

My name is Kathleen Keough, I am doctorally prepared as a nurse scientist in health policy and board certified in nursing informatics. I am faculty in Evidenced Based Practice and Health Informatics at Simmons College.

Under Chapter 305, I served on the Health Information Technology Workforce Development Committee and later, on the Governors HIT Council at the request of then Secretary Judith Bigby. Under 224, I've continued to serve the HIT council as a member of the Consumer Advisory Committee.

I do not believe that any modification of the HPC bench mark is warranted. There is excess capacity and unrealized potential in the system. One factor to consider that was not addressed at the hearing includes efforts to accelerate the adoption of HIT (health information technology) through direct consumer involvement.

As a nurse scientist in health policy, I am most curious about the nature of nurse client transactions across the lifespan and throughout the continuum. I seek to identify those policy alternatives that best realize value added nursing practices. I define nursing practices as eliciting and managing the human response to actual and perceived health problems.

Using this definition of nursing, let's assume, in the case of the nurse labor force, that at this critical juncture there exists a deadweight loss. I am not arguing that we eliminate any and all barriers to nurse-client transactions to achieve market equilibrium. Health care, like education, is not purely a market good. Rather it is an investment in human capital that seeks to add value with returns to our productive capacity.

What I am arguing is that nursing capital has been largely invisible for decades. Some advanced and care coordination practices have gained visibility through billing codes. Much less is known of the actual value added. Multiple clinicians offer distinct disciplinary perspectives yet utilize the same billing codes. This is stymying and vexing any ability to effectively and efficiently allocate resources.

To address excess capacity and to realize economic gains, let's assume that HIT is the new brick and mortar of health care. To elicit and manage the human response to actual and perceived health problems and to best realize the economic gains to investments in nursing/nursing education let us capture nurse client transactions and the efficacy of those practices.