<http://www.idga.org/video.cfm?id=838>

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

Operational, Service unique CISs, Federal Interoperability (DoD-VA-PHS-IHS, Tri-Care and VA purchased care documentation, Madigan Informatics capabilities. MEDCEN (Madigan), Community Hospital (Bremerton), Large Clinic (McChord)

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

3. What is the definition of applied medical informatics? I think Hon was going to talk with Bill Hersh on that, but Rick may want to follow that up.

Research/nursing vice operational/applied and leadership

4. 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?

Operational/service needs to support operational and service-member/beneficiary care.

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

Rotate through Informatics division as well as CIO sections-follow AMIA template for overview of CISs/Informatics

6. What is the value of a 2-year fellowship plus Master's degree over a 1-year fellowship without a degree?

Credentials-Masters degrees are necessary for leadership-

Management/Informatics combined (MBA)

7. That is all I can think of for now.

I should be back out in August. Happy to meet with you and Rick at your convenience. Do you want to go up to UW some time and talk with the folks at the Nursing School for the CIPCT degree and the Information School about the MSIM degree?

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

 You and Rick may already have the answer to this one. If so, what did you find? If not, how would you like to split it up?

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

 I think the answer to this will be based on what the requirements or expectations are for the fellowship graduates. If the plan would be for them to become CMIO's at hospitals or regions, then they would ideally graduate from fellowship ready to step into those jobs without additional training.

Given that, I think the only way to accomplish this in an efficient manner would be to use fellowships in locations where military treatment facilities already exist. That's significantly limits the locations for civilian fellowship programs that we could use. If you agree, then we can probably limit the number of fellowships we look at for question one to those locations where military treatment facilities are co-located within a reasonable distance from the fellowship. Ideally, we would offer the same level of facility next we have the Pacific Northwest: medical center, community hospital and outpatient clinic.

3. What is the definition of applied medical informatics? I think Hon was going to talk with Bill Hersh on that, but Rick may want to follow that up.

 Hon was going to ask Bill Hersh about this, but I have not heard back from him. I will ask him this week to see if he ever talked to Bill about the definition of applied informatics. If not, could Rick contact bill and ask that question? Is my understanding that Bill has a very good handle on what it would mean to have applied medical informatics fellowship versus a biomedical informatics fellowship. This will be an important concept to flesh out, as it is key to differentiating a possible Madigan fellowship from existing civilian fellowships.

4. 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?

 This is probably one of the easier questions to answer. I think the main difference between a Madigan military fellowship and any civilian fellowship is the ability to work within Madigan Army medical Center, Bremerton Naval Hospital and the McChord outpatient clinic. At graduation, any Madigan military fellowship graduate would have experience at all three levels of military treatment facility in which they would work. It would not require any extra training, and they can immediately step into the role of either regional or hospital CMIO and be productive. They will already have practical experience managing health information systems within a military medical setting. Without specific effort to co-locate a civilian fellowship in a setting with military treatment facilities nearby, none of the civilian fellowships would allow this experiential training within the military health IT environment. Again, the key is how fast the fellowship graduates can be productive within their new setting. Graduating from a military medical informatics fellowship is the only way to guarantee immediate return on investment.

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

 The responsibilities of the fellows at Madigan, Bremerton and McChord would be to work with the on-site IM/IT personnel as well as the end-users to learn both sides of the health IT environment. They need to understand both the technical aspects and the effects on the end-users. They need to learn how to serve as the bridge between the technical community and the end-user community. There are two methodologies to accomplish this.

Initially, it will likely be the responsibility of the faculty model the behavior show out to the back bridge between the technical and user communities. That will likely continue, but second-year fellows can also model the behavior for first-year fellows.

 By serving in the role of a clinical informaticist at the three sites, the fellows will provide return on investment as they are learning.

They would be expected to work with both the information management department at each facility and the end-users to help with training, end user adoption, troubleshooting, business process review and revision, requirements generation (system change requests), process improvement, etc.

(We probably want to be specific about this as possible, so we probably need to sit down and brainstorm just what sorts of things the fellows could accomplish at the site).

6. What is the value of a 2-year fellowship plus Master's degree over a 1-year fellowship without a degree?

A 2 year fellowship has multiple advantages over a one year fellowship. A Master's degree is only one component of that. Since both Masters degrees offer a mixture of management and technical didactics, it does provide a lot of information for someone fulfilling a CMIO role. The management didactics help with being a department head and having to deal with managing both military and civilian personnel. The technical components, given that most of the fellows will have limited technical backgrounds since they are all providers, will provide that level of technical expertise and knowledge to allow the future CMIO's to be more effective in their expected roles. That addresses the reason for the Master's degree.

 Additional reason for a two-year ice a one-year fellowship is the level of practical experience he gained 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.

7. That is all I can think of for now.

And that is all I can think of for now to answer these questions. Just let me know when you want to during the week of August 10. I am quite flexible, and I'm happy to meet you at Madigan or elsewhere and at whatever time works for you.

To Do:

-Compile answers to questions in body and annex

-Ron Gimble-USUHS effort for Masters (send proposal to Ron)

-Curriculum and costs OHSU and UW-ref online programs like University of Phoenix etc.

-AMIA list-biomedical (NLM) vs. applied (ONC)

-Optional to DCCS experience as leadership (CMIO),