Final Committee Objectives 2024-25

Health Innovation Technology Committee

Chair: Emily Hayden, MD, FACEP
Vice Chair: Tehreem Rehman, MD, FACEP
Board Liaison: Henry Z. Pitzele, MD, FACEP
Staff Liaison: Dhruv Sharma

1. Provide subject matter expertise to review and prepare ACEP responses to governmental 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.

2. Continue to collaborate and disseminate information for education and training in informatics and health information technology for emergency physicians. Collaborate with organizations such as: EMRA, EDBA, EDPMA, and EMF to develop resources for ACEP members regarding best practices for decision support and clinical documentation.

3. Partner with major EHR vendors to describe how the specialty uses EHRs – documentation habits during and after shift, "pajama time" (sharing done after a shift), use of advanced EHR tools, and better characterize relationship between EHR efficiency/usability, workload, and satisfaction/burnout through EHR usage data and surveys.

4. Collaborate with the AI Task Force to develop a resource or information paper that identifies and describes opportunities and threats posed by new developments in artificial intelligence to the emergency medicine workforce. Develop a resource or information paper that explores how innovative technologies such as machine learning and AI can be leveraged to innovate approaches to quality and safety work. (AI Task Force is the lead for this objective and the HIT Committee will provide support in their work.)

   Note: Information papers must be submitted to the Board of Directors for a 30-day comment period prior to publication on the ACEP website or submission to ACEP's peer-reviewed journals (Annals of Emergency Medicine and JACEP Open).

5. Collaborate with the Emergency Medicine Informatics Section and the Emergency Medicine Data Institute (EMDI) to identify early adopter participants interested in using beta versions of new EMDI data products and provide feedback to the EMDI product management team.

6. Collaborate with the Emergency Telehealth Section and other appropriate committees and sections to:
   - Develop consensus on the future of emergency medicine telehealth.
   - Serve as a resource to the Communications Committee on both internal and external messaging on the value of EM in telehealth. (Communications is the lead committee.)
   - Serve as a resource to the Education Committee for accessible training on emergency medicine-based telehealth for ACEP members and non-members. (Education is the lead committee.)