considering broader shift to "health It activities"
  - Alternatives to program measures, ala participation in TEFCA or participation in "bulk data" pilot using production APIs and FHIR

# CMS Looking to Leverage Conditions of Participation to Push data availability and exchange

- Provider-to-Provider
- Provider-to-Patient

# Measurement Changes



Objectives	Measures	Maximum Points
e-Prescribing	e-Prescribing	10 points
	Bonus: Query of Prescription Drug Monitoring	5 points bonus
	Program (PDMP)	
	Bonus: Verify Opioid Treatment Agreement	5 points bonus
<b>Health Information</b>	Support Electronic Referral Loops by Sending	20 points
Exchange	Health Information	
	Support Electronic Referral Loops by Receiving	20 points
	and Incorporating Health Information	
<b>Provider to Patient</b>	Provide Patients Electronic Access to Their Health Information	40 points
Exchange		
Public Health and	Syndromic Surveillance Reporting (Required)	10 points
<b>Clinical Data</b>		
Exchange	Choose one or more additional:	
	Immunization Registry Reporting	
	Electronic Case Reporting	
	Public Health Registry Reporting	
	Clinical Data Registry Reporting	
	Electronic Reportable Laboratory Result Reporting	



#### Questions that we ask

How do we change the power dynamics in public policies?

- Responsibility is with the physician, but the money (and control) flows to the vendors
- Pressure to improve usability only works if you have leverage (ie, I can move my system or practice to some better system)
- •Information blocking -- will physicians be required to pay? Is this another method to extract more money from the health care system?



## Engagement with Agencies

- FDA network of experts (federal member)
- CMS, CDC engagement
- Active responses to proposed rules and information requests
- •If you're in DC, we can help arrange visits on the hill, etc
- Subscribe to the Washington Download
  - <a href="https://www.amia.org/news-and-publications/washington-download">https://www.amia.org/news-and-publications/washington-download</a>

