

Health Innovation & Technology Committee Objectives

2019-2020

Chair: Nicholas Genes, MD, PhD, FACEP

Vice-Chair: Todd Taylor, MD, FACEP

Board Liaison: JT Finnell, MD, MSc, FACEP

Develop a plan to insert ACEP at the center of health information/innovation policy development & management, using data-driven advocacy and leveraging new technologies to improve emergency care delivery and patient outcomes.

1. Create an infrastructure for collaboration with health information/innovation stakeholders, other medical organizations (e.g. AMA, AHHA, ANA, etc.) & industry partners.
2. Participate in national committees and leadership organizations that direct the application of health care information technology and policy.
3. Assess the current health information/innovation policy environment, with a focus on overcoming barriers toward data democratization.
4. Explore avenues to foster distributed health technologies.
5. Develop and maintain a list of necessary criteria toward achieving efficient, effective, and usable information technology in the ED.
6. Develop work products related to health information/innovation policies, standards, implementation, certification criteria, benchmarks and similar issues, as well as the adoption, usability, and safety of health information technology solutions that advances the electronic access, exchange, and use of health information for ACEP members.
7. Develop and disseminate information for education and training in informatics and health information technology for EM physicians. Collaborate with EMRA to develop resources for medical students and residents about informatics subspecialty certification and opportunities after EM residency.
8. Provide resources for members regarding best practices for decision support and clinical documentation.
9. Provide assistance to other ACEP committee and sections as needed as they develop health information/innovation and technology resources.
10. Develop a resource for medical students and residents about Informatics subspecialty certification and opportunities after EM residency. Collaborate with EMRA.
11. Review Referred Amended Resolution 42(19) Augmented Intelligence in Emergency Medicine and provide a recommendation to the Board regarding further action on the resolution.
12. Review the following policies per the Policy Sunset Review Process:
 - a. Emergency Care Electronic Data Collection and Exchange

13. Determine by December 15, 2020 if the policies should be reaffirmed, revised, rescinded, or sunsetted.
Submit any proposed revisions to the Board for approval by the end of the committee year.