Anticipated Questions:

1. What other medical informatics fellowships are out there? Are any of them reasonable alternatives to a military fellowship?

There are no military Fellowships currently. Many Masters’ degree programs exist some with associated Fellowship programs (list in annex), however none address the complexity of the Federal Health System (DoD, VA, Purchased Care Partners, PHS, IHS and so on) that Army and Tri-Service Informatics Officers will deal with in their emerging roles. USUHS is applying for starting a Masters program but as of FY 2011, it is not programmed.

2. If we were to use a civilian fellowship, what would it take to include the military-specific components after the fact?

A civilian Fellowship would be limited by the specific affiliations they would have with Informatics organizations. The Federal Health System is doing work in interoperability that is far ahead of the civilian sector so Fellows trained in a Military program would be able to apply principles learned to the Federal Health System as they start work rather than starting with a civilian foundation in a Military Informatics position after training. Building on existing capabilities in the Madigan area-the Informatics Division, McChord Clinic and Bremerton Community Hospital provide a breadth of experience which includes most organizational structures, Tri-service as well as work in DoD-VA interoperability as well as Tri-Care and interoperability with the private sector (more in answers 5 and 6).

1. What is the definition of applied medical informatics?

In Academics there are generally two fields of Informatics, Bio-Informatics which covers research support from bench research to PhD research, and functional, applied or operational Informatics which covers preparing leaders and managers to integrate clinical information systems, databases and the software/hardware tools that support clinical/business decision support. The proposed fellowship would focus on the latter.

1. What are the unique features of a military medical informatics fellowship that makes it irreplaceable by a civilian fellowship plus follow-up military exposure/training/orientation?

Future leaders in healthcare information technology will be clinically competent and health information system literate. The breadth of systems and requirements demanded of military as compared to civilian personnel are significant. While the field is emerging and the civilian sector will grow into the space that the Federal Heath System has occupied for over 20 years, the Federal Sector will continue to grow as well. The gap may narrow, but will exist for the foreseeable future. The environment at Madigan offers exposure to projects that deliver solutions from the military clinic level, community and tertiary care hospital, Tri-Care partners, VA sharing, civilian sector interoperability and include the breadth of clinical information systems, decision support tools for clinical and business sections in addition to the key skill sets necessary to develop, implement, produce and train the organization. There are no comparable programs in the civilian sector that offer the kind of education and experience that will enable graduates to perform effectively in their first duty assignment.

1. What would we want our fellows to do at Madigan, Bremerton and McChord to enhance learning and show value to the sites?

We would leverage the operational environments and services provided from the Informatics Division to expose fellows to the full breadth of operational Informatics. With over 100 active projects, the fellows could assume a leadership role in an area of interest to immerse themselves in a project, learn the fundamentals of design, translation of user requirements to useful solutions for production, project and security documentation processes, implementation, training, scalability, and sustainment. The variety of a clinic, community and tertiary care hospital in Tri-service environments would also prepare fellows to serve in joint assignments. Support of three Stryker Brigades and Ships from Bremerton and Bangor submarines offer added exposure to operational support requirements.

1. What is the value of a 2-year fellowship plus Master's degree over a 1-year

Fellowship without a degree?

While other Corps offer long term health education resulting in Masters and

Doctorate degrees, the Medical Corps has not emphasized the value and need for Masters Level training. The exposure to management and leadership principles requisite for success as a Physician leader should not be missed and a one year fellowship would not provide the value for future leadership that a two year fellowship with a degree would. Graduates could serve in a Chief Medical Information Officer role and take that experience to better inform roles as DCCS, MTF Commander and future Flag Officers for the AMEDD and MHS.

Additional reasons for a two-year vice a one-year fellowship are: the level of practical experience to gain by the fellows working at Madigan, Bremerton and McChord. Since the fellows will be in an academic setting, and they will be expected to perform applied informatics research, they will spend approximately half of their time working in the military treatment facility environment. They will be expected to maintain clinical practice, and they will devote one or two half days per week for that purpose. The rest of their time spent serving in a clinical informatics role. Since that will only be 3 to 4 half days per week, the two-year fellowship gives them more time to learn from and apply what they are learning from fellowship and the Master's program in the military treatment facility setting. At the end of two years, the fellows will have equivalent of 6 to 9 months of practical experience across the three types of military treatment facilities in the Pacific Northwest. That is what will make them capable of stepping out of fellowship into a CMIO role and be immediately productive.