MEMORANDUM OF UNDERSTANDING
BETWEEN
The U.S. Department of Labor
(Employment and Training Administration)
AND
The U.S. Department of Health and Human Services
(Office of the National Coordinator for Health Information Technology
and
Health Resources and Services Administration)

Purpose of Memorandum of Understanding (MOU)

The U.S. Department of Labor's (DOL) Employment and Training Administration (ETA) and the U.S. Department of Health and Human Services' (HHS) Office of the National Coordinator for Health Information Technology (ONC) and Health Resources & Services Administration (HRSA) (the "parties" or "partners" or "partnering agencies") have a mutual goal of developing a health information technology (health IT) workforce that is available and actively working to support the use of health IT in a meaningful way nationwide, and especially in rural communities. Today's economic realities make this cooperation vital to providing improved health services to rural communities, and to support a new and emerging health IT market in rural areas.

Consistent with their underlying legal authorities, DOL ETA, HHS ONC and HHS HRSA will partner to leverage their resources to promote within America a health IT workforce that is:

1. Available in sufficient numbers and skills to support rural health IT needs, including adoption and meaningful use of health IT; and
2. Actively employed supporting rural health IT needs.

This MOU establishes a mutual understanding of the parties' intent to work together toward this goal.

Background

Health IT is a new and emerging field that has the potential to continue developing as a key employment sector.[1] This opportunity may be particularly critical in rural areas where there is great need for expanding the health IT workforce to help rural health care providers as they adopt electronic health records and other health IT applications.

Health IT is a critical foundation for making high-quality, safe and affordable health care more available to all Americans. Health IT can, among other things, help health care providers detect health concerns earlier, avoid medical errors, lower the cost of care, and reach patients in very

---

[1] Health IT presents a tremendous opportunity for individuals entering the workforce in the coming decade. Now, it presents an opportunity for increasing utilization of workers, especially in rural areas. For example, health IT can help individuals in rural areas get better jobs without moving to urban areas.

remote areas of the country using telemedicine. In rural areas, health IT will be especially beneficial. For example, in rural areas where distances between clinics are great and specialists may be a travel-day from a patient's home, health IT can give health care providers instant access to information necessary to make timely, treatment decisions which can save lives.

Through the Health Information Technology for Economic and Clinical Health (HITECH) Act provisions of the American Recovery and Reinvestment Act of 2009, Congress authorized an unprecedented investment in health IT. With the development of this nationwide health IT infrastructure, the number of available jobs in the field of health IT is expected to grow nearly 20% by 2016.[2] In addition, as the nation moves toward a more technologically advanced health care system, more of the health care workforce will need to be skilled in health IT. HHS and its partners have predicted a shortage of more than 50,000 trained health IT workers nationwide. This shortage can be expected to be more severe in rural America where recruitment and retention of health care professionals is already challenging.

Without targeted support over the next two years, health IT workforce shortages could have a great impact on rural America. By statute, beginning 2015, eligible professionals and hospitals will be subject to downward payment adjustments under Medicare if they do not meaningfully use certified ELECTRONIC HEALTH RECORD technology.[3] Rural health care providers rely heavily on reimbursement for services covered by Medicare. Many of these health care providers are already constrained by very thin financial operating margins. Of necessity, personnel in rural health care settings are routinely filling a broad range of duties. For examples, clinicians serving vital, time-intensive roles may also be responsible for coordinating emergency preparedness and performing a range of administrative duties.

DOL and HHS have resources in place that provide opportunities to train individuals for health IT jobs, to promote nationwide efforts to adopt health IT and use it in a meaningful way to make high-quality, affordable health care more available to all Americans. ETA, ONC, and HRSA have recently begun to explore ways to align and coordinate their respective Federal programs serving rural populations with a special focus on health care and job creation. Building on a long history of collaboration, ETA and ONC have jointly initiated a series of efforts to further enhance the development of ONC's health IT workforce development programs. In addition, HRSA and ONC have worked closely to promote ONC's workforce development programs, connect safety net providers, especially those in rural areas, with graduates, and develop new training and education opportunities based on lessons learned. HRSA and ETA have collaborated to help meet the general health care training needs of U.S. communities and look forward to the new focus on rural communities.

---

[2] Data from the Bureau of Labor Statistics. The DOL Bureau of Labor Statistics, *Occupational Outlook Handbook*, 2010-11 Edition. Available online at: http://www.bls.gov/oco/ocos103.htm.

[3] The Department expects that the meaningful use of certified electronic health record technology will improve the quality, safety and affordability of health care by ensuring that participating providers and their patients will have access to important health information when they need it. When doctors use certified electronic health record technology to, for example, prescribe medication electronically or to track and report clinical quality measures, they are using a couple of the required features of certified electronic health record technology.

Authorities and Agency Overview

HHS ONC is charged with coordinating health IT policy and programs among Federal agencies, and promoting efforts to implement and use health IT and exchange of health information electronically to improve healthcare nationwide. ONC's four workforce programs are supporting the development of a trained workforce to implement and facilitate the use of health IT technologies. These programs prepare qualified individuals to serve in 12 high priority roles in health IT: 1) Community College Consortia to educate health IT professionals, 2) Curriculum Development Centers to develop curriculum for these colleges, 3) Competency Examination for individuals completing the training and professionals wanting to validate their skills, and 4) Assistance for University-Based Training.

HHS HRSA is charged with, among other things, improving access to healthcare for rural communities through access to a skilled health workforce. HRSA's Office of Rural Health Policy coordinates HHS's activities related to rural health and administers grant programs that are vital to supporting health IT needs of rural America. For example, the Office of Rural Health Policy administers grants to 50 State Offices of Rural Health and Medicare Rural Hospital Flexibility Grants to support rural hospitals, specifically, more than 1300 Critical Access Hospitals across the country. In addition, the Office of Rural Health Policy provides a broad range of technical assistance for rural communities. HHS HRSA's Office of Health IT & Quality provides tools and resources to support safety net and rural providers in using health IT and meeting their workforce needs.

ETA's mission is to contribute to the more efficient functioning of the U.S. labor market by providing high quality job training, employment, labor market information, and income maintenance services primarily through state and local workforce development systems. For example, ETA administers the nationwide system of One-Stop Career Centers and awards competitive grants to innovative training partnerships through Solicitations for Grant Applications. ETA also administers the Registered Apprenticeship system which can provide technical assistance to set up apprenticeship programs with interested employers. Registered Apprenticeship staffs are located in every state and can work directly with grantees, health care providers, and other partners. While these programs provide access to career information and training across all varieties of occupations, there have been significant investments by the workforce system and grantees in education and training for the health care workforce. ETA grants and programs in the healthcare sector offer, among other things, competency-based and time-based models, portable credentials and wage increases, responding to the needs of a highly-skilled health IT workforce.

While ETA awards both formula and competitive funding from the Federal level, it is important to recognize that the services available through the system and grantees for both job seekers and businesses are provided at the state and local levels. The workforce system is a distributed system with formula funding flowing from the Federal level to states and local or regional workforce boards. Under the Workforce Investment Act of 1998, each state establishes a state workforce investment board, which determines strategic priorities, identifies high-growth industries, develops a workforce investment budget, and establishes local workforce

investment areas across the state. To ensure that the workforce system provides services relevant to the local or regional economy, states are divided into one or more workforce areas, controlled by a local workforce investment board.

ETA's authority to enter into this MOU is set forth at Section 106 of the Workforce Investment Act, codified at 29 USC 2811.

Framework for Coordination

In the summer of 2011, the President convened the White House Rural Council to, among other objectives, streamline and improve the effectiveness of Federal programs serving rural America with a special focus on healthcare and job creation. In the summer of 2010, the Secretary of HHS convened an HHS Rural Health IT Task Force of seven member agencies, co-chaired by ONC and HRSA. This task force works across HHS and the Federal Government and collaborates with private sector organizations to identify and address health IT infrastructure challenges in rural communities, including broadband connectivity, capital funding and workforce shortages. Recently, the HHS Rural Health IT Task Force focused on addressing the health IT workforce shortage, which is a chief barrier to adoption and meaningful use of health IT in rural communities. This MOU builds on the work of this working group.

As ONC's Health IT workforce programs and DOL's workforce programs are complementary, leveraging each agency's resources will achieve the mutual goal of addressing barriers to health IT adoption and meaningful use in rural America. Supporting this emerging market nationwide, and especially in rural areas, has the potential to achieve both improved healthcare and higher employment.

This MOU has been developed to facilitate this work and formalize the intent and goals of the agencies in this effort. The table below illustrates the partners' overarching goals and more specific objectives stemming from each goal to address issues around supply (i.e., availability) of and demand for health IT workers in this emerging market.

Goals and Objectives of MOU, by Availability and Demand for Health IT Workforce	
Availability of health IT workforce in the labor market	**Demand for health IT workforce in the labor market**
Overarching goals	
• Ensure that America has a health IT workforce available in sufficient numbers and skills to support rural health IT needs, including adoption and meaningful use of health IT.	• Promote a health IT workforce that is actively employed supporting rural health IT needs.
More specific objectives	
1. Increase the number of trained health IT and health information management professionals. 2. Diversify programs to meet wider range of training needs.	3. Reach out to potential workers and employers to inform them about career pathways in health information management and technology. 4. Support employers in educating potential health IT workers, which would include current staff that need training and newly recruited staff. 5. Support employers in staffing health IT positions.

> For example, give support for onboarding new staff and provide incentives for retaining skilled health IT workers in rural areas.

ETA, ONC, and HRSA have articulated various options for working towards these objectives and various programs that can potentially be leveraged to support the overarching goals of this MOU. The partners, operating within their existing legal authorities, will collaborate to:

1. Increase the number of trained health IT professionals from rural areas and those who may serve rural areas by:
   - Encouraging enrollment in demand-driven health IT workforce training programs, including those supported by ONC's Community College Consortia program;
   - Encouraging educational institutions to provide health IT workforce training, especially those with enrollment and outreach in rural communities. For example, partners may work to identify experts within current programs and encourage them to train other institutions;
   - Sharing public information with the Workforce Investment Boards established under the Workforce Investment Act of 1998 to help create an awareness of the Health IT Career Fields among potential health IT workers;
   - Encouraging employers to sponsor Registered Apprenticeships authorized under the National Apprenticeship Act of 1937 which will build and fill career paths in health IT, especially in rural areas; and
   - Distributing career awareness information to the workforce system and other stakeholders, including ONC and HRSA grantees.

2. Diversify workforce training programs in rural areas and those serving rural areas, where appropriate, to meet a wide range of training needs by:
   - Providing information on health IT opportunities to ETA grantees in order for them to consider when allocating or applying for funds for training. Information on these new and emerging opportunities may help inform decisions, especially as data on the jobs is not yet consistently available;
   - Encouraging the provision of training via different modalities (e.g., distance learning, onsite training, hybrid) to extend its reach to rural communities; and
   - Distributing existing training curricula and tools that meet the needs of a range of potential workers (e.g., adult-learner options, continuing health IT education for all healthcare professionals).

3. Provide information to potential workers and employers in rural areas about career pathways in health information management and technology by using the online tools and each agency's communication vehicles.

4. To the extent permitted by the agencies' existing authorities, support rural employers in educating potential health IT workers, which would include current staff that need training

and newly recruited staff by using ETA's online tools, such as Career One-Stop and the Competency Model Clearinghouse, the Virtual Career Network for Healthcare, Workforce Investment Boards, etc.

5. To the extent permitted by the agencies' existing authorities, support rural employers and employers serving rural areas in staffing health IT positions by:
   - Developing ETA's Registered Apprenticeship programs in the field of health IT, which could be replicated with willing employers;
   - Providing support for onboarding new staff, working with the workforce system and grantees to provide information about training and employment in health IT; and
   - Providing incentives for recruiting and retaining health IT workers. For example, ONC and HRSA will work with ETA to encourage states that received On-the-Job Training (OJT) National Emergency Grants (NEG) to partner with public health centers and critical access hospitals to use OJT NEG funds to hire and train new staff. The partnering agencies will also work to help develop a health IT workforce in rural communities by assisting health IT professionals and their families meet personal and professional needs that would encourage them to work in rural areas.

Areas for Collaboration

ONC and HRSA may work with the State Offices of Rural Health (including the Medicare Rural Hospital Medicare Flexibility Coordinators), Primary Care Associations, Health Center Controlled Networks, ONC's Regional Extension Centers, State Health IT Coordinators, as well as ONC's health IT workforce programs and grantees to encourage interactions with ETA and its funded programs and grantees, to facilitate efforts in the following areas.

1. **Sharing Information**
   - Facilitate interactive panel discussions regarding rural healthcare challenges and opportunities at grantee and national-level meetings;
   - Identify resources and funding opportunities and help educate the partnering agencies about these opportunities;
   - Assist partner agencies in understanding key programs to foster their expansion and use by the healthcare and health IT industry, and health IT educators; and
   - Share, as appropriate, relevant grantees' results, training models, and products, including curricula, instructional materials, career ladders/lattices, skill assessments, apprenticeship resources, outreach strategies, reports, program management, or sustainability tools to help ensure that Federal resources are available beyond single grant sites.[4]

2. **Collaboration on Health IT Workforce Data Collection and Analysis**
   - Work together to analyze and distribute available health IT workforce data.

---

[4] The partners will only share grantee information when they are permitted to do so. The partners will not, for example, share proprietary business information.

3. **Coordination of Grant Activities**
   - Share updates of draft funding announcements In order to expand and build on each agency's programs;
   - Develop a coordinated communication strategy as appropriate, including press announcements and policy guidance, to help ensure broad and diverse access to opportunities for Federal funding; and
   - Determine whether there are opportunities to collaborate on efforts that provide technical assistance to existing and future health IT workforce grantees. Once grants are awarded, the agencies can bring to bear their specific expertise to provide technical assistance on recruitment of individuals for training programs, development of curriculum and training models, expansion of career pathways, and job placement assistance.

4. **Technical Assistance and Outreach to Partners**
   - Identify areas where grantee partnerships already exist across community colleges, institutions of higher education, libraries and employer partners in order to highlight promising models and approaches;
   - Jointly develop public outreach materials targeted at rural populations on health IT workforce training and employment opportunities;
   - Ensure that curricular resources and competencies associated with Health IT training and careers are available to grantees investing In training in this area;
   - Participate in public and private events to discover and address potential barriers to resources or services, to the extent permitted by the agencies' existing authorities;
   - Provide leadership and direction on nationwide messaging, materials, and promising practices; and
   - Engage ONC and HRSA grantees as well as ETA field staff (such as Registered Apprenticeship state staff, and ETA regional staff) to provide assistance on the local level in making these linkages.

5. **Building and Fostering Relationships at the Federal and Local Levels**
   - Encourage DOL and HHS personnel at state and local levels to convene meetings involving health IT employers and workforce leaders collaborating to identify and address potential health IT workforce shortages; and
   - Meet regularly with Federal partners to further develop planning to address emerging needs and workforce shortages in health IT.

Definitions and Web Addresses:

ONC Links:
- www.Healthit.hhs.gov
- www.Healthit.gov
- Community College Workforce Program: http://healthit.hhs.gov/communitycollege
- Curriculum Development Centers: http://healthit.hhs.gov/curriculumdevelopment
- University-Based Training: http://healthit.hhs.gov/universitytraining
- Competency Examination: http://healthit.hhs.gov/comptencyexamination
- Regional Extension Centers: http://healthit.hhs.gov/portal/server.pt/community/hit_extension_program/1495/home/17174
- Information about the State Heath Information Exchange is located at: http://healthit.hhs.gov/portal/server.pt/community/state_health_information_exchange_cooperative_agreement_program/1336/home/16375
- Key points of contact and State Health IT Coordinators are located at: http://statehieresources.org/contacts/

HRSA Links:
- www.HRSA.gov
- A list of State Offices of Rural Health is located at: http://hrsa.gov/ruralhealth.

Links to DOL Programs:
- www.doleta.gov
- http://www.doleta.gov/oa/
- Career One Stop: http://www.careeronestop.org
- My Next Move: http://www.mynextmove.org
- Competency Model Clearinghouse and the Electronic Health Records Competency Model: http://www.careeronestop.org/competencymodel/pyramid.aspx?EHR=Y
- Registered Apprenticeship: https://21stcenturyapprenticeship.workforce3one.org.

Funding

Each of the parties will identify its own resources to implement this MOU. No inter-departmental transfer of funds will occur under this MOU. This agreement does not itself authorize the expenditure or reimbursement of any funds. Nothing in this agreement obligates the parties to expend appropriations or enter into any contract or other obligations.

Effective Date

The effective date of the MOU is the date of the latest signature of this MOU.

Review

The parties agree to review jointly the terms and conditions at least annually if the period of this project exceeds one year. Appropriate changes will be made by modification/amendment to the original MOU. The parties further agree to review performance under this MOU to determine if expectations are being met and document a summary of their assessment. The responsible reviewing official at each agency shall sign and date the assessment.

Modifications/Amendments

Any modification/amendment to the terms and conditions shall be made in writing and signed by all agencies.

Resolution of Disputes

Should disagreements arise on the interpretation of the provisions of this agreement or amendments and/or revisions thereto, that cannot be resolved at the operating level, the area(s) of disagreement shall be stated in writing by each party and presented to the other party for consideration. If agreement or interpretation is not reached within 30 days, the parties shall forward the written presentation of the disagreement to respective higher officials for appropriate resolution.

Effect of Agreement

This agreement is an internal Government agreement and is not intended to confer any right upon any private person.

Nothing in this agreement shall be interpreted as limiting, superseding or otherwise affecting either agency's normal operations or decision in carrying out its statutory or regulatory duties. This agreement does not limit or restrict the parties from participating in similar activities or arrangements with other entities.

This agreement will be executed in full compliance with the Privacy Act of 1974.

Termination of MOU

This MOU may be terminated upon 60 calendar days written notice by any party.

Term of MOU

The period of performance will be from the Effective Date of the MOU through February 28, 2015.

Points of Contact

Elisabeth A. Handley, MPA
Deputy National Coordinator for Operations
Office of the National Coordinator for Health IT
Department of Health and Human Services
Phone: 202.205.6369
Email: Elisabeth.Handley@hhs.gov

Sahira Rafiullah
Deputy Associate Administrator, Office of Rural Health Policy,
Health Resources and Services Administration
Department of Health and Human Services
Phone: 301.443.0835
Email: srafiullah@hrsa.gov

Amanda Ahlstrand
Employment and Training Administration,
Department of Labor
Phone: 202.693.3980
Email: Ahlstrand.Amanda@dol.gov

For general questions or follow up regarding the MOU:
Leila Samy, MPH
Special Assistant to the Deputy National Coordinator for Operations
Office of the National Coordinator for Health IT
Department of Health and Human Services
Phone: 202.604.3812
Email: Leila.Samy@hhs.gov

Signatures

AGENCY OFFICIAL:

Signature: _____ Date: 2/9/12

Name: Farzad Mostashari, MD, ScM
Title: National Coordinator for Health Information Technology
Agency: Office of the National Coordinator for Health Information Technology
          Department of Health and Human Services
Address: 200 Independence Ave. S.W., Suite 729D, Washington, D.C., 20201
Phone: 202.205.0242
E-mail: farzad.mostashari@hhs.gov

AGENCY OFFICIAL:

Signature: _____ Date: 2/9/12

Name: Mary K. Wakefield, PhD, RN
Title: Administrator
Agency: Health Resources and Services Administration
          Department of Health and Human Services
Address: 5600 Fishers Lane, Room 14-05, Rockville, MD 20857
Phone: 301.443.2216
E-mail: mwakefield@hrsa.gov

AGENCY OFFICIAL:

Signature: _____ Date: 2/8/12

Name: Jane Oates
Title: Assistant Secretary for Employment and Training
Agency: Employment and Training Administration
          Department of Labor
Address: 200 Constitution Avenue, NW
          Washington, DC 20210
Phone: 202.693.2700
E-mail: oates.jane@dol.gov

Points of Contact

Leila Samy, MPH
Rural Health IT Coordinator
Office of the National Coordinator for Health IT
Department of Health and Human Services
Phone: 202.604.3812
Email: Leila.Samy@hhs.gov

Sahira Rafiullah
Deputy Associate Administrator, Office of Rural Health Policy,
Health Resources and Services Administration
Department of Health and Human Services
Phone: 301.443.0835
Email: srafiullah@hrsa.gov

Amanda Ahlstrand
Employment and Training Administration,
Department of Labor
Phone: 202.693.3980
Email: Ahlstrand.Amanda@dol.gov

For general questions or follow up regarding the MOU:
Leila Samy, MPH
Rural Health IT Coordinator
Office of the National Coordinator for Health IT
Department of Health and Human Services
Phone: 202.604.3812
Email: Leila.Samy@hhs.gov