



Clinical Informatics Poised To Become Medical Subspecialty

Physician informaticists will finally be recognized as board certified if the American Board of Medical Specialties approves.

By Ken Terry, InformationWeek July 29, 2011 URL: http://www.informationweek.com/news/healthcare/leadership/231002948



(click image for larger view) Slideshow: 15 Healthy Mobile Apps Clinical informatics could soon become a recognized, board-certified subspecialty of medicine.

A committee of the <u>American Board of Medical Specialties (ABMS)</u> on July 27 recommended that clinical informatics be defined as a subspecialty of the American Board of Preventive Medicine and the American Board of Pathology, the two specialty boards that cosponsored the proposal. The ABMS board of directors and the ABMS assembly are expected to approve the recommendation in late September.

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Clinical informaticists come from a wide variety of medical specialties. So board-certified physicians in any of these fields will be eligible to sit for the board exam in clinical informatics, Shelly Horowitz, MD, special advisor to the president of ABMS, told *InformationWeek Healthcare*. This is unlike other board exams for subspecialties, which require certification in the parent specialty, he noted.

Specialty boards require that applicants for board certification have recent training in a program accredited by the <u>Accreditation Council for Graduate Medical Education (ACGME)</u>, Horowitz observed. So the ACGME will soon be asked to accredit training programs for clinical informatics. He said the ACGME will probably accredit one or more of these programs not long after the ABMS board and assembly act on the clinical informatics proposal.

Nevertheless, physicians currently working in the clinical informatics field will not have to go through a training program to sit for the board exam, he said. For a period of up to five years, he predicted, there will be a pathway

to board certification that doesn't require training in a certified program if candidates have significant experience in the field. "But they will still have to take the exam for the subspecialty," he said, to become diplomates in clinical informatics. And they will also have to meet the specialty board's criteria for maintenance of certification.

Speaking personally and not for ABMS, Horowitz said that the committee recommendation pleased him. "Physicians who are very knowledgeable about informatics bring a lot to this field, and it's good to formalize it with accreditation of the subspecialty."

The American Medical Informatics Association (AMIA), which has been lobbying ABMS for official recognition of <u>clinical informatics</u> for years, was delighted by the move.

"The formal approval of a medical subspecialty in clinical informatics will benefit the healthcare system by bringing demonstrated informatics expertise to bear on the critical information management, documentation, and patient-safety issues that are a challenge to today's patient care environments," said Edward Shortliffe, MD, president and CEO of AMIA. "AMIA played an important role in working with the American Board of Preventive Medicine and other certification bodies to help assure that physicians who acquire informatics skills will be recognized and recruited to further enhance their roles on the front lines of modern medicine."

In an <u>interview in May</u>, Glenn Merchant, MD, executive director of the American Board of Preventive Medicine, said, "We need to have clinicians involved in the design and implementation and management of these medical information systems. It takes that special insight of experienced clinicians who can say, 'These are the tools we need for decision making.' It takes someone who is a trained clinician, who has experience in the hospital wards, clinics, and ERs, to say, 'These are the components we need.' So it's a blending of informatics and medical knowledge."

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