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## EVENTS of INTEREST

### **CIPCT Annual Meeting**

*September 13-14, Seattle, WA*

### **AMIA 2013 Annual Symposium**

*November 16-20, Washington, DC*

<http://www.amia.org/amia2013>

### **HIMSS 2014 Conference**

*February 23-27, Orlando, FL*

<http://www.himssconference.org>

## CIPCT Welcome Message - George Demiris

It is a great pleasure to welcome you to the new academic year. We have watched with enthusiasm the Clinical Informatics and Patient Centered Technologies (CIPCT) Program grow significantly over the recent years. Since the first cohort entered in Autumn 2005, the program continued to grow while we enhanced the curriculum, introduced problem based learning modules and converted the program to a fully online one. We strengthened the partnership between the School of Nursing and School of Medicine and expanded our faculty to include new faculty members from both schools. We currently have 55 alumnus who successfully graduated from the program who have either continued working and advancing their careers in their organizations or making a career transition to assume informatics related leadership positions.



Health care is facing well documented challenges; at the same as technology becomes more sophisticated and more accessible, we have a plethora of opportunities to design informatics tools and systems that will improve quality of care, workflow, patient safety, communication and clinical outcomes. Across the US, health care organizations are implementing health information systems and faced with the expectation of meaningful use of such systems. Technology used to manage chronic illness facilitates new models of care and enhances the concept of a medical home. Professionals with knowledge of both health care systems and information technology are in great demand. Now more so than ever, we have the chance to use informatics to advance not only biomedical knowledge but also clinical practice, and even empower health consumers, families and communities.

*GDemiris*

# Alumnus Spotlight

A brief look at some of our recent students!

## Chad Hiner RN, MS, CCRN

As a Clinical Operations Analyst I have multiple areas of system responsibilities, to include; logistical support and planning, requirements gathering, policy and procedure development, user acceptance, training, workflow analysis, design, and testing. I spend a majority of my time working with end-users; nurses, doctors, therapists, front-desk staff, managers, and directors. In many ways, I act as a clinical expert within the Informatics Department as well as an IT liaison to Hospital and Clinical Staff.

The CIPCT program played a vital role in my preparation to become a Clinical Analyst. The introduction to healthcare systems, computer science, and project management, all of which I had little knowledge of, was key. I am now able to view healthcare from a much broader lens. This view has helped me transition from the bedside to the role of an Analyst and I look forward to what my future in Clinical Informatics has to offer.”



## Pam Charney, PhD, RD, HIT Pro-CP

I'm program chair of the healthcare information technology and management program at Bellevue College. I'm responsible for all aspects of the new BAS degree - curriculum development, course design, financial management, faculty supervision, and program marketing. Our program just started this past fall.

Q: From a student perspective, how would you describe the CIPCT program? CIPCT gave me the flexibility I needed to combine work and family along with professional responsibilities that included almost monthly travel.



Q: How did the CIPCT program prepare you for your current position? The combination of my clinical experience and the CIPCT program were key to my current position as I was able to demonstrate knowledge and skills in both the HIT and clinical areas of practice.

Q: What advice would you offer to students entering the program this year? Take advantage of all the opportunities given for learning.

Q: Where do you see the field of clinical informatics heading in the next 5 years? The field will only expand over the next 5 years. We are seeing a growing realization that a degree in informatics is vital to success. It will soon no longer be possible to learn healthcare informatics on the job. As healthcare facilities and organizations implement EHRs and other technologies, there will be a growing demand for workers with knowledge and skills to develop, implement, evaluate and maintain these exciting technologies.

## Academic Calendar Highlights—2013-104

	<b>Instruction Begins</b>	<b>Instruction Ends</b>	<b>Final Examination Week</b>
<b>Autumn Quarter 2013</b>	September 25, 2013	December 6, 2013	December 9-13, 2013
<b>Winter Quarter 2014</b>	January 6, 2014	March 14, 2014	March 17-21, 2014
<b>Spring Quarter 2014</b>	March 31, 2014	June 6, 2014	June 9-13, 2014
<b>Summer Quarter 2014</b>	June 23, 2014	August 22, 2014	

# Faculty Spotlight

## A bit about our faculty

### Carol Boston-Fleischhauer

I am a Managing Director at the Advisory Board Company; which is an international thought-leadership firm that provides strategy, guidance, and best practice solutions to healthcare organizations and systems. In this capacity, I work with several membership constituencies within the Advisory Board; including nursing, human resources, medical and quality leadership. I help to shape the best practice research priorities for our nursing leadership agenda, and ensure integration throughout the organization.

On a daily basis, I work with healthcare organizations and systems, nationally, and globally, to identify best practice solutions to key leadership challenges impacting quality, safety, clinical, and operational effectiveness; responsive to changing consumer expectations, demographic shifts, new payment models, and healthcare reform legislation.



Q: What courses do you typically teach in the CIPCT program?

A: The series of courses I teach in CIPCT; NURS 524,525,526, and 527; all focus on key components of a what a healthcare 'system' is in our changing environment, how to advance clinical quality, operational effectiveness, and improve access and utilization to healthcare services. The courses build upon each other.

Q: Would you tell us a little about your research interests?

A: My research interests are fundamentally aligned with core process and systems that can be implemented to address the following:

- effective, safe transitions of care between healthcare settings
- strategies to improve interprofessional collaboration within and across settings
- strategies to enhance sustainability of clinical and operational process changes within and across settings that improve patient outcomes
- strategies to change clinical practice behavior in healthcare
- strategies to improve clinician accountability for organizational and clinical outcomes

Q: How do you see information technology impacting the health care 'world' in the near future?

A: Information technology will impact the healthcare world through clarity on the types of information required to support the achievement of clinical/financial/

operational outcomes, the design of processes and systems to support easy access to such information and seamless transition across all settings; including the home, and the support of predictive analytics to assist providers with preemptive healthcare delivery strategies in the future.

Q: What can our students do to best position themselves for a career in informatics?

A: CIPCT students can best position themselves for a successful career in healthcare informatics by maintaining a balanced understanding of the role and value of information technology along with the environmental changes/demands of healthcare within which information technology supports. It is critical to not view information technology as an end in and of itself, but rather as a primary enabler to clinicians, organizations, and ultimately consumers regarding the achievement of sustainable healthcare outcomes. I am bullish on this need for all in informatics to clearly understand the greater healthcare organization and landscape pressures; failure to do so will minimize personal effectiveness in an informatics leadership role.

Q: What advice would you give to a student enrolling in CIPCT this Autumn?

A: The advice I would give a CIPCT student entering this program would be to prepare for expanding one's perspective on the role of informatics in healthcare and willing to embrace an understanding of the context of the healthcare environment locally and globally, while simultaneously enhancing advanced informatics skills. The career opportunities for our CIPCT students are extraordinary both in terms of focus and potential for contribution.

# Recent Publications—2012 & 2013

Key: Faculty names in **bold**; CIPCT student names in *bold italics*

- Abu-Rish E, Kim S, Choe L, Varpio L, Malik E, White AA, Craddick K, Blondon K, Robins L, Nagasawa P, Thigpen A, Chen LL, Rich J, **Zierler B**. Current trends in interprofessional education of health sciences students: a literature review. *J Interprof Care*. 2012 Nov;26(6):444-51.
- Brock D, Abu-Rish E, Chiu CR, Hammer D, Wilson S, Vorvick L, Blondon K, Schaad D, Liner D, **Zierler B**. Interprofessional education in team communication: working together to improve patient safety. *BMJ Qual Saf*. 2013 May;22(5):414-23.
- Cook DL, Neal ML, Hoehndorf R, Gkoutos GV, **Gennari JH**. Representing physiological processes and their participants with PhysioMaps. *J Biomed Semantics*. 2013 Apr 15;4 Suppl 1:S2.
- Demiris G**, Parker Oliver D, Kruse RL, Wittenberg-Lyles E. Telehealth group interactions in the hospice setting: assessing technical quality across platforms. *Telemed J E Health*. 2013 Apr;19(4):235-40.
- Demiris G**, Parker Oliver D, Wittenberg-Lyles E, Washington K, Doorenbos A, Rue T, Berry D. A noninferiority trial of a problem-solving intervention for hospice caregivers: in person versus videophone. *J Palliat Med*. 2012 Jun;15(6):653-60.
- Demiris G**, **Thompson H**, **Boquet J**, Le T, Chaudhuri S, **Chung J**. Older adults' acceptance of a community-based telehealth wellness system. *Inform Health Soc Care*. 2013 Jan;38(1):27-36.
- Demiris G**, **Thompson HJ**. Mobilizing Older Adults: Harnessing the Potential of Smart Home Technologies. Contribution of the IMIA Working Group on Smart Homes and Ambient Assisted Living. *Yearb Med Inform*. 2012;7(1):94-9.
- Dewing K, Belza B, **Zierler B**, Lacroix AZ. Health maintenance module improves BMD testing. *Nurse Pract*. 2013 Apr 10;38(4):37-41.
- Edison KE, Fleming DA, Nieman EL, Stine K, Chance L, **Demiris G**. Content and style comparison of physician communication in teledermatology and in-person visits. *Telemed J E Health*. 2013 Jul;19(7):509-14.
- Haozous E, Doorenbos AZ, **Demiris G**, Eaton LH, Towle C, Kundu A, Buchwald D. Role of telehealth/ videoconferencing in managing cancer pain in rural American Indian communities. *Psychooncology*. 2012 Feb;21(2):219-23.
- Hills RA**, Revere D, Altamore R, **Abernethy NF**, **Lober WB**. Timeliness and data element completeness of immunization data in Washington State in 2010: a comparison of data exchange methods. *AMIA Annu Symp Proc*. 2012;2012:340-9.
- Kelley M**, **Demiris G**, Nguyen H, Oliver DP, Wittenberg-Lyles E. Informal hospice caregiver pain management concerns: a qualitative study. *Palliat Med*. 2013 Jul;27(7):673-82.
- Klasnja P, **Pratt W**. Healthcare in the pocket: mapping the space of mobile-phone health interventions. *J Biomed Inform*. 2012 Feb;45(1):84-98.
- Kruse RL, Parker Oliver D, Wittenberg-Lyles E, **Demiris G**. Conducting the ACTIVE randomized trial in hospice care: keys to success. *Clin Trials*. 2013 Feb;10(1):160-9.
- Le T, Reeder B, **Thompson H**, **Demiris G**. Health providers' perceptions of novel approaches to visualizing integrated health information. *Methods Inf Med*. 2013 May 7;52(3):250-8.
- Le T, **Thompson H**, **Demiris G**. An examination of electronic health information privacy in older adults. *Stud Health Technol Inform*. 2013;192:709-13.
- Le T, Wilamowska K, **Demiris G**, **Thompson H**. Integrated data visualisation: an approach to capture older adults' wellness. *Int J Electron Healthc*. 2012;7(2):89-104.
- Lee JA, **Zierler BK**, Zierler RE. The risk factors and clinical outcomes of upper extremity deep vein thrombosis. *Vasc Endovascular Surg*. 2012 Feb;46(2):139-44
- Masys DR, Jarvik GP, **Abernethy NF**, **Anderson NR**, Papanicolaou GJ, Paltoo DN, Hoffman MA, Kohane IS, Levy HP. Technical desiderata for the integration of genomic data into Electronic Health Records. *J Biomed Inform*. 2012 Jun;45(3):419-22.

# Recent Publications—2012 & 2013, Continued

Key: Faculty names in **bold**; CIPCT student names in *bold italics*

- Oliver DP, **Demiris G**, Wittenberg-Lyles E, Washington K, Day T, Novak H. A systematic review of the evidence base for telehospice. *Telemed J E Health*. 2012 Jan-Feb;18(1):38-47.
- Parker Oliver D, Washington K, **Demiris G**, Wittenberg-Lyles E, Novak H. Problem solving interventions: an opportunity for hospice social workers to better meet caregiver needs. *J Soc Work End Life Palliat Care*. 2012;8(1):3-9.
- Patel RA, Klasnja P, Hartzler A, Unruh KT, **Pratt W**. Probing the benefits of real-time tracking during cancer care. *AMIA Annu Symp Proc*. 2012;2012:1340-9.
- Reeder B, **Chung J**, Lazar A, Joe J, **Demiris G**, **Thompson HJ**. Testing a Theory-Based Mobility Monitoring Protocol Using In-Home Sensors: A Feasibility Study. *Res Gerontol Nurs*. 2013 Aug 5:1-11.
- Reeder B, **Demiris G**, Marek KD. Older adults' satisfaction with a medication dispensing device in home care. *Inform Health Soc Care*. 2013 Sep;38(3):211-22.
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- Reeder B, Meyer E, Lazar A, Chaudhuri S, **Thompson HJ**, **Demiris G**. Framing the evidence for health smart homes and home-based consumer health technologies as a public health intervention for independent aging: a systematic review. *Int J Med Inform*. 2013 Jul;82(7):565-79.
- Thompson H**. Clinical practice guideline series update. *J Neurosci Nurs*. 2012 Apr;44(2):111.
- Thompson HJ**, Dikmen S, Temkin N. Prevalence of comorbidity and its association with traumatic brain injury and outcomes in older adults. *Res Gerontol Nurs*. 2012 Jan;5(1):17-24.
- Thompson HJ**, Weir S, Rivara FP, Wang J, Sullivan SD, Salkever D, MacKenzie EJ. Utilization and costs of health care after geriatric traumatic brain injury. *J Neurotrauma*. 2012 Jul 1;29(10):1864-71.
- Washington KT, **Demiris G**, Parker Oliver D, Wittenberg-Lyles E, Crumb E. Qualitative evaluation of a problem-solving intervention for informal hospice caregivers. *Palliat Med*. 2012 Dec;26(8):1018-24.
- Washington KT, Wittenberg-Lyles E, Parker Oliver D, **Demiris G**, Shaunfield S, Crumb E. Application of the VALUE communication principles in ACTIVE hospice team meetings. *J Palliat Med*. 2013 Jan;16(1):60-6.
- Wilamowska K, LE T, **Demiris G**, **Thompson H**. Using commercially available tools for multifaceted health assessment: data integration lessons learned. *Comput Inform Nurs*. 2013 Jul;31(7):329-34.
- Wittenberg-Lyles E, Debra PO, **Demiris G**, Rankin A, Shaunfield S, Kruse RL. Conveying empathy to hospice family caregivers: team responses to caregiver empathic communication. *Patient Educ Couns*. 2012 Oct;89(1):31-7.
- Wittenberg-Lyles E, **Demiris G**, Parker Oliver D, Washington K, Burt S, Shaunfield S. Stress variances among informal hospice caregivers. *Qual Health Res*. 2012 Aug;22(8):1114-25.
- Wittenberg-Lyles E, Goldsmith J, **Demiris G**, Oliver DP, Stone J. The Impact of Family Communication Patterns on Hospice Family Caregivers: A New Typology. *J Hosp Palliat Nurs*. 2012 Jan;14(1):25-33.
- Wittenberg-Lyles E, Goldsmith J, Oliver DP, **Demiris G**, Rankin A. Targeting communication interventions to decrease caregiver burden. *Semin Oncol Nurs*. 2012 Nov;28(4):262-70.
- Wittenberg-Lyles E, Oliver DP, Kruse RL, **Demiris G**, Gage LA, Wagner K. Family caregiver participation in hospice interdisciplinary team meetings: how does it affect the nature and content of communication? *Health Commun*. 2013;28(2):110-8.
- Wittenberg-Lyles E, Shaunfield S, Oliver DP, **Demiris G**, Schneider G. Assessing the readiness of hospice volunteers to utilize technology. *Am J Hosp Palliat Care*. 2012 Sep;29(6):476-82.
- Zaslavsky O, Thompson H, **Demiris G**. The role of emerging information technologies in frailty assessment. *Res Gerontol Nurs*. 2012 Jul;5(3):216-28.



## Healthcare IT Trends

A number of publications exist with information about what's happening in the world of healthcare IT. In this newsletter, we'll present some interesting tidbits to whet your appetite. Take a look at some of these interesting articles from the world of Healthcare IT!

### **HealthcareITNews: [www.healthcareitnews.com](http://www.healthcareitnews.com)**

"Healthcare apps: Ripe for the picking?", Feb. 2013 issue

In this article, the author explores the near future of apps as they relate to the healthcare field. You might find this interesting, especially if you're exploring the use of applications for remotely monitoring patient care. According to the article, there are several types of apps being used with some kind of frequency. They do, however, acknowledge that most of this use is coming from funded studies. On the upside, the general consensus seems to be that healthcare apps are on the verge of becoming indispensable. To read more, view the article here:

<http://www.healthcareitnews.com/news/healthcare-apps-ripe-picking>

"What will it take for docs to use apps?", Feb 2013 issue

In a related article, the author discusses some of the obstacles currently hindering the widespread use of applications in the healthcare realm. With the advent of smartphones, experts suggest that the potential is there—if we would only take advantage of it. The article focuses primarily on the issues of regulation and policy as barriers to the adoption of new methods. To read more, view the article here:

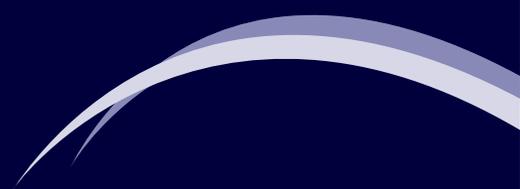
<http://www.healthcareitnews.com/news/what-will-it-take-docs-use-apps-0?>  
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## Useful Websites

<http://www.healthit.gov>

If you're looking for information, this website from the US government is jam-packed. There is a portal for Providers, Patients, and Policy researchers, allowing each group to browse through current information regarding informatics and technology in the healthcare industry.

With an absolute wealth of information about current healthcare IT policies and more, plan to spend some time getting lost—it will be worth it.

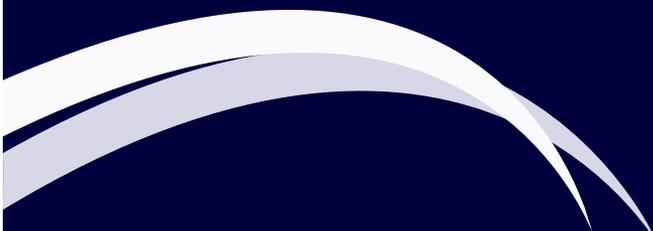


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