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CAREER SERVICES CENTER WELCOME SLIDES:

FEMALE SPEAKER: Welcome everyone to career services center career opportunities in health informatics.

I am Nicholle Skalski, and I'm a Walden Career Services advisor, and I'll be your moderator and presenter this evening along with an expert, a panel we have from the health informatics program.

But before we formally start the webinar and introduce our presenters and guest panelists, I would like to go over a few technical nuts and bolts.

So first of all, you should have received a closed captioning link.

I sent that out a few minutes ago in the chat box.

If you do need closed captioning, please feel free to click on that link.

TECHNICAL SLIDE:

Secondly, on your control panel, you will see you have the choice of audio mode.

If you choose telephone, a phone number access code, an audio
pin will auto populate for you to call in.

If you choose speaker, you can listen with or without a headset through your computer speakers and then right here on your control panel I’m circling it with my cursor, there is a blue monitor icon button, and you can click on that if you need to maximize the view of your presentation.

To ask questions, please use the question function to type in your question and then click send.

The raise your hand function will not be active during this presentation just because of the number of attendees we have on the webinar.

Also, feel free to text in your questions during the webinar, and we will address them as we can during the webinar and for sure at the end of the presentation.

But because of time constraints we will need to limit the number of questions that we address to focus on the ones with the widest applicability to our audience.

We also value your feedback on the webinar and would greatly appreciate if you would take a moment to fill out a very brief survey that will automatically be sent to you upon completion of the webinar.

And finally, this will be recorded and archived on the career services website approximately two weeks following this evening’s live presentation.

CAREER SERVICES WEBINAR TITLE SLIDE:

Okay.
So with that, let's get started.

From Walden University's Career Services Center, welcome to today's webinar career opportunities of health informatics.

POLL:

We are very excited about our webinar this evening and have put together an expert panel of faculty and the program director in collaboration with career services.

But before we -- I pass it over to make our introductions to our guests panelists, I would like to get some feedback from our audience about who is joining us this evening.

So we would like to know who is joining us as far as what degree you're pursuing.

Are you at the bachelor's level, master in healthcare administration, master's in health informatics, or doctoral, and I'll give everyone a few moments to take their poll and we'll share the results momentarily.

So again, bachelor's, master's in health care information, doctoral in health informatics.

Looks like the majority of you are in that program.

It looks like everyone is done.

I'm going to share the results here.

We have 9 percent bachelor's.

We're very happy to see all those undergrads joining us.

6 percent in healthcare administration, 66 percent MS in
health informatics, and 20 at the doctoral level.

Thank you all for participating.

Now I would like to hand the presentation over to

Dr. Rosemary Walker.

Walden University’s program director for the master of
science and health informatics program to introduce our guest
faculty presenters and subject matter experts in the field of
health informatics.

And welcome, Rosemary.

SLIDE 5:

FEMALE SPEAKER:  Well, thank you very much, Nicholle.

And welcome everyone.

Thanks for joining us this evening as we explore career
opportunities in health informatics.

You’ve already met Nicholle.

And I am Rosemary Walker, your program director.

Nicholle, next slide.

SLIDE 6:

Joining me tonight is Dr. Doug bird who is contributing
faculty for our health informatics program.

He's also a senior adjunct professor of management at the
University of LaVerne California.

And he's been a part of the largest EMR, electronic medical
record implementation in the world.

SLIDE 7:

Our next panelist is Dr. Mark LaFlom who may be joining us a little later.
He's a physician.

SLIDE 8:
And our last panelist but not least is Dr. Paul Tuten who is contributing faculty also for the health informatics he's a senior consultant for the H i.e. program at the international office of the coordinator and leader of the direct projects implementation geography's work group and leader for the 360 exchange project.

SLIDE 9:
So what are our objectives tonight?
Well, first we'll talk a little bit about the health informatics industry.
We'll talk about types of jobs and the settings. We'll also look at networking and building your qualifications. And last, the panelists are going to talk about their career pathways, how did they get where they are today.
All right.

SLIDE 10:
The health informatics industry.

SLIDE 11:
There are many definitions of health informatics.
The one I chose was from HIMS, one of our professional organizations and they say clinical informatics, also known as health informatics, promotes the understanding, integration, and application of information technology in healthcare settings. This helps to ensure adequate and
qualified support of clings objectives and industry best practices.

SLIDE 12:

What is the role of IT in healthcare?

Well, according to the office of the National coordinator for health information technology, technology provides healthcare providers with several things. Accurate and complete information about a patient's health, the ability to better coordinate, the care they give, a way to securely share information with patients and their family caregivers, a side bar to this is that providers can share that information, too. And then information to help doctors diagnose health problems sooner, reduce medical errors, and provide safer care at lower costs.

SLIDE 13:

Roles are for health informatics are information technology, information systems, business, the structure and function of information, and clinical applications. Now, some may wish to add more facets to this list. But you can see when you look at the diversity of job possibilities. So now, let's move on.

SLIDE 14:

We're looking at panelists from different professional
backgrounds. Everyone is going to provide an industry perspective based on his professional experience.

So we'll start with Dr. Doug bird, the vendor, trainer and project manager perspective.

MALE SPEAKER: Thank you, Rosemary.

And welcome everyone.

It's certainly exciting to be here, and as you're learning and may already know, the world of health informatics certainly is a dynamic one.

And in no way is necessarily one-sided or offers just limited types of opportunities.

The demonstration of that is this seminar and webinar with the diverse backgrounds and experiences that you're going to hear from the different panelists, including myself.

I've been very fortunate that I've been able to kind of be on both ends, if you will, in the world of health informatics, if I may use that example.

On the one end, you have the vendor side, which are your MCKEFINs, your Epics, your All Scripts, people that create and develop electronic medical software and would sell that to a client, to a hospital or healthcare based organization, and working from that side is really kind of working behind the scenes, if you will.

I started on the front side, the end user side which I'll get to in a moment where basically all I would see was the finished product and the actual electronic medical record and
how it functions.

Behind the scenes is, if you choose to work for a vendor, is where all of the nuts and bolts really take place.

What you have is you have the opportunity to really build things from the ground up in many ways, and that means working in different types of databases, building things on the end user side, but oftentimes using other databases that don't even resemble what the end user sees at all.

And depending upon how customizable that particular vendor's software is, you really have a unique opportunity to work very closely with your client.
And that can be very exciting because there may be some things that they are looking specifically for to have in that vendor's software, and depending upon how customizable the software is, you have the opportunity to do that.

You're going to find a wide range depending upon the type of software company and vendor that you may decide to work for one day, some systems are extremely customizable where the client -- --

(Lost audio.)

-- -- know about electronic medical records is that you can as an individual end user customize, let's say, your own particular order set or develop an ordering preference list.

I think you're going to find across the board those types of benefits and individual customizations are pretty standard.

Finally from the vendor's perspective it really is about delivering the end product to your client, helping them to implement that and providing go live support once everybody starts to use the product.

I think one of the exciting potential opportunities for anybody thinking of working for a vendor is that there are many different vendors that are out there that are all competing and they're growing so they are always going to be looking for eager individuals.

Now, on the other side of that is from the trainer's perspective, and that is very exciting because what you're
doing is you're then working directly with training the end users on whatever vendor's software it is that they are using at their organization.

And that means you could be involved with work flow meetings, based upon departments, so, for example, let's say that gastroenterology has decided to have a standardized work flow for all of the people in their department.

As a trainer, it's going to be important for you to have some understanding of that because you have the opportunity then to train to that work flow so that everybody is on the same page.

You're also very much a facilitator of change.

If you are a trainer.

Because all of the myths and all of the rumors that have been flying around all of a sudden wind up at your doorstep when you're standing in front of the room and everybody wants to drill you with all the questions about all the things that they heard and you have the opportunity to help them to relax and clear up a lot of those misunderstandings and misnomers and let them know what the reality is and actually you have a unique opportunity to really get them motivated and behind the entire effort.

And that certainly is a challenge but it can be very exciting as well.

As a trainer you also may have the opportunity to develop
curriculum in how the train something going to be delivered if that's something that you're interested in.

There's those types of opportunities out there.

And also, you're a part of go live support, again, you're not on the vendor side but you are again on the end user side so you're working closely one-on-one with physicians with nurses, with staff, people that are using the electronic medical record and helping them to make sure that they are using it properly.

The other unique thing about if you decide to go into training is there's always opportunities to engage in what's called optimization which is after everyone has been trained, then it's the idea of making sure that everyone is using the electronic medical record as efficiently and as effectively as possible.

There's a lot of thing can happen and change between the day of go live and several weeks or even several months later when people are still having questions. Finally, the project manager side, I think I would need an entire other webinar just to tell you about what a project manager in health informatics does, because if you can think of it, it probably winds up on their plate, and not to shock anybody, but it's really a tremendous opportunity to be the ultimate organizer and priority setter in the fact that the project manager is really responsible for the overall organization and delivery
of training and making sure that they have everybody that was identified to be trained that they were trained, they were trained for the right amount of time, they took the right classes, they're responsible for organizing that schedule, they're responsible for shake making sure there's enough training rooms, that there's enough computers, that there's enough end user guides, that there are enough trainer guides for the trainers that are training the class as a training project manager.

You also act as a liaison between the hospital or the organization, the healthcare organization, and every department, so you really have the responsibility of keeping a lot of plates spinning at one time.

But it's something that if you are really excited about what you're engaged in for that particular healthcare organization or hospital, and really getting everybody trained, getting the hospital prepared, there's different types of project managers within health informatics.

The example I'm giving is a training project manager.

But you have to coordinate, communicate, and constantly be preparing to make sure that the project in whatever form you are involved with is delivered on time and with high quality.

Back to you, Rosemary.

FEMALE SPEAKER: All right.

Thank you very much, Dr. Bird.
On to the next slide, please, Nicholle.

SLIDE 15:

We have another industry perspective.

Dr. Paul Tuten will talk about the consultant and government perspective.

MALE SPEAKER: Thanks Dr. Walker.

It's my pleasure to be here.

As Dr. Walker mentioned in my introduction, I served as a senior also for the health information coordinator technology which is housed in the Department of Health and Human Services.

Much like Dr. Bird had mentioned, I've had the benefit of a variety of different perspectives, not just serving as a consultant to the Federal Government but working as a vendor, actually, for probably the more predominant portion of my career.

But as of late, I've had an opportunity to sort of use my expertise in this role with the government.

And it's been a kind of an enlightening process for me, and so I wanted to share a little bit with you all sort of what the government perspective on health information technology is sort of broadly and how that is influencing this particular market and industry.

So like all good stories, you have to kind of pick a point at which to begin the story.
And certainly, the role of the federal or state governments
in healthcare have existed for decades but I'll actually sort of pick up this particular thread in 2009 as many of you probably remember at that period of time there was a bill often offered referred to as the stimulus bill that was passed. It was actually the American recovery and reinvestment act. And as part of that, there was sort of a subset act in it known as at least sort of for short the high tech act of 2009.

And in that actually provided something on the order, depending upon who you have counting for you, about $25 billion, that's billion with a B. Dollars in incentive payments, grants and programs funded by the Federal Government, specifically focused on health information technology.

You know, I guess I would argue, although when most of us think of healthcare and the Federal Government, you know, broadly, there tends to be kind of a focus on the patient protection and affordable care act, otherwise the sort of so-called ObamaCare.

But in terms of health information technology, really, the high tech act has been a pretty significant driver. And really it had sort of three goals, you know, primarily that influenced its adoption and the particular programs that were part of it.

One of those being to improve kind of population health
broadly.

The second one to enhance kind of the individual patient outcomes and then the third to ultimately bend the cost curve of the healthcare delivery system within the country broadly through the kinds of efficiency and savings that are made possible by technology.

The key components of the high tech act, probably the most popular one for those of you who have been around health information technology for a while you've probably heard this term meaningful use which is an inventive program for -- incentive program for eligible providers, and hospitals, basically that encourages them to adopt electronic health records or electronic medical records. Those electronic medical records in order to be eligible for this program have to be certified.

And I'll come back to that in a moment.

And then they have to be utilized in a meaningful way.

So how is this kind of operationalized in practice?

Well, the meaningful use incentive payments are actually provided under the Medicare and Medicaid programs, so CMS administers that and actually writes the regulations that specify the kind of activities that these eligible providers and eligible hospitals have to be engaged in in order to be the kind of quote-unquote meaningful user of this technology.

ONC, so the place where I work on a daily basis, the
responsibility of ONC really is to define what constitutes
certified EHR technology, so there's sort of this
relationship between the technology, which supports the
activity of meaningful use.
And so that's really ONC's role.
And that works really based on either existing standards, so
looking at standards setting bodies like IHE, for example,
and applying those to electronic medical records.
Or the other possibility is creating some of those standards.
And in fact some of the work that I've done like with the
direct project, directly -- no pun intended, you know, is
then integrated into this sort of certified EHR technology
definition.
I should also point out that it's a multi-year multi-stage
type of program.
So there's new additions of certified EHR technology and
meaningful use stage whatever that are issued at intervals.
We're currently sort of the first stage of meaningful use
right now.
Although, this past August, the 2014 edition of certified EHR
technology and the corresponding meaningful use stage two
rules were released, the final rules to the public.
So there's a lot of activity going on within vendors right
now that are working feverishly towards completing their sort
of software upgrades to support the latest edition of
meaningful use.

So that way this time next year providers will actually be able to start implementing this technology and gaining meaningful use stage two credit for having done so.

This is actually really important because it increases the sort of economic impact of meaningful use and also then encourages a kind of continuous improvement processes as related to this.

So it's not a once and you're done.

You don't just sort of install it and stay on Windows 95 forever, right?

You have to keep upgrading as the types change.

So stage one set the baseline.

Stage two which is what we're moving towards here in the very near term, increases the emphasis really on interoperability in exchange of information.

And then also increases the focus on patient or consumer engagement.

So really getting kind of the patients involved with their own medical data and information is key as well.

The high tech act also includes some other sort of lesser known programs. But ones that are I think kind of equally important.

One of those is around encouraging the development of state and regional HIUs, recognizing that sort of silos of data
just aren't as useful, right, as data that's securely shared amongst people that have a need to have access to that information as well as support of a Nationwide health information network.

This is actually the kind of primary area of work that I do as a consultant because my primary background is really more on sort of a telecommunications and data networking type of thing.

So most of the work that I've done kind of historically through my career has focused more on moving data as opposed to relocating it in a given location.

So my work as a consultant tends to focus on this.

I probably should pause here a little bit and mention kind of the segue.

A couple of thoughts on consulting.

You know, when you hear someone sort of describe consulting as a career path, it really can mean a lot of different things to a lot of people.

In my case I'm probably closer to what one would sort of typically think of as a consultant in the sense that I'm one who consults around matters of both technology and public policy related to these things.

But there are also a number of other kind of career opportunities that are broadly would be defined under the category of consulting.
We are working in really any of these environments. So you could be a consultant that's working a very closely with providers. You could be in a fairly technical capacity or perhaps in a more business capacity. You could be serving as a consultant that works with vendors. You know, the general characteristic of consulting is that you have some form of kind of specialized knowledge or skill that you're applying you know, to kind of a particular domain, and it's oftentimes something where it's kind of more efficient to sort of bring you in as an outsider for what is typically kind of a limited engagement to a period of time to sort of do that work and then move on to the next assignment. Certainly, if you want to have a career in consulting, there are large consulting firms that specialize in this sort of thing. And if you have a background in health informatics, you know, they have practices built around that. So you probably would start as an analyst and move up from there. But that's the sort of work that I do within the state program.

Turning back to high tech, a couple of the other components that are associated with it are regional extension centers. This is actually one of those areas where we're going to regional extension center serve as kind of quasi consultants.
to the providers within the communities that they serve to provide assistance and sort of recommendations with respect to how those programs adopt sort of ideas to our technology.

The high tech program also includes a number of challenge and innovation and research grants.

Some of those are very focused on health architectural things or, as the White House CTO often talks about, data liberation out of CMS, Medicare Medicaid programs that are made available for public health concern.

Others are much more sort of technology, innovation focused but adding stuff to track there.

And then more broadly just to sort of help coordinate federal and state HIT policy.

Also the National coordinator prior to the high tech act was started under president George W. Bush, his administration by executive order in the case of the high tech act though, OMC was actually sort of memorialized in legislation so now is a permanent office for which the secretary for Health & Human Services appoints a National coordinator to that post.

FEMALE SPEAKER: Paul, this is Lisa cook.

I have a question relating to your content that I would like to pose to you from a question.

I'm sorry, a question from one of our students.

Could you please explain what meaningful use explain what meaningful use means?
Because it's hard to understand that.

And this question is from a nurse that is presently making
design decisions from the oh operating room.

MALE SPEAKER: Yeah.

Absolutely.

So in the context of an electronic medical record, there are
obviously sort of software attributes that are associated
with that.

And so what meaningful use really talks about is the kind of
characteristics of the way in which you utilize that
technology.

So it may mean, for example, that in the context of like a
transition of care, so if you're, say, a primary care
physician and you're referring a patient to a specialist,
meaningful use under stage two says that at least 10 percent
of the time you're going to go ahead and bundle up all of
that data or your EMR is going to do that, and hopefully you
don't have to think a whole lot about it if your email has
done a good job of managing the work flow and bundle all that
data up into something known as a consolidated CDA and ship
that over to whoever the specialist would be that's receiving
that patient as part of the transition of care.

And there's some number of those types of standards. There's
measures related to public health, or the use of C P. O. E,
so for a physician order entry in a computerized fashion.
All was of those things have kind of different metrics associated with them.

The number of E prescriptions written, those kinds of things.

So in essence there are folks that sit down from a public policy perspective, think about the capacity that this certified EHR technology has and then and then in essence puts down metrics that providers who want to receive the stimulus payments would receive.

So that's sort of the nature of meaningful use.

In essence, if you do those things or some subset of those things you're then considered to be a meaningful user of this technology and thus receive the incentive payments for it.

FEMALE SPEAKER: Excellent.

Thank you.

If it's okay I'm going to break in for a minute because we are getting so many student questions right now.

So I would just like to take a few minutes and publish these questions to some of our panelists.

Thank you, Paul, that was a really comprehensive overview.

A common question that we seem to be getting in is what kind of background do you need to break into the informatics field.

For example, do you need a nursing or a programming degree to break in and what kind of backgrounds are acceptable for entry level positions in informatics.
So I'm just going to throw a out to all of our panelists.

Nibble that would like to field that question because we've
gotten that from -- -- anybody that would like to field that
question.

FEMALE SPEAKER:  Sure, and the other panelists are welcome to
chime in on this.

You do not need a healthcare background.

You do not need an IT background.

You do need something to bring to an employer's table.

But there are consulting firms, that are organizations that
are looking for people that are willing to -- they are
willing to train them, to come in on the ground floor level.

So you know, I've heard do I have to be a nurse?

Absolutely not.

Dr. Tuten is not a healthcare professional.

Dr. Bird actually did start as a healthcare professional
initially, but he can kind of segued beyond that.

But you can come from a business background.

All those different facets that I mentioned earlier are ways
to get a toehold into the industry.

FEMALE SPEAKER:  Excellent.

Okay.

Terrific.

Thank you.

I know we have another speaker coming up.
Dr. Mark Laflom and we're looking forward to hearing from him.

Thank you, and we'll pose a few more questions later on.

Thank you, Rosemary.

FEMALE SPEAKER: Thank you.

SLIDE 16:

And I would like to introduce him.

He is contributing faculty, a board certified internist.

He's also board-eligible in clinical informatics and he is a former physician consultant and an executive with NexGen healthcare and M R and EPR corporation and he's currently the medical director for four medical practices in the greater -- -- (scratchy audio.)

MALE SPEAKER: Hopefully everyone can hear me.

Am I okay or am I too loud?

FEMALE SPEAKER: We can hear you great, thank you.

MALE SPEAKER: Thank you.

Appreciate that.

You have to excuse me in terms of how I'm going to do a presentation.

I know it's limited but it's difficult for me in terms of the dichotomy that I have an as physician and a informatics.

I published and also being a consultant for NexGen healthcare who has the largest market share of practices in the United States, you have a wide array of diversity in terms of
how clinicians relate to the electronic medical record and
separated the two types of clinicians, one of their office
based and the other one is hospital based and you can be
guaranteed you're going to experience resistance because you
will see hospitals that say there is no way in terms of how I
practice that I'm going to hey how this.
I already have HMOs that tell me what to do.
I already have benefits managers telling me what medications
to prescribe.
I'll be damned if I have a CFO or a CIO tell me that I'm
going to use a system that I don't like I have no choice in
the matter and I didn't do the paperwork so why would I want
to use it.
So unfortunately when it comes to hospital executives they
look at these clinicians and say listen you're going to play
or you're not going to be with us any more.
You know, when I have my interview with Patrick Klein the
former president of NexGen healthcare I looked at them and
said it's dog or die.
Because no one has monopoly in terms of the use of these
systems. You have to challenge your -- channel your energy
to the small practice clinicians, the small Community
Hospitals because they're the ones that are going to be
behind the ball or not up to date in terms of hospital
systems. That said, as a clinician when I'm looking at an
EMR and it's your job in terms of you being the vendor or
part of the organization trying to push an EMR you have to explain to the clinician that this is a -- it doesn't replace anything.

It enhances in terms of what you do.

Because if you look at the pay physicians practice, and part of it is an art.

Because these clinicians have an idea of what's the most efficient.

Of what's the most beneficial for the patients. And sometimes they are very sadly mistaken because they are stuck in their ways. These are ways that they integrated all the way back in medical school.

The other thing is in terms of the way they practice they have certain parameters that they absolutely need to have when seeing patients. I was in a practice in Texas that was 14 cardiologists and they had 11 different ways of how they did vitals. Why would you have to train these MAs that this may have three different cardiologists working under one in one day and they have to figure out how to do the vitals.

What's the validity of it?

Why do these practitioners want it done this way?

That has to go with clinical evidence-based medicine.

If you look at the research in terms of why they are doing certain ways they are trying to explain themselves either, A by looking at research or B just satisfying their own egos.
So you if you are part of the solution, you want to herd these physicians together.

And that's like trying to herd cats.

Believe me I have a hard enough time trying to organize my day running four organizations.

Needless to say it is very difficult to get physicians on the same page.

But what also helps is the ancillary staff.

Because the ancillary staff serves as the care rot to the mule.

In other words, if you're just doing a part of the implementation when it comes to the EMR you want to make sure that the clinicians have access to the three most common things that they need.

Rads, meds, and labs.

Radiology, medications, and laboratory results.

In and doing so you as the ancillary staff you tell your clinicians I'm not going to print it out for you but you can look at it on that computer screen over there.

You have a user name and a password I suggest you use it.

That's the system utilizing clinicians to get onto the system.

How does this work in terms of benefiting your career?

Well, let's say you were part of the solution in terms of implementing the EMR so you need to find ways of being more
efficient.

So it comes down to a whole analysis in terms of your office and how all the rest of the ancillary staff fit into this EMR because certain ways in your practice is going to have to change.

And you as the mouthpiece in terms of the change when it comes to implementation, you better be sure in terms of, A, who these people in the chain are, B, what their job titles are and if there are certain job descriptions, and this putting those pieces of the puzzle that's going to fit them in the work flow.

Now, who is good at that?

Well nurses are great in terms of -- specifically, in nurse informaticians in terms of looking at clinical health flow.

More so the hospital in --

FEMALE SPEAKER: Doctor, can I interject for a minute? Can you tell me because our students are so interested in hearing about the different types of settings that hire people in informatics and I know you've got a wealth of expertise in terms of the hospitals. But are there other types of settings where informatics folks will find a lot of opportunity besides hospitals?

MALE SPEAKER: Well let's break it down for a second. That's why I'm trying to go through this work flow process in terms of where certain roles can be filled in when it comes
to informatics.

So if we start at the beginning when it comes to a system, okay, so you have sales, you have marketers, who don't always tell the truth.

I hate saying that.

But also, customer service.

If you have some sort of informatics background you are able to utilize your information better in terms of being the conduit between the clinical staff and the IT staff.

So if you look at your role as in the go between, understanding both parameters, you are able to provide a bridge between the two worlds, if you will.

Because you have to look at implementation as a clinical project, not an IT project.

Again, because of the tools that it brings to the clinical picture.

The most common jobs that are out there right now, and I look at these every day, whether it's from beyond .com, indeed .com.

The job line on hims. The two biggest ones when it comes to a clinical background is having being a nurse or being a pharmacist.

Those are the two most common ones now.

More so than a physician.

More so than a physical therapy.
More so than a medical assistant.

Now, not to say that those won't change in the future but I'm saying that those are the most common at this present time.

Now, as for my other panelists had mentioned when it comes to systems like meaningful use you have certain data that's allocated.

Now, granted if you have the right type of EMR then of course it's easy to allocate that data and bring that to the front in terms of reimbursement when it comes to Medicare and Medicaid services.

However, not all EMRs a created the same, and you.

incident: Need someone to mine the data.

But in order to mine the data, you have to understand the system.

And when it comes to systems of being implemented you're going to need superusers for each practice.

Whether it's the physician, whether it's the nurse, whether it's the MA.

Whether it's the building manager, someone has to be -- has a good understanding how the EMR works. And not just every nook and cranny but we're dealing with data.

We have to find a way in terms of how to grab that data and push it in the right direction.

And having that informatics background makes it more feasible in terms of finding where that data is and what exactly it
means. Because the data is only if in terms of what is being entered.

The old saying goes garbage in garbage out.

And if you don't have the appropriate training for these courses of course they are not going to enter the data in right.

They are going to put in dummy data.

So if you are a trainer when it comes to utilizing a system and you have that knowledge of informatics that's a feather in your cap again because you're serving as the bridge between the clinical side and the IT side.

That is invaluable when it comes to these type of projects.

FEMALE SPEAKER: That goes to a specific student question that's been posed.

So Marie asked if I view myself as a go between and I have a clinical background in informatics experience what types of positions are available.

And I know Rosemary has a couple of slides coming up also to talk about that in addition to talking about the academic preparation.

And I'm just concerned about the time here.

Because I think we have ten minutes left. So if it's okay we're going to switch to the academic preparation now.

So thank you for that overview.

That was terrific. So Rosemary, we're going to go to
academic preparation.

FEMALE SPEAKER: Okay.

SLIDE 17:
You all can see the different types of programs that are available to prepare you for careers in health informatics. So let's just go to the next slides and get into the meat of careers. All right.

SLIDES 18 AND 19:
So somebody wanted to know about work settings. There are a wealth of work settings. You've got vendors, consult being firms, academic institutions, the government, hospitals, insurance companies, managed care organizations, professional organizations, and research organizations.
Next slide, please.

SLIDE 20:
And this is a list of 15 jobs and only 15 job descriptions. So the panelists have mentioned different kinds of jobs. Dr. Laflom mentioned the intermediary, he mentioned trainers. There are count less jobs out there. And they all pull from different backgrounds. So if you have a business background, you may have -- and you have experience in project management, that's translatable to the industry. If you're starting from scratch in the implementation specialist, that might be a good position for you.
I mentioned how some of the larger consulting firms like epic will take -- will take people from programs.

At least that was the case previously with epic.
So you can see.

Jobs come from all over.

Next slide, please.

SLIDE 21:

As we all know this is a very examine competitive job market and economy, and it's really engaging with others both on line and off line is really key to your career success.

I am limits it to a few slides because of our time constraints.

POLLSLIDE 22:

Before we do get into the details I would like to pose another poll for our audience to find out a little bit about how you're currently building your network.

Networking internally at work, externally on professional organizations, and on line via social media.

And many of you it looks like you're using a combination of these strategies. Okay.

We'll give a few more seconds for everyone to answer the poll.

Okay.

And we're going to close it up.

It looks like about half of you are using multiple strategies, hopefully face-to-face and on line.

And many of you are networking internally at work and also on line using social media.
Excellent.

So we'll continue on here.
The first step really in successful networking is to develop a really strong personal brand.

Why is that?

Because your brand is what is really unique about you.

It's what makes you stand out and your brand is your reputation and it's really your competitive edge.

So you want to ask yourself some questions, what makes you stand out from other professionals in your field.

Your interests, your skills, your personality, your academic achievements, what are you known for, how do you offer value and solve problems for your audience, also how do you help the organization where you work achieve their mission.

And you should always always play to your strengths and play to your passions.

And actually, we have a few resources that can help you get started with your brand and your elevator pitch. So what are your skills and strengths?

What can you say about yourself that will set you apart again from others in this as it relates to your future role?

So of course for academic program also at Walden, your transferable skills from previous positions and again what are your research.

What's your research interests. After assessing your skills
and identifying your strengths, then you'll want to develop a strong elevator pitch just to help you to gain more confidence in networking activities.
So here are some resources to help you to do that.

And again, this webinar, the slides will be posted on the website, so you'll be able to access those.

This is a very important as it does take research shows it does take 10 to 20 seconds to make that first impression.

So these introductions can be very important, also during interviews when you're asked a question tell me a little bit about yourself.

So an example of an introductory elevator pitch would be I am an education administrator who enjoys coordinating education programs, supervising faculty and staff and improving the overall quality of education for adult learners. And also there's a great website called 15 second pitch .com, and it's 15 written as the number, as you see here on the slide.

Another thing that we highly recommend to students is to engage in professional networking activities.

SLIDE 25:

And the number one way to do this is to join a state or local chapter of a prominent health informatics professional association and I'll be sharing some of the top ones on the next slide.

Take on stretch assignments on your workplace and this could take the lead to improve a process or offer to deliver a brown bag lunch session.

Also LinkedIn, of course, using your LinkedIn site to promote
your brand, maybe even starting a blog, make use of that
technology in social media to also share your expertise and build your brand, also given that you're wanting to move into a technology oriented field.

If you are a doctoral student connecting at Walden residencies with other Walden students and alums also via LinkedIn the alumni association and engaging in your campus community line.

So even creating a local group or an online group discussions.

**SLIDE 26:**

So next we have some of the most highly recommended professional associations, the healthcare information and management systems society, they also have amazing resources and many times job boards on the website.

So again, we recommend getting involved locally.

Why locally?
Because then you can meet other professionals in the field in your geographic location in a face-to-face environment.

And maybe go to conferences and networking events and really be in the know on what's going on in the field and possibly get referrals for job opportunities or internships. Okay.

**SLIDE 27:**

So those same professional associations are very likely to have LinkedIn groups, and actually, I did research for the webinar, and found that all of these professional
associations do have LinkedIn groups. Many of them have huge
total numbers of members in the groups, over 18,000 members in a
HEMA.

So very, very broad groups for you to join and get engaged in.

SLIDE 28:

And there are always recruiters, and here I found a healthcare and ITs and job opportunities group with 16,000 members. So really again just amazing opportunities to get involved.

Once you get in the group people can view your profile.

You can engage and pose questions or answer questions. So I did really find a variety of groups, and here are a few more that I found.

SLIDE 29:

So really, be observant when you're in a group, engage others and of course connect with them as well.

And for those of you that are in LinkedIn which we recommend you'll want to show case your brand on line as well using some of the LinkedIn features. So making sure you create a strong tag line.

So a tag line is related to your 15 second elevator pitch.

Join groups and I just recommended a few groups for you to join.

SLIDE 30:

You can follow companies on LinkedIn, you can answer questions through the answers function.
You can have a link to a blog or your twitter feed to almost show case your skills and technology expertise on LinkedIn.

SLIDE 31:

And finally you'll want to increase your marketability and
here are some possible action steps for you to take to
promote your brand, increase your marketability and thus your
employability.

So get published, present at a conference, assume a
leadership role at work, volunteer with a professional
association.

That's really a great way to meet people.

The associations serve on a non-profit board.

We talked a lot today about training.

You could develop a training manual.

There are many, many ways that you could get involved, and
then you can show case that on your resume on your LinkedIn
profile and get exposure for yourself and others will start
to recognize you for your accomplishments. And with that,

I'm going to hand it back over to Rosemary.

SLIDE 32:

And we just have it looks like a few minutes left for the
pathways and then we'll open it up for questions. Did we
want to do more questions or pursue career pathways.

(Technical difficulties.)

SLIDE 33:

FEMALE SPEAKER: Set yourself apart.

So many of the students are saying I don't have the IT
background, I don't have the health background, how can I
break into this field.
Are what ways that I can gain experience to be marketable and
be competitive and what types of settings are going to, you
know, take someone like me and train me in this field.

FEMALE SPEAKER: Well, the best --

FEMALE SPEAKER: That's a whole lot of questions combined
into one.

FEMALE SPEAKER: Right.

And Dr. Bird, Dr. Laflom feel free to break in at any point.

I have to tell you if you have no experience in the field at
all, you've never walked into a hospital, you don't -- you
know, nothing, you have no experience whatsoever, I would say
you should look at the practicum in the program because the
practicum will give you experience.

You pick the healthcare organization, where you would like to
spend eight weeks. And find a project that you could
possibly get involved in at that institution.

That's the best way at this point for you to get some kind of
experience like that.

Dr. Bird, Dr. Laflom, do you have anything to add to this at
this point?

MALE SPEAKER: Yeah. I'll interject in terms of where should
you go.

The most important thing you can do is how are you going to
utilize your time.

Look at Andy Cohen who is the program director of BRAVOTV.

He was an intern.
He was an intern for multiple institutions and eventually CBS news. And he was able to move up the chain.

Why?

Because his internship, which he didn't get paid for, he was able to make the adequate connections and appropriate the knowledge in terms of him becoming where he is today on BRAVOTV.

The way I it did it, I wasn't paid but I decided to network myself within my own hospital to figure out where I could find out what this specialty is about.

So if you have any keen interest, find out where in the institution it can be found and volunteer your time.

Even if it's just two hours a week.

And sometimes you may not even have to be there.

And they will say, you know, we can use to you to telecommute at home.

Or we can use you to analyze this data.

Or we can use you to call certain people so we can get more information in terms of the research we need for our institution.

Again, if there's just two hours a week, and if you work as hard as you can and do the best you can, people notice that, and they will refer you to someone else.

Hey, I had this great intern who worked for me.

They did a spectacular job.
Was involved in this project, and maybe you should consider this person for a position.

FEMALE SPEAKER: I agree with that.

Also, too, as Nicholle mentioned, it's in networking.

I have attended for example, in the Chicago area, there is a chapter of HIMS here, and they have functions periodically.

And when you network, if you do it well, you're really, it gets kind of scary but you literally go from person to person not asking specifically for a job but picking their brains, and you can let them know.

Hey, I'm looking, do you have any ideas to help me break into this field.

Eventually, you will find somebody who will have a really good suggestion for you.

So I'm going to fall on – besides volunteering, networking.

FEMALE SPEAKER: Terrific.

Thank you, I think we're just about at the wrap-up point because we're about 15 minutes over.

So I think if it's okay, I think we're -- because you guys gave excellent suggestions, and there was just such a wealth of information but I think if it's okay we're just going to wrap up now.

FEMALE SPEAKER: Okay.

FEMALE SPEAKER: Nicholle, do you want to take this.

FEMALE SPEAKER: Yeah, so thank you very much everyone for
We just want to wrap it up by reminding everyone, here is the career center website so we encourage students connect with the Walden Career Center using any of the resources above. You can schedule an appointment with us. We can critique your CV.

We have a LinkedIn group as well. You can connect with us on LinkedIn. We have a word press blog where we highlight success stories. So there are many ways to engage with career services and please you'll definitely want to take full advantage of our services, and here is a shot of our LinkedIn group. I just took the shot the other day, and we are now up to over a thousand members. So you can interact on line as well and grow your network that way. LinkedIn is the top professional on line networking site, so we do encourage students to join.

And we have a few health informatics websites and web resources for students to utilize with data and research information and job boards as well. Here are some additional resources.
And finally, we just like to thank everyone for participating and attending this very informative webinar and thanks to all the faculty for sharing their expertise and their time and their valuable information with students.
And we would just like to end it with this quote.

Informatics is the intersection of people, information, and technologies.

And one last reminder, that you will receive a brief survey at this time at the end of the webinar, and we would greatly appreciate your feedback, and thank you, and have a good evening.

FEMALE SPEAKER: Great.

Thank you.

FEMALE SPEAKER: Thank you, Rosemary.