AMIA president’s column: AMIA and HIT policy activities

In my inaugural column in January 2011, I described the recent efforts by AMIA to assess its current and future roles, and the ways in which we are perceived by our members and by external groups. Insights from formal and informal surveys have led to a number of changes, including our new logo and branding, our new website, and our explicit efforts to broaden our membership within the informatics and health-information-technology communities.

One element in the surveys was particularly surprising to us, however. Our members expressed a desire for AMIA to be more involved in public policy work and to represent the field visibly and effectively as legislation and regulations are developed and promulgated. Yet this is an area in which AMIA has evolved dramatically in recent years, and our role and effectiveness in Washington, DC and with major policy groups are well known to the organization’s leadership and to our colleagues in other societies. Since it appears that some of our members are unaware of the significant work that AMIA does in the policy arena, I would like to devote this issue’s column to providing a brief update on this topic.

From its inception more than two decades ago, AMIA has had a public policy committee, and its volunteer members did what they could to represent the field and its interests and to inform other members about evolving policy issues. Fortunately, with the 2004 recruitment of Dr Don Detmer to his role as President and CEO of the association, we had full-time expertise in health and health-information-technology (HIT) policy on the AMIA staff. Don brought significant experience to his role, as well as a passion for policy matters, and he very quickly began to transform AMIA’s activities and influence, both with other policy groups and with our representatives in Congress. 1 Within a few years, he had recruited to AMIA an experienced policy expert, Meryl Bloomrosen, who took the lead on many of our policy-related activities and, with her current staff of two additional people, serves as AMIA’s Vice President for Policy and Government Relations. To complement our in-house expertise, AMIA also works with Doug Peddicord, PhD, President of the Washington Health Strategies Group, who, with his own team based near Capitol Hill, has since the late 1990s played a key role in representing to Congress AMIA’s interests, and the interests of the informatics community, and in working with us to analyze pending legislation and proposed rule-making. Many of our members have had opportunities to meet with Meryl and Doug as we have increased the number of policy-related offerings at the AMIA Annual Symposium every autumn.

With Don Detmer’s departure and the initiation of my own role at AMIA, I too have become actively engaged in policy work. Our most recent effort was another successful Hill Day in Washington (our eighth annual event), a remarkable opportunity for AMIA members and leaders to work together in bringing key messages about informatics and HIT issues to our Representatives, Senators, their staff members, and key committees on the Hill. Those members who have participated can attest to the combination of exhaustion and exhilaration that they feel at the end of a day talking with people who make the laws and regulations that drive our public health and healthcare systems. Walking the halls of Congress, and talking with the people who work there, is both a lesson in civics and an opportunity to appreciate the willingness of lawmakers to open their doors to hear from, and be informed by, constituents. And the effort is worth it! We leave materials and business cards, and AMIA often hears back from those we visit with questions about pending legislation or other matters about which they need information from an unbiased and authoritative source. I have personally been told by our contacts on the Hill that they appreciate AMIA’s visits because we clearly are advocating for the interests of patients, citizens, and the quality of our healthcare system.

For 5 years, AMIA has sponsored an annual invitational policy meeting in Washington, DC. These events have typically brought together approximately 100 AMIA members, invited guests, and representatives from Federal agencies. Focusing on a single theme for each meeting, the autumn meetings have been well received and have produced written reports that have in turn been published and have influenced policy discussions. For example, a paper discussing the 2009 policy meeting and recommendations was published recently in JAMIA. 4

Current key issues of our policy focus include ensuring the availability of a trained informatics workforce, protecting and encouraging funding for core biomedical and health informatics research and training programs and services, and guiding sound implementation of HIT. The passage of the ARRA and HITECH acts has placed AMIA in the vortex of Federal attention on HIT and the dissemination of EHRs into practices and health
systems. AMIA is frequently invited to testify before Federal policy committees or to comment on pending legislation or proposed rules, and we turn to our Board, our Public Policy Committee, and policy liaisons with our working groups to assure that our responses are well informed and reflect a consensus. Similarly, the Office of the National Coordinator for HIT has turned to a large number of AMIA members who serve on the HIT Policy and Standards Committees. Our members are similarly engaged in, or testify before, other Federal and private advisory groups, such as the National Committee on Vital and Health Statistics, study committees at the National Academies, the National Quality Forum, the National Committee on Quality Assurance, and many others.

AMIA recognizes that involvement in public policy, government relations, and advocacy campaigns at the national level are essential to the success of AMIA’s overall mission (to transform healthcare through trusted science, education, and practice in biomedical and health informatics) and in support of our strategic plan. Those of you who have not had a chance to learn about AMIA’s policy activities and positions should explore the policy pages on our website, where all recent and past comments and letters are posted. You may be surprised to discover the large number of requests to which we respond—often several every month. It is a reflection on the current era that we typically cannot respond to every invitation; our resources will not permit us to weigh in every time. We accordingly choose to focus on topics where our expertise is unique, and where we likely have a special perspective that might not otherwise be reflected in comments submitted by others.

We invite members to follow our policy activities on the website, to get involved when you see a call for comments on an issue in which you have a particular interest, and to provide us with your perspectives so that we can try to be sure that our responses are balanced and well informed. AMIA’s comments are meant to be those of its members, not just the leadership, so we look to you for guidance on the important topics that affect informatics, the HIT arena, and, of course, the health and healthcare of the nation.

Edward H Shortliffe

Correspondence to Dr Edward H Shortliffe, AMIA, 4915 St Elmo Ave, Suite 401, Bethesda, MD 20814, USA; shortliffe@amia.org

Competing interests None.

Provenance and peer review Internally peer reviewed.

REFERENCES