

QPSC Committee Meeting Notes		
1.28.2020		4:00PM EST
<b>Committee Chair/ Vice-Chair</b>	Dr. Nick Genes / Dr. Todd Taylor	
<b>Committee Attendees</b>	Jim Augustine, John Rogers, Christopher Alban, Jim McClay, JT Finnell, John Manning, Zach Jarou, Jeff Nielson, Emily Hayden, Bharat Sutariya, DJ Apakama	
<b>ACEP Staff Attendees</b>	Dhruv Sharma, Joseph Kennedy	
<b>Other Attendees</b>	N/A	
<b>Discussion</b>	<b>HIT Committee Inception/Launch</b>	
<p>The Health Innovation Technology (HIT) Committee is in its first year of work. Launching a new committee focused in health information, technology and innovation was an idea prompted by the HIT Summit conducted in July 2019 at ACEP's HQ in Irving, TX. At the conclusion of the HIT Summit, a whitepaper was created that presented potential deliverables and direction that ACEP could lead within the health IT space.</p> <p>During the build of the committee, we decided on 10 objectives to work on for the 2019-2020 year. 2019-2020 Objectives shared with committee via online display and Basecamp.</p> <p>The committee's objectives can be broken into ( ) major buckets of work:</p> <ol style="list-style-type: none"> <li>1. Understanding health information and innovation policy development and management, collaborating with other specialty societies and national committees, as well collaborating with other ACEP committees on those matters.</li> <li>2. Dissemination and education for ACEP members, online providers, directors, and informaticists to help provide optimizations, advice, and guidance regarding best practices of health information. Creating a dissemination method via ACEP publications and online to serve as resources.</li> <li>3. Having a technical expertise group relating to cutting edge technology around blockchain and interoperability.</li> </ol> <p>Some objectives have short-term implications and others serve as ongoing or long-term goals for the committee.</p>		
<b>Action Items</b>	<b>Person Responsible</b>	
None	N/A	
<b>Discussion</b>	<b>HIT Committee Work Plan for 2019-2020</b>	
<p>HIT Committee workplan reviewed and shared via online meeting share and stored on Basecamp.</p> <p>Workplan separates out objectives to subcommittees and it was discussed that each member review the subcommittee structure and notify leadership which subcommittee they are interested in serving on and if they would be willing to take lead of that subcommittee.</p> <p><b>Subcommittee 1 – Liaison to Federal Policy and Medical Societies</b></p> <p>There would be a benefit to create an org chart of Health IT connections both internally and externally to start fostering relationships, identify gaps, and create connections to know when there is something to respond to or collaborate on.</p> <p>There currently is prep work underway for LAC 2020 and 2021 to have Health IT as one of the discussion topics. We are putting together a Health IT panel and an official letter has been sent to Dr. Don Rucker, inviting him to speak and serve on the panel. Our committee will likely have a role in planning and developing questions for the panel.</p>		

Subcommittee 1 will have ad hoc responses to Health IT policies or legislation that may need rapid turn-around. The subcommittee will need to develop a method to coordinate efforts to meet the demand to ensure ACEP has a voice in HIT related policies.

Q: Could you elaborate on 'work with the American College of Radiology (ACR) on their AI infrastructure?

A: ACR has been developing an AI framework where individual radiologists or individual institutions could easily deploy AI for their own populations and avoid some problems of bias. We should learn about the program and consider our own disease detection algorithms or algorithms to predict decompensation or admission, etc. This could be deployed among our member EDs and then studied/measured for effectiveness. The committee should keep in mind that as machine interpretation becomes more prevalent, there is going to likely be a reduction in reimbursement. The committee will need to look at the intended and unintended consequences of these technologies.

### **Subcommittee 2 – Vendor Relations**

The purpose of this subcommittee is to work with EPIC, CERNER, MEDITECH, and the EHR Vendor Alliance to pull resources that can be shared and what new technologies are introduced by the vendors.

The committee leadership met with the Education Committee during Scientific Assembly in October to develop a Health IT track. The committee has informally offered two slots for the upcoming Scientific Assembly in 2020. One idea was to host an EHR Vendor Panel where ACEP members could hear from vendors, what efforts they are engaged in that in turn helps the emergency medicine specialty.

- Developing the session will be a high priority of this subcommittee

### **Subcommittee 3 – Education/Dissemination**

Members of this subcommittee will be working closely with the press office, ACEP Now, and the Education Committee, and possibly the CEDR Committee. An idea was presented to have a 'Vendor Help Area' that is coordinated around the Wellness Booth where vendors can offer tips and tricks to help adopt efficiency tools.

### **Subcommittee 4 – Technical Team**

This subcommittee will operate as advisors to the Board and other ACEP Committees/Subcommittees on new and cutting-edge technology. There is often a lot of nuts and bolts within extracting data from EHRs for reliable and reproducible data that goes into developing new quality measures and/if the existing data is adequately extracted.

### **Subcommittee 5 – Writing Team**

This subcommittee will be short in duration as work will primarily focus on taking information from the HIT Vision Paper and transform it into an academic product. The original authors will have the first opportunity to update their respective sections and then incorporate additional team members to refine.

- Leaders will reach out to members when we approach more work of this subcommittee.

Appointed committee members will be expected to contribute towards one subcommittee. Preferences are welcome and needed. Those that do not respond will be assigned a subcommittee.

<b>Action Items</b>	<b>Person Responsible</b>
Create org chart displaying internal/external connections for subcommittee 1 to operate from	Joe Kennedy

Respond to Dr. Genes, Dr. Taylor, or Joe Kennedy with subcommittee preferences and if you would like to take lead

HIT Committee Members