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Raymond D. Aller, MD, and Hal Weiner

In virtual informatics conference series, students teach and learn

In the television drama "The Paper Chase," law professor Charles W. Kingsfield strikes fear and terror in the hearts of his students by "cold-calling" on them in class.

Douglas Bell, MD, PhD, professor of medicine at the University of California, Los Angeles, and the program director of UCLA's clinical informatics fellowship program, doesn't want his own classes to be as stressful. But part of the pedagogical challenge for Dr. Bell and Bruce Levy, MD, who together run a virtual conference series for clinical informatics fellows, is finding a way to use active learning techniques, like calling on students, when the students are remote.

According to Dr. Levy, associate chief medical informatics officer and director of the clinical informatics fellowship program at Geisinger Health System, Danville, Pa., the conference series isn't intended to be a traditional webinar, with one lecturer and a group of passive, disconnected listeners. In fact, a major impetus behind the series is to get CI fellows—who, as part of a relatively new subspecialty, tend to only have one or two peers per institution—to interact and learn from each other. Therefore, the two informaticists designed the offering so that a different institution is responsible for planning each session. The fellows "choose the topic and put the materials together," Dr. Levy says. "This is typically done with guidance from program faculty."

Conference topics have been oriented towards practical and applied knowledge. Recent sessions, for example, have explored the nuts and bolts of getting informatics projects approved and funded, guidance on building a data governance structure, and methods for handling a data security breach.

In addition to preparing fellows for some of the practical aspects of working as informaticians, the conference sessions will help CI fellowship programs cover the core competencies required by the Accreditation Council for Graduate Medical Education, Dr. Bell says. "There are 59 core competencies that we're expected to convey to fellows," he explains, noting that CI fellows generally spend the bulk of their time in a series of rotations. While these rotations cover a lot of ground, it's unlikely they will address every required competency. Data security, for example, isn't addressed by the rotations in the UCLA program.

Security breaches are relatively rare "and yet that's something they [the fellows] need to know about," Dr. Bell says. "So I thought that a case conference format, where we would review some actual cases of security breaches, would be valuable."

While many clinical residency programs hold discussion-based case conference sessions, it's far more challenging to lead an interactive discussion in a virtual conference setting, in part, due to the software required, Dr. Bell continues.

The virtual conference series has primarily used WebEx to link participants, but some residents have explored technologies such as Google Docs or Google Hangouts, which encourage discussion, for their presentations. In the conference sessions hosted by the University of Illinois at Chicago, Dr. Levy's former employer, residents used a research product called SAGE (Scalable Adaptable Graphics Environment), which allows each participant to "drive" the presentation. In other words, any participant can add, point to, or annotate material displayed on the screen without having to switch presenters. Dr. Levy plans to apply for grant funding to develop or purchase a similar product but has not yet "exhaustively researched the options," he notes.

Perhaps due in part to the virtual nature of the sessions, reception to the conference series has been positive. The series featured four sessions during the 2015–2016 academic year, its first. Initially, fellows from four institutions participated. But it expanded quickly, moving to a monthly schedule for the 2016–2017 academic year, with

fellows from 24 institutions participating.

"We're [even] getting requests to join the conference from outside what you would consider the traditional core of informatics," Dr. Levy says. "We've gotten requests from [institutions] that don't yet have an informatics program but have physicians that are interested in the area or medical students or residents who are interested in applying to CI programs."

Dr. Levy and Dr. Bell, who met through the academic forum of the American Medical Informatics Association, want to see more physicians become informaticians. As a pathologist who directs a CI fellowship, Dr. Levy is particularly interested in seeing pathology informaticists acquire a broader knowledge base in clinical informatics. As of now, he says, approximately a half dozen pathologists in CI programs and a smaller number of pathology informatics fellows are participating in the conference series. He's promoted the series to the latter group by reaching out to PI program directors, largely through the Association of Pathology Informatics.

"Pathologists are uniquely qualified in CI because of our long history with informatics," he explains. "We're well situated to move beyond pathology and take our role as leaders within the larger world of informatics, and for that we're going to need CI training and credentialing."

Yet Dr. Levy and Dr. Bell view their work in a broader sense. "The vision of CI fellowships," says Dr. Levy, "is not to train pathology informaticians, pediatric informaticians, or obstetric informaticians, but to train informaticians." Adds Dr. Bell: "Ultimately, we're trying to train the next generation of leaders responsible for information systems."—*Charna Albert*

IBM and FDA collaborate to boost health care via blockchain technology

IBM Watson Health has signed a research initiative with the FDA to determine if blockchain technology can be used as a secure patient data-sharing platform. Under a two-year agreement, IBM and the FDA will explore the exchange of patient data from sources such as electronic medical records, clinical trials, and genomics, as well as health data from mobile devices, wearable technology, and the Internet of Things.

By keeping an audit trail of all transactions on an unalterable distributed ledger, blockchain technology establishes a secure and efficient data-exchange process, according to IBM. "Blockchain technology provides a highly secure, decentralized framework for data sharing that will accelerate innovation throughout the [health care] industry," added Shahram Ebadollahi, vice president for innovations and chief science officer for IBM Watson Health, in a statement.

The blockchain collaboration initially will focus on oncology-related data.
[**IBM Watson Health**](#), *888-426-4968*

McKesson and Change Healthcare release name of new company

McKesson Corp. and Change Healthcare Holdings, which announced a joint venture last summer, now report that they will name their new company Change Healthcare.
"The company's logo, brand positioning, and visual identity will be completely new, reflecting the unification of the two organizations and the launch of a new company," according to a joint statement from the vendors. "The new brand will be unveiled in its entirety upon the close of the transaction, with a migration process to occur over the following 12 months."

The new entity will combine substantially all of Change Healthcare's business and the majority of McKesson Technology Solutions, including McKesson Health Solutions, Imaging and Workflow Solutions, Business Performance Services, and Connected Care and Analytics. It excludes McKesson Enterprise Information Solutions, which markets McKesson Lab, and the company's RelayHealth pharmacy business.

Visiun announces installation

Baylor Scott & White Health, the largest nonprofit health care system in Texas, has implemented Visiun's Performance Insight laboratory data analytics software suite. Visiun has provided the product to the laboratories at Baylor Scott & White Health's 48 hospitals.
[Visiun](#), 800-941-4937

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