Final Objectives 2023-24

Health Innovation Technology Committee

Chair: Emily M. Hayden, MD, FACEP
Vice Chair: Todd Taylor, MD, FACEP
Board Liaison: Henry Z. Pitzele, MD, FACEP
Staff Liaison: Pawan Goyal, MD

1. Develop work products related to health information/innovation policies, standards, implementation, certification criteria, benchmarks and similar issues, as well as the adoption, usability, and safety of health information technology solutions that advances the electronic access, exchange, and use of health information for ACEP members.

2. Continue to collaborate and disseminate information for education and training in informatics and health information technology for emergency physicians. Collaborate with EMRA to develop resources for medical students and residents about informatics subspecialty certification and opportunities after emergency medicine residency. Provide resources for members regarding best practices for decision support and clinical documentation.

3. Define the role of emergency medicine in telehealth. Collaborate with the Emergency Telehealth Section and other appropriate committees and sections to:
   - Develop consensus on the future of EM Telehealth through discussions with other committees and sections.
   - Serve as a resource to the Communications Committee on both internal and external messaging on the value of EM in telehealth. (Communications is the lead committee.)
   - Serve as a resource to the Education Committee for accessible training on EM-based telehealth for ACEP members and non-members. (Education is the lead committee.)
   - Collaborate with EHR vendors to develop integrated solutions for deploying virtual care capabilities for EDs and emergency physicians

4. Develop a work product that clarifies what approaches emergency physicians and Hospital IT should adopt to minimize risk of a claim of information blocking.

5. Partner with major EHR vendors to describe how the specialty uses EHRs – documentation habits during and after shift, "pajama time" (sharing done after a shift), use of advanced EHR tools, and better characterize relationship between EHR efficiency/usability, workload, and satisfaction/burnout through EHR usage data and surveys.

6. Develop best practice guidelines for emergency medicine documentation that considers available EHR tools and their limitations (e.g., content-importing technology, dictation, NLP/summarization software, etc.). Collaborate with the Reimbursement Committee regarding the new 2023 emergency medicine documentation guidelines. (Health Innovation Technology is the lead committee.)

7. Develop a resource or information paper that identifies and describes opportunities and threats posed by new developments in artificial intelligence to the emergency medicine workforce. Develop a resource or information paper that explores how new technologies such as machine learning and AI can be leveraged to innovate approaches to quality and safety work.

   Note: Information papers must be submitted to the Board of Directors for a 30-day comment period prior to submission to ACEP's peer-reviewed journals (Annals of Emergency Medicine and JACEP Open). Author attributions must also include that the information paper was developed for the Health Innovation Technology Committee.