



Advancing Care Coordination and Interoperability for Underserved Communities through Health IT Training

Health IT Workforce Training Program: Success Story

In 2015, the Office of the National Coordinator for Health Information Technology (ONC) awarded a total of \$6.7 million to seven academic institutions to help build a workforce skilled in using health information technology (IT). This two-year cooperative agreement was designed not only to update curricula developed through ONC's 2010 workforce training program but also to create new training content for five emerging topic areas: care coordination, data analytics, patient-centered care, population health, and value-based care. The 2015 cooperative agreement aimed to train 6,000 incumbent health care workers across the United States.

The Agency for Healthcare Research and Quality (AHRQ) defines care coordination as “the deliberate organization of patient care activities...to facilitate the appropriate delivery of health care services.”¹ Patients and providers recognize that information sharing and coordination across providers and care settings is essential to improve quality, patient outcomes, and efficiency.² Interoperability—“the ability of a system to exchange electronic health information with and use electronic health information from other systems without special effort on the part of the user”³—is a vital part of care coordination. National programs and priorities, including those in the [Federal Health IT Strategic Plan, 2015–2020](#) and the [Shared Nationwide Interoperability Roadmap](#), stress the importance of interoperability in coordinating care to promote a more effective health system, and outline strategies and activities necessary to achieve nationwide interoperability. New payment models and programs, such as the [Transforming Clinical Practice Initiative](#) and the [State Innovation Models Initiative](#), are centered on care coordination facilitated through the electronic exchange of health information.

“Our vision for health care is to demonstrate the ability to seamlessly share health information, [showing that it is] essential to building a patient-centered, interoperable health IT ecosystem in the U.S. to facilitate care coordination.”

—Columbia University

The University of Texas Health Science Center at Houston (UTH) and Columbia University are two Workforce program recipients that launched educational programs for health care professionals to advance care coordination and interoperability, targeting those who work with underserved patients.

¹ AHRQ. “Care Coordination Measures Atlas Update: Chapter 2. What is Care Coordination?” 2014. Available at <https://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/atlas2014/chapter2.html>. Accessed June 7, 2017.

² Walker, J., E. Pan, D. Johnston, J. Adler-Milstein, D.W. Bates, and B. Middleton “The Value of Health Care Information Exchange and Interoperability.” *Health Affairs*, 2015, online ahead of print. Available at https://www.researchgate.net/profile/David_Bates3/publication/8072860_The_Value_of_Health_Care_Information_Exchange_and_Interoperability/links/0deec529f5b611144c000000/The-Value-of-Health-Care-Information-Exchange-and-Interoperability.pdf. Accessed June 7, 2017.

³ ONC. “Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap.” 2015. Available at <https://www.healthit.gov/sites/default/files/hie-interoperability/nationwide-interoperability-roadmap-final-version-1.0.pdf>. Accessed June 7, 2017.



UTH focused on training professionals in rural and small practices, whereas Columbia focused on professionals at urban community health centers and those serving Medicaid communities.

Providing customized training for health workers in rural and small practices

Acknowledging the limited resources of rural and small practices, UTH targeted its program to health care workers in these settings. To recruit participants, UTH relied on [regional extension centers](#) (RECs) in [Texas](#), [Louisiana](#), [New Mexico](#), and [Oklahoma](#), including the [UTH-affiliated Gulf Coast REC](#), to manage outreach and recruiting efforts.

To advance care coordination, UTH recognized the need to engage health care workers serving in different roles. UTH developed an online survey and worked with RECs and other organizations to collect feedback from a wide range of health professionals on their education needs related to care coordination and interoperability. The results helped identify training gaps for distinct health care positions, enabling UTH to tailor program content. UTH then developed educational components targeting four roles: clinicians, clinical support staff, business office staff, and IT staff. This ensured that workers received customized education relevant to their jobs.

“Bigger practices have a lot of resources available to them, but more rural areas don’t...and their margins are thinner. I try to help those people get the support they need to deliver quality care.”

—University of Texas Health Science Center at Houston

UTH’s program was well-received by professionals across all four tracks, with over 2,000 total health care workers registering for the six program cohorts. Among all program graduates, over 95 percent said the training program was directly relevant to their work. The program was also valuable to larger institutions, such as the Dallas County Hospital District, which had hundreds of workers participate in the training.

Promoting person-centered care in Medicaid and low-income communities

Like UTH, Columbia also targeted professionals who work with underserved communities. These professionals focus on delivering patient-centered care—which relies on care coordination and interoperability—encouraging patient engagement and information sharing across care settings.

To support outreach, Columbia drew on New York State’s Medicaid delivery reform network and the Health Resources and Services Administration’s network of community health centers. Columbia also worked with schools and hospitals, including Belmont University, New York Presbyterian, and Suffolk County Community College, to market to and recruit program participants, and stressed the importance of ensuring that patients are at the center of care coordination and interoperability efforts.

“As a health IT professional, I see my role as...helping to facilitate the framework that allows clinical care providers to meet the needs of patients.... This was a great learning experience about the key role that IT plays in the health care continuum [and] the role of coordinating care for the patient.”

—Columbia University



Looking ahead

By focusing on the role of health IT in care coordination and interoperability, UTH and Columbia helped health care workers provide more patient-centered, integrated care for underserved patients. Both awardees' curricula will be available for public use and can be customized for different audiences.