New Jersey State Employment and Training Commission
Health Care Workforce Council
NJ Department of Labor Building, Trenton
September 16, 2011

MINUTES

I. Welcome and Opening Remarks: Michele Horst, Executive Director, State Employment and Training Commission.

The meeting was called to order at 9:35 am by Michele Horst. Chairman Robert Wise was not able to be present at this meeting. The minutes of August 22, 2011 were approved without revision.

Jeannie Cimiotti was welcomed as a new Council member. Ms. Cimiotti is the new executive director of the New Jersey Collaborative Center for Nursing. Geri Dickson, who is retiring as the Center's executive director, has agreed continue to participate on the Council. The HCWC is fortunate to have the expertise, leadership and scholarship of both Ms. Cimiotti and Ms. Dickson.

David Finegold introduced and welcomed Sidney Seligman as a new Council member. Mr. Seligman is a long-time partner of Rutgers and serves on the State Advisory Council. As the Senior Vice President of Human Resources at Saint Barnabas Health Care System, one of the largest health care employers in the state, Mr. Seligman brings an important and welcome perspective to the Council.

Susan Schurman introduced Sandra Lopacki, the new coordinator of the New Jersey Health Care Talent Network, and welcomed her to the Council. Ms. Lopacki received a Master's degree in Public Health from the Kennedy School and has a diverse and impressive background as a clinical speech pathologist, working on health care initiatives at the Robert Wood Johnson Foundation, and as a consultant on public health projects. The Council looks forward to working closely with Ms. Lopacki on the Talent Network Grant.

Roundtable introductions were made.

II. New Jersey Health Information Technology: Connecting Patients to a Greater State of Health: Colleen Woods, Health Information Technology Coordinator, State of New Jersey - Office of the Governor. (PowerPoint attached.)

Ms. Woods discussed the workforce needs and employment opportunities that will be created as a result of the State's implementation of Electronic Health Records (EHR). Ms. Woods joined the New Jersey Health Information Technology (HIT) project a year ago.

The Health Information Technology for Economic and Clinical Health (HITECH) Act is part of the federal ARRA bill. The purpose of HITECH is to improve the quality of health care and to reduce health care costs. The HITECH Act is also expected to create new jobs. New Jersey is ranked #4 in the country for new jobs in Health Information Technology. There are currently six regional efforts making connections to hospitals, home health, Federally Qualified Health Centers (FQHC), and doctors' offices, with a goal to provide one view of a patient's medical records to achieve an integrated delivery network of health care services.

The NJ HIT program consists of seven phases over four years. The first two phases - strategy and planning - have been completed and included an assessment of New Jersey's technological resources, stakeholder outreach, and partnership development with the ultimate goal of enabling the creation of a Statewide Health Information Exchange. Forty-two of New Jersey's 73 hospitals are now connected to the NJ health information exchange.

As physicians adopt Electronic Health Records, they will be joining the state system. The NJ Health Information Network (HIN) will provide shared services so that a health care provider can access a patient's records through a secure network. This part of the system is being developed deliberately and slowly because of its complicated nature and the sensitivity of medical information.

The HIT steering committee has selected five sets of data expected to yield immediate value: transmitting medication history in the emergency department (expected to be running in 2012); immunization data from the NJ Health and Senior Services data base; lab and radiology results (important to the physician, but also incurring the highest cost and redundancy); transition of care (including discharge summaries of acute care stays to assure continuity of care); and providing an electronic format for physicians who will not have EHR systems in their practices. The HIT Office and SETC have met to discuss the evolution of health information technology occupations. The process of gathering HIT statistics has begun, including baseline workforce statistics and projected needs. Connecting the people trained in the various HIT educational programs with jobs is the goal of the HIT and SETC collaboration. Ms. Woods shared the expectation that jobs will not be lost with the adoption of EHR, rather jobs will shift and there will be a net job gain overall. She noted that the NJ HI-TEC grant has resources to train incumbent workers, including clinical staff.

Ms. Woods presented the scope and timeline of the project and an overview of the funding and legal frameworks of EHR. New Jersey was also awarded $3M to focus on HIT curriculum. Students are currently enrolled HIT training programs and more are being enrolled. Ms. Woods pointed out that to qualify for training, students must have prior experience in either technology or health care fields, or both. Students enrolled are generally unemployed, but experienced in their fields. Current jobs include opportunities with doctors' offices to working with the State Health Information Exchange and the regional exchanges. In addition to new HIT roles, the changing roles of health care personnel were discussed, including the behavioral shifts that the implementation of EHR will require.

A Council member shared that her long-term care facility has hired an intern from the NJ HI-TEC program as they start to implement EHR in October.

The question was asked if nursing HIT data will be looked at in the aggregate or if Advanced Practice Nurses (APNs) will be considered as a group. Ms. Woods responded that APN and Physician Assistant data will be carefully considered. Investments are being made in nursing by meeting with nurses to discuss building the technological infrastructure. The NJ Chapter of the Health Information Management System Society (NJ HIMSS) has a nurses' group because of the value clinical professionals lend in making successful transitions to EHR. The collaborative efforts of practitioners and clinical staff were discussed and the importance of integrating "real life" experience into technological advances.

Ms. Woods' responded to a question about how technological skills will be transmitted to students, explaining that students are currently being trained in EHR in residency programs and nursing programs and are graduating from these programs with technological competencies.

Ms. Woods explained that hospitals and Federally Qualified Health Centers have their own electronic systems, but private practitioners will need help in accessing electronic information. There are federal incentives to assist this process.

Members discussed how electronic systems can help by producing constant updates on staffing levels, including nurse acuity systems and emergency department monitoring systems that can detect emerging problems using patient data input. New systems are coming out faster than ever before to improve functionality and assist providers in meeting the goal of "meaningful use."

A question was raised about the new reality of the health care workforce, and what it will look like in five years. Ms. Woods' response was that by 2014 if a health care organization has not adopted EHR there will be penalties. The new reality for the patient will be that physician or emergency departments will be able to instantly access his or her history. Getting to this point may take five to ten years, but it is the goal. The potential for analyzing the information collected on patients for the public health goals of managing chronic disease was discussed. Also, raised was the potential for using personal genetic information.

Asked how interoperability will be gained with all the different electronic systems, Ms. Woods explained that there is strong collaboration between health care systems to integrate and normalize systems' communication and the sharing of information.

The role of payer data was raised and discussed. A member shared that that from a payer's perspective where a patient has been is often known and insurance data isn't tapped into enough. Ms. Woods agreed and explained that HIT is now using Medicaid claims data and it is hoped to be able to leverage this in the future. Conversations are also ongoing about partnering with commercial insurance companies.

III. Workforce Development and Implementation of Health Information Technology: Glen Mamary, Chief Information Officer, Hunterdon Health System. (PowerPoint attached.)

Mr. Mamary presented an overview of Hunterdon Health Care's HIT system including the recourses available to help others build their electronic capability. Mr. Mamary emphasized that the challenge is connecting all the different parts of the health care system electronically. He also emphasized that technology must assist clinicians, not slow them down.

Qualities that are needed for a good HIT professional include the ability to communicate, approachability, advocacy for clinicians, respect from peers, and to possess good project management skills and basic computer skills. There are currently job postings on the national Health Information Management Systems Society (HIMSS) website.

Mr. Mamary was asked how involved he was with robotics. He answered that Hunterdon is interested in anything that is automated and has robotic fill machines in pharmacies and automated medication cabinets on the floors.

In response to the question of how the workforce is trained when there is no down-time allowed, Mr. Mamary responded that he runs training classes and has clinical informatics nurses on all three shifts. In the first three days of "go live" there is extra coverage and informatics staff available at all times. Listening to the needs of clinical staff and being available to answer questions and solve immediate issues is paramount to successful implementation.

It was noted that at some point the information in the EHR system will inform what the workforce ought to look like and that this information needs to be connected to the Department of Labor and Workforce Development. The information will help in understanding where inefficiencies may be. A second look at where the job opportunities will be, given all the technological changes, will be necessary. This information will help select areas for the Council's attention.

In summation, Mr. Mammary offered that a key issue is the need to have the people who work on the front lines in health care involved in implementing and conducting on-going evaluations of the technological systems used.

IV. Federally Qualified Health Center Challenges in Meeting Meaningful Use: Nina Robinson, EMR Project Coordinator, New Jersey Primary Care Association. **(**PowerPoint attached.)

Ms. Robinson presented how EHRs are set up under Medicaid and the incentive programs available from the federal government for providers who lead a Federally Qualified Health Center (FQHC) or rural health center. The purpose of meaningful use under the American Recovery and Reinvestment Act is to improve the quality of care and care coordination, also, to reduce disparity for underserved populations while maintaining the privacy and security of patient information. At

the present time, hospitals are required to submit quality data; in the future ambulatory services will have to do the same thing for the evaluation of services.

Ms. Robinson presented the federal criteria that must be met for Year One through Year Six of the EHR implementation process. The training, behavioral issues, operational issues, and communication chains that must be addressed when switching to EHR were presented. It was emphasized that a strategic data plan is important, including a work flow analysis. It is important to have "staff champions" who are doctors, nurses, receptionists, covering all job functions throughout the system. It is also important to provide a long enough learning curve and set up an electronic laboratory in which staff can become familiar with the system. The suggestion was made to have "super users" - staff who are motived to go electronic.

Throughout the three Council presentations the safety and security of data was cited as being of paramount importance. Breaches in in privacy in health care have occurred at great cost, both financially and for the reputation of the organization where the breach occurred.

The question was asked how many FQHCs are nurse-managed. Ms. Robinson responded that none are nurse managed and explained how FQHCs are organized.

Productivity drops about 35% during the implementation phase of EHR in FQHCs and lasts about a month. A member added that for 24-hour operations, there is a lot of overtime needed to implement EHR.

A NJ Primary Care Association staff person is working with the State EHR Committee to examine issues such as how patients and their families will use the system. Educating the patient not to opt out of EHR also is important.

It was observed that the EHR program is built in to the stimulus bill and the question was posed to the Council as to what this means for workforce development. Ms. Horst responded that the strategy of SETC is cross-sector; using a combination of Labor Planning and Analysis' information and information gathered from targeted employer groups for a more robust picture about what the future workforce might look like.

It was pointed out that health information technology titles were mentioned by the three presenters; these titles have not been seen before. It is important for the Labor Department to track these new jobs and for Higher Education to track what schools are doing to understand the skills needed to transition from the old "paper world" to the new electronic world. Educators need to understand these new positions.

Another member suggested thinking of health IT as "it takes a village" – health care is now more than the bedside nurse, rather it integrates all the support from other people working in health care and new technology, like robots. What is truly needed hasn't been clearly outlined yet, so we have to benchmark against measures to make sure we are training people for the right jobs.

It was added that new roles are emerging in health care as we move to Accountable Care Organizations; changing what an organization looks like, what the care team looks like, and the impact of IT. In this environment, it is difficult to say job "X" needs to be increased, because we don't know who will do that job.

A final comment was made by a member that health care is evolving and will continue to evolve. The industry is infamous for creating jobs on the fly and utilizing talented people in health care organizations to do those jobs. There is an opportunity to develop definitions of the new jobs, what skill sets will be required, and the educational requirements to acquire those skill sets. The Council should try to help get human resources, information technology, CEOs, and the NJ Labor Department to track data about who is doing this work and where they are coming from. The goal would be to connect the dots with the school systems. This "perfect storm" brings together the right people to come up with a profile to define the positions that are needed and the education that will be required.

V. Conclusion: Michele Horst.

The meeting was adjourned at 11:45 am.

Member Attendees – September 16, 2011

Bakewell-Sachs, Susan, Robert Wood Johnson Foundation, NJ Nursing Initiative
Barnard, Susan, Bergen Community College
Ceserano, Justine, NJ Primary Care Association (for Ms. Grant-Davis)
Cooper, Belinda, NJ Hospital Association (for Ms. Ryan)
Cimiotti, Jeannie, NJ Collaborating Center for Nursing
Dickson, Geri, PhD, RN (phone)
Dwyer, William, PSE&G Children's Specialized Hospital at New Brunswick (phone)
Egreczky, Dana, NJ Chamber of Commerce Foundation
Fichtner, Aaron, NJ Dept. of Labor and Workforce Development (for Commissioner Wirths)
Fillweber, Joanne, Johnson & Johnson
Finegold, David, Rutgers Lifelong Learning and Strategic Growth
Franzione, Anita, Parker Memorial Home, Inc.
Garlatti, Betsy, NJ Higher Education (phone)
Krepcio, Kathy, Heldrich Center for Workforce Development
Lamothe-Galette, Colette, NJ Dept. of Health and Senior Services (for Commissioner O'Dowd)
Moran, Janet, Camden County WIB
Orchard, Patricia, Horizon Blue Cross Blue Shield of New Jersey
Rosa, Robert, New Jersey Council of County Colleges (for Mr. Nespoli)
Schurman, Susan, School of Labor and Management Relations, Rutgers University
Seligman, Sidney, Saint Barnabas Health Care System
Shlimbaum, Terry, Phillips-Barber Family Health Center, Hunterdon Medical Center
Weaver, Kathy, Newark Alliance (phone)

Guest and Staff Attendees – September 16, 2011

Conway, Ashley, NJ State Employment and Training Commission
Ferdetta, Frank, NJ Dept. of Labor and Workforce Development
Harrington, Laurie, Heldrich Center for Workforce Development
Hempstead, Katherine, NJ Dept. of Health and Senior Services (phone)
Horst, Michele, NJ State Employment and Training Commission
Hutchison, Sheryl, NJ State Employment and Training Commission
Lopacki, Sandra, New Jersey Health Care Talent Network, Rutgers

Mamary, Glenn, Hunterdon Medical Center

Mertz, Lynn, Robert Wood Johnson Foundation, New Jersey Nursing Initiative

Robinson, Nina, NJ Primary Care Association

Timian, Jason, NJ Dept. of Labor and Workforce Development

Woods, Colleen, State of New Jersey - Office of the Governor