

**2015 Teleconference Schedule
(12-14-2015)**

**REGISTER FOR TELECONFERENCES ON OUR [HOMEPAGE](#)
Find materials for these teleconferences [at our website](#)**

January 8, 1-2 pm CT

Process, Applications and Predictive Analytics in Value-Driven Healthcare

Laurie Wyatt, CPA, Practice Partner and National Practice Leader, CSC. Healthcare is moving towards a value-based agenda, which may include six operating components such as Integrated Practice Units, Bundled Payments, Cost and Outcomes Measures, Enterprise Integration and Geographic Reach, and Providing the IT platform. Laurie discusses these and provides examples of how the use of big data, harnessed with advanced modeling tools and used together with data sharing platforms, are keys to healthcare's value transformation. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

January 13, 1-2 pm CT

Patient Portal to Meet MU Requirements at New York Hospital Queens

Ken Ong, MD, MPH, CMIO, and Camela Morrissey, VP, Public Affairs and Marketing and Chief Marketing Officer, New York Hospital Queens. Seemingly against all odds, New York Hospital Queens was able to mount a bedside-based intervention program to change the course of our prospects for meeting Meaningful Use 2 measures for patient portal access. Low awareness, IT connectivity, extraordinary multilingual patient base (but a one-language portal), low email capture rates at registration, and other obstacles added up to us having slipped to the lowest starting point possible. We ended the 90-day attestation period at 16% validated usage and have continued the program to maintain strong usage and bring this valuable service to our patients. Dr. Ong and Camela discuss what they did and what they learned through the process.

January 15, 1-2 pm CT

PowerChart Touch/Mobility at BayCare

Greg Hindahl, MD, FAAFP, VP & CMIO, BayCare Health System. With the growing use of mobile devices, BayCare has embraced the opportunity to introduce PowerChart Touch Inpatient. In tandem with PowerChart Touch we implemented the complimentary PowerChart desktop functionality: Workflow MPages, Dynamic Doc and the Physician Handoff Tool. Learn how physicians went live with PCTouch and the complementary desktop functionality using Just-In-Time training and shoulder-to-shoulder support. *This teleconference is part of the [Cerner Collaborative](#).*

January 20, 1-2 pm CT

Bidirectional Epic Integration with Smart Infusion Pumps at Cedars-Sinai

Jennifer Jackson, Director of Clinical Engineering and Device Integration, Cedars-Sinai Health System. Infusion pump integration, when implemented well, can support safe medication administration practices in the healthcare setting. Cedars-Sinai Medical Center put into effect the bi-directional interface between the IV pump and the EHR, improving clinical practice standardization and data integrity. This session reviews the implementation strategy and lessons learned when Cedars-Sinai went live with infusion pump integration in all inpatient settings in a single day. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

January 22, 1-2 pm CT

Project Management Office at University Hospitals

Andrew Kinnear, MBA, PMP, Director, Project Management Office, University Hospitals, and John Kocon, Vice President, Enterprise Program Management Office, Catholic Health Initiatives (moderator). Andrew is responsible for both the Information Technology and the Performance Improvement Project Management Offices (PMOs). The IT PMO leads large-scale systems implementations through a number of programs with combined annual capital and operating budgets more than 20 million dollars. The Performance Improvement PMO has been responsible for more than 40 million dollars of annual benefits to the health system since its inception in 2012. Andy shares the project management tools and

methodologies he and his team have developed in order to drive prioritization, governance, standardization and effective resource utilization across the health system. *This teleconference is part of the [PMO Collaborative](#).*

January 27, 1-2 pm CT

OpenNotes: A Community Approach to Increasing Participation in Portland OR

Homer Chin, MD, OpenNotes Provider Champion, and Amy Fellows, Executive Director at We Can Do Better. The Northwest OpenNotes Consortium was convened by the non-profit, non-partisan civic engagement organization We Can Do Better in 2013. There are now more than 1 million patients in Oregon and Southwest Washington that have access to their chart notes due to this community effort. These patients are from seven different organizations that have opened their notes and there are many more at the table with plans to do so in 2015. Dr. Chin and Amy share what they've learned about how the community approach is working with CMIOs of Health Systems in hopes of spreading the OpenNotes movement even further. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

January 29, 1-2 pm CT

Trinity Health Showcases the Intelligent Hospital at St. Joseph Mercy

Fabian Fregoli, MD, VP Quality & Patient Safety/CMIO, East Market, St. Joseph Mercy Oakland / St. Joseph Mercy Health System, and Robert Jones, Information Services Director, Trinity Health. The Intelligent Care System highlights the integration of eight major technologies within a patient care environment. It greatly influences care delivery and ensures reduction of the basic challenges impacting patient outcomes and length of stay.

February 3, 1-2 pm CT

Technology Infrastructures for Provider Mobility

Mark Ford, Principal; Jeff Hersh, Specialist Leader, Kelly Patrick, Senior Manager, Deloitte Consulting LLP. Healthcare providers are eager to use mobile devices and applications to efficiently deliver patient care. Mark, Jeff and Kelly discuss current mobility trends for healthcare providers, the security challenges they present, and the steps your organization can take to protect your infrastructure and data as more devices/applications are introduced into the IT landscape. *This teleconference is part of the [Security Collaborative](#).*

February 5, 1-2 pm CT

Patient-Centered Perspective on Readmissions at UCLA Health

Nasim Afsar, MD, SFHM, Associate CMO and Assistant Clinical Professor, UCLA Hospitals. Two years ago, Dr. Afsar and her team embarked on a journey to understand readmissions from the patient perspective. This has led to a number of interesting findings about why patients return to the hospital. This presentation reviews these findings and discusses the next steps to address the multi-factorial solutions to reduce readmissions. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

February 10, 1-2 pm CT

Intermountain Healthcare: How to Create the Next Generation Health IT Platform

Stan Huff, CMIO, Intermountain Healthcare. Currently, each EMR vendor uses proprietary clinical data models and terminology to represent clinical data. This means that sharing data is difficult, sharing executable software across vendors is impossible, and each useful application must be created or re-created on each different platform. This in turn leads to unmet needs for healthcare applications and decision support modules, and drives software costs higher than they need to be. The Healthcare Services Platform Consortium has a strategy for creating standards-based services that can enable an "app store" for healthcare software that will permit sharing of applications and decision support across vendor systems. This strategy can lead to a new kind of healthcare marketplace.

February 16, 1-2 pm CT

MU Helped Us Grow Up: How Spectrum Health Matured, Became Clinically Integrated

Michael Kramer, MD, MBA, SVP and Chief Quality (and Informatics) Officer, and JoAnn Riggins, DO, MBA, Associate Chief Medical Information Officer, Spectrum Health. Throughout the Meaningful Use journey, Spectrum Health has been challenged with significant growth in affiliate hospitals and a Medical Group of more than 800 members. The enterprise has developed integrated skills in leadership, governance redesign, change management and data management in order to successfully achieve the functionality and advanced practice required by Meaningful Use. The health plan became a key component during the development of a patient portal. Spectrum is now positioned to truly integrate care across the continuum and transition our patients through multiple levels of care depending on their needs.

Meaningful Use created structure, raised the bar, and became the facilitator for “meaningful change.” *This teleconference is part of the [Cerner Collaborative](#).*

February 19, 1-2 pm CT

Winning the Contracting Battle Over Technology Acquisition

Diane Carco, President, Swingtide and a key matrixed executive within Ascension’s The Resource Group, discusses IT contracting in healthcare. Maintaining control over technology acquisitions and vendor relationships has become a tremendous focus area for healthcare providers of all sizes. Failing to control the technology acquisition process means risking overspending and underserving the caregivers for whom the technology is being acquired, putting protected health information at risk and squandering the benefits the new technology is there to deliver. Diane presents an IT contracting maturity model that illustrates the steps organizations can take to assess the current state of their IT contracting efforts and plan for systematic improvement.

February 24, 1-2 pm CT

Cybersecurity Cold War at Partners HealthCare

Jigar Kadakia, Chief Information Security and Privacy Officer, Partners HealthCare. We are in an extremely challenging environment with various risks and threats that impact our way of business. As the threats continue, we must find ways to mitigate them while not impacting the user experience. Jigar discusses the key challenges and the solutions that Partners has implemented to address the threat environment. *This teleconference is part of the [Security Collaborative](#).*

February 26, 1-2 pm CT

Best in KLAS Software and Services

Colin Buckley, Strategic Operations Director, Boyd Stewart, Research Director, and Erik Bermudez, Research Director, KLAS. As accountable care organizations, HIE, business intelligence and population health continue to drive the future of healthcare technology, Mark, Boyd and Erik examine the top-performing software and services vendors of 2014 to help providers understand which HIT companies are rated best (and worst) by their customers. The presentation covers a wide range of key market segments, including BI, HIE, EMR, cardiology systems, revenue cycle management and IT outsourcing, among others.

March 3, 1-2 pm CT

Where You Should Be Now: ICD-10 Direction in an Uncertain Time

Chris Armstrong, Principal, and Tom Foley, Principal, Deloitte Consulting LLP. The ICD-10 delay has created many questions across organizations such as where they should be in the overall ICD-10 process, what they should prepare for post ICD-10 “go-live,” and which implementation strategies should be considered. This presentation discusses the various questions surrounding ICD-10, delving further into what your organization should be planning for and approaches which can drive both current state improvement and readiness.

March 5, 1-2 pm CT

Industry-leading Telehealth Program at Banner Expanded into the Home

Deborah Dahl, VP, Patient Care Innovation, and Julie Reisetter, MS, RN, CNO, Banner Health. Banner Health has leveraged telehealth across 21 acute care hospitals with results that include industry leading ICU mortality and length of stay results for 430 ICU beds, 170 Med/Surg units, and a variety of specialty services in the Emergency Departments. Beginning mid-2013, Banner began leveraging this continuous monitoring program into Banner Health members’ homes. In this teleconference, Deborah and Julie share the early results of this program.

March 11, 1-2 pm CT

Saint Agnes Trinity Health: Data Mining to Manage HAIs

Christi Paradise, RN, BSN, CIC, Infection Control & Prevention Coordinator, Saint Agnes Medical Center, Trinity Health. Reductions in healthcare-associated infections (HAI) do not just happen by chance, in fact prevention of HAIs is complex. Every hospital-based infection control program is required to implement an annual plan to reduce HAIs. Mandatory reporting of certain infections to the Centers for Disease Control (CDC) by all 50 states has brought national attention to HAI morbidity and mortality. This session discusses and details how Saint Agnes Medical Center (SAMC) in Fresno, CA, added an electronic infection surveillance system to achieve HAI reductions and streamline mandatory reporting capabilities. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

March 12, 1-2 pm CT

International Developments and Insights for U.S. Healthcare

Lisa Pettigrew, General Manager for Global Healthcare, CSC. Healthcare is moving toward a value-based, consumer centric model across the globe generating significant focus on population health, transforming care delivery models and engaging the consumer in a shared accountability model. Lisa discusses and provides examples of the implications of these from different global points of view, from the U.S. to Australia/New Zealand and the UK, as keys to healthcare's transformation.

March 16, 1-2 pm CT

Design Changes Reduce Medication Errors at Sharp

Angie Mendoza, MS, BSN, RN-BC, CPHIMS, Sr. System Analyst, Liz Kozub, MS, RN, CCNS, CCRN, CNRN, Clinical Nurse Specialist - Surgical Intensive Care Unit, and Mary Swift, Pharmacy Analyst, Sharp HealthCare. Angie, Liz and Mary detail how a project team approach was used to address design changes to support safe medication administration. Our nurses identified several factors leading to medication administration errors, including improper use of Communication Orders, Clinical Display Line (CDL) configuration and a lack of consistent information. To address these issues, our project team focused on the following areas: clarifying order comments and adding hold parameters to anticoagulants and vasopressors, adding quick links for medication resources, revising epidural PowerPlans to provide clarity and mirror prompts in the Alaris pump, reconfiguring the CDL and implementing a Tylenol calculator to warn about cumulative dosing recommendations. *This teleconference is part of the [Cerner Collaborative](#).*

March 26, 1-2 pm CT

Ambulatory EMR Impact on Patient Care

Erik Bermudez, Research Director, and Jon Christensen, Strategic Operations Manager, KLAS. Thanks to meaningful use, the bases are loaded with EMR-enabled providers waiting for promised benefits. But what is the real impact of EMRs on the quality of patient care? Report authors Erik and Jon examine which vendors are closest to satisfying providers' high expectations and therefore helping them deliver better patient care. To formulate this report, KLAS spoke with medical leadership at 158 healthcare organizations to find out.

March 30, 1-2 pm CT

Improving Population Health Through Actionable Information at THR

Barbara Adams, VP ITS, Texas Health Physician Group, and Natalie Dion, Director, Enterprise Data Management, Texas Health Resources, describe THR's experience as an early adopter in ACO, and how they have come to manage populations across the care continuum, improve outcomes and quality, reduce costs, and improve patient satisfaction under the new payment environment. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

April 1, 1-2 pm CT

From Business Intelligence to Enterprise Information Management at Cleveland Clinic

Mike Zuschin, MAE, Director of Decision Support and Business Intelligence, Cleveland Clinic. Follow Cleveland Clinic's initial progression from a collection of disparate performance management initiatives and teams to an Enterprise Business Intelligence Program, highlighting a few of the successes that came out of that program, but then getting right into the challenges and lessons learned which have demanded a new focus on Enterprise Information Management and Analytics. Hear how Cleveland Clinic is leveraging data, people, process, and technology to enhance its analytic capability. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

April 2, 1-2 pm CT

Baptist Health Redesigns Case Management to Reduce Readmissions

Penny Gilbert, MSN, MBA, BSM, RN, CPHQ, Director, ACC, Case Management, Social Services and Transport Team, Baptist Health. The rising cost of healthcare along with pay-for-performance and bundled-payment initiatives have affirmed the importance of case management in today's healthcare market. Case managers have historically functioned as gatekeepers regarding patient length of stay (LOS) and cost per case. Case managers at Baptist Health-Lexington recognized the need to move beyond the traditional case management roles and activities related to discharge planning, utilization review, and LOS management. Effective transition from hospital to home or supportive agency is a major component of this case management model. A decision support analyst developed a) the database using internal software, b) the reports required to extract the needed data elements for the calculations, and c) the report retrieved daily by case management, which will also be discussed. *This teleconference is part of the [Readmissions Collaborative](#).*

April 7, 1-2 pm CT

Strategic Interoperability: Redefining the Health System Operating Model

Sarah Danielson, Specialist Leader, and Tony Jurek, Director, Deloitte Consulting, LLC. Sarah and Tony highlight the business rationale and significance of interoperability, and what it means to your organization. The shift from fee-for-service (FFS), volume-driven healthcare to outcome-focused, value-based care (VBC) is driving health systems to make bold, strategic decisions to differentiate their services through innovation, diversification, or managing a population's health risk. These care delivery strategies require healthcare providers to build out a digital enterprise architecture to meet their key objectives, while mitigating technology risks, such as scalability, reliability, security and privacy. Core applications such as the EHR, with strategic interoperability capabilities, and viable, stable business operating models for health information exchanges, will 'technology-enable' emerging healthcare delivery operating and processing models. These technology platforms will power new mobile, analytical and other specialized application capabilities.

April 9, 1-2 pm CT

Moving into Consumerization

Boris Rachev, Global Health Economist and Health Industry Strategist, CSC. In order to adapt to a future consumer-driven healthcare system, healthcare organizations will need to improve their market strategies in three main areas: a) offer products and service portfolios based on consumer insights and personalize according to preferences, health status, care utilization patterns and likelihood to purchase; b) engage consumers in the care delivery process with tools and programs that give them incentives to practice healthy behaviors and participate dynamically in their treatments; and c) provide compelling end-to-end consumer experiences that increase satisfaction, trust, and brand loyalty. Boris discusses how these trends in B2C are making a difference for providers, and offers ideas on how they can meet the demands of patients to provide better treatment options, interactions and lower costs.

April 16, 1-2 pm CT

Taking the Banner IT PMO Enterprise-wide

Bryce Carder, PMP, Senior Director Project Management Office, Banner Health, and John Kocon, Vice President, Enterprise Program Management Office, Catholic Health Initiatives (moderator). Bryce is responsible for Banner Health's enterprise Project Management Office. Despite reporting to the IT division, the PMO leads high-risk, high-profile projects that have enterprise impact across Banner's integrated delivery system. Bryce shares Banner Health's project management journey from IT PMO to Banner PMO, including both key success factors and challenges that have been experienced. *This teleconference is part of the [PMO Collaborative](#).*

April 20, Noon-1 pm CT

Achieving Level 7 Ambulatory: Lessons Learned at Cerner's Corporate Clinics

David Nill, MD, VP and CMO, Health at Cerner. Cerner operates onsite primary care clinics at its three main campuses in Kansas City. These clinics strive to deliver the highest quality care and best possible member experience to Cerner's population of associates and their dependents by using technology as a primary lever. Participants will hear our journey of becoming a HIMSS Level 7 ambulatory center, with emphasis on the lessons learned and behind the scenes work to achieve success. *This teleconference is part of the [Cerner Collaborative](#).*

April 22, 1-2 pm CT

Healthcare Trends 2015: Staying Competitive Amid Rising Pressures

Keith MacDonald, Vice President, and Jason Fortin, Senior Advisor Discovery & Development, Impact Advisors. Keith and Jason discuss the pressures facing healthcare organizations today, along with the specific IT implications delivery organizations need to address in order to stay ahead of those pressures and remain competitive, such as approaches to HIE, analytics, patient engagement, and population health.

April 23, 1-2 pm CT

Health Analytics Performance: Who Delivers Value in the Data Deluge?

Joe Van De Graaff, Research Director, and Mark Allphin, Research Director, KLAS. The deluge of data in healthcare is accompanied by a growing number of vendors, many affirming vast analytics capabilities. In a world where innovation and future strategy often make the headlines, KLAS takes a unique approach by focusing on and highlighting the customer experience. The result? A look into value and vendor performance as reported by 463 healthcare providers. During this session, Joe and Mark share their latest findings and help you cut through the clutter to make sense of this essential arena.

May 5, 1-2 pm CT

Creating the Enterprise Analytics Roadmap at the University of Michigan Health System

Andrew Rosenberg, MD, CMIO, University of Michigan Health System, and Mike Brooks, Specialist Leader, Deloitte Consulting, LLC. As information and data capabilities rapidly expand in healthcare, balancing enterprise and analytics projects through coordinated data management and architecture becomes increasingly important. Whether it is quality-based reporting, financial modeling, or Big-Data projects such as personalized health and basic science discoveries, information assets are becoming more voluminous, diverse and costly to generate, maintain, and exchange among competing needs. An enterprise analytics roadmap positions institutions to “do more with less” by creating efficient foundations upon which any analytic project can be built. The speakers discuss how one such plan was developed at the University of Michigan Health System and is now being implemented in support of its clinical, research, education and administrative missions. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

May 7, 1-2pm CT

Ascension Software Asset and License Management

Mark Smodic, Lead - Software License Management (SLM), Ascension Information Services (AIS), Ascension Health. The SLM team is driving the maturation of software asset management processes and services through a number of project initiatives. This presentation describes the tight partnership with the IT legal and contracting services at Ascension and the automated compliance reporting, quality assurance and proactive audit activities.

May 13, 1-2 pm CT

Work in Progress at Advocate: The Evolving ACO Model

Mike Englehart, President, Advocate Physician Partners. Mike explores the ways the accountable-care model is growing and changing, whether through federal ACO programs or through agreements with commercial insurers. Participants will learn about the growth of ACO arrangements and what is known so far about the potential for improved clinical and financial performance.

May 18, 1-2 pm CT

i2b2: The Tip of the Iceberg at Penn State Hershey Medical Center

Tom Abendroth, MD, Chief of Medical Informatics, Penn State Hershey Medical Center and College of Medicine. Is your user community seeking increased access to EMR data to support quality improvement projects and clinical research? Can you meet this growing demand? i2b2 can be a useful starting point for expanding end-user access to de-identified patient care data, opening a world of new opportunities and also creating a thirst for even more data. This presentation will share insights gained from Penn State's three years of experience with Cerner's i2b. <https://www.i2b2.org/>. *This teleconference is part of the [Cerner Collaborative](#).*

May 21, 2-3 pm CT

Interoperability: Strategic Health Information Exchange Collaborative

Dick Thompson, President & CEO, Quality Health Network and Board Chair of the Strategic Health Information Exchange Collaborative (SHIEC), and Robert Steffel, Executive Director. The growing SHIEC membership is comprised of C-Suite HIE executives from throughout the country. This HIE trade association provides its members with the ability to gain economies of scale without losing their individual organization's autonomy. SHIEC provides opportunities for deeper connections to other HIEs 'on the same journey' (by functional area and geography); joint venture opportunities for cost savings, group purchasing and increased revenue; education opportunities; and industry advocacy.

http://www.healthdatamanagement.com/news/HIEs-Form-National-Association-to-Speak-with-One-Voice-50201-1.html?utm_campaign=daily-apr%203%202015&utm_medium=email&utm_source=newsletter&ET=healthdatamanagement%3Ae4124725%3A3664255a%3A&st=email

May 26, 1-2 pm CT

Cedars-Sinai on HIMSS EMR Stage 7

Tess Settergren, MHA, MA, RN-BC, Director of Nursing Informatics, Cedars-Sinai Health System. Less than 3.5% of US hospitals have achieved HIMSS EMRAM Stage 7 status since 2006, and the bar is raised a bit more every year. Clinician adoption of 'paperless' charts, order entry, and documentation is insufficient to meet Stage 7: Clinical decision support, continuum data integration, medical device integration, clinical analytics, and health information exchange represent additional critical success factors. Tess covers the strategies, challenges, and benefits of Cedars-Sinai's 'HIMSS Stage 7 Readiness Project.' *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

June 2, 1-2 pm CT

Successful Transition to Population Health

Bob Williams, MD, MIS, Director, and Mark Snyder, MD, Specialist Leader, Deloitte Consulting, LLP. Drs. Williams and Snyder discuss the rationale for and keys to success of population management programs. With the increase in prevalence of costly chronic conditions, and new payment models that transfer risk to provider organizations based on their performance, it is essential to better manage patients, identify chronic conditions sooner, and modify the progression of established chronic disease. What are the specific organizational and information technology imperatives for successful population management and what does the integrated road map to a successful transition to population health look like?

June 3, 1-2 pm CT

A Better Approach to IT Optimization for the Current Environment

Steven Schlossberg, MD/MBA, VP and CMO, and Mamie Stalvey, RN, Principal, Impact Advisors. An IT "Optimization Continuum" will continue to exist from simple break-fixes to large corporate initiatives. However, to improve optimization efforts, they need to be broken down to discrete high-value efforts that can be readily achieved, communicated and produce value for the organization. This presentation will focus on "outcomes-based" IT improvement to meet a defined set of objectives and other high-value suggestions.

June 10, 1-2 pm CT

Enterprise Change Management at Ascension Health IT

Kevin Hintz, Process Owner Change Management, Ascension Information Services (AIS) IT Service Management Office (ITSMO). The ITSMO is leading the redesign of IT service delivery and maturation of IT service management processes through a number of project initiatives. The maturation of change management processes is one of the key areas of focus for the ITSMO, including the establishment of value-based metrics, compliance assessments, and quality assurance activities, which Kevin discusses in this presentation.

June 15, 1-2 pm CT

Strategies for Complete Care Team Communications and Alerting Intelligence

Brian Jacobs, MD, VP, CMIO and CIO, Executive Director, Center for Pediatric Informatics & The Children's IQ Network, Children's National Medical Center. Communication failures and alarm fatigue have topped the ECRI Institute's health technology hazards list for three consecutive years. Antiquated technologies and limitations within existing processes can cause communication breakdowns, and the overabundance of alarms can overwhelm providers and impact patient care. Join Dr. Jacobs as he shares how Children's National Health System is using evidence-based processes and contextual alarms with mobile technology to address key communication and alarm challenges. *This teleconference is part of the [Cerner Collaborative](#).*

June 18, 1-2 pm CT

Conclusions and Recommendations on Cybersecurity

Mac McMillan, FHIMSS/CISM, Chairman & CEO, CynergisTek, Inc. Cybersecurity threats continue to plague the healthcare industry and new threats emerge daily. Is your organization prepared to identify and mitigate these risks? The first step toward minimizing the chances that your organization will experience an attack is providing education to foster awareness of potential threats. This teleconference reviews and examines some of the top security concerns that exist today, drawing from Mac's nearly forty years of experience in managing and helping others manage risk. Whether its insiders abusing access or cyber criminals with targeted phishing or malware attacks, this teleconference breaks down the top concerns in cyber security, leaving participants with the knowledge they need to be prepared for such attacks, and equipped with the right questions to ask their organizations to assess their risk. *This teleconference is part of the [Security Collaborative](#).*

June 23, 1-2 pm CT

Results from Embedding Choosing Wisely into the EMR at Cedars Sinai

Scott Weingarten, MD, SVP, Chief Clinical Transformation Officer, Cedar-Sinai Medical Center. Organizations are seeking clinical benefit and an ROI from their investment in an EHR. Cedars-Sinai "hard wired" Choosing Wisely and other clinical decision support into its EHR about 18 months ago. The impact has been numerous improvements in quality of care and an approximate reduction in costs of \$4 million per year. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

June 24, 1-2 pm CT

Journey Towards Automated Data Abstraction of CMS Core Measures at NewYork-Presbyterian

Scott W. Possley, PA-C, MPAS, Director of Quality & Patient Safety, NewYork-Presbyterian Hospital. With the ever-increasing requirements for data submission to state and federal agencies, as well as voluntary registries and databases, NYP embarked on a successful and collaborative data automation project partnering with clinical and IT staff to automate manual data collection, starting with the CMS Perinatal Care Core Measures set (PCM). This session provides an overview of initial steps, how we overcame barriers within the EMR leading to standardization of provider documentation (MD, PA, NP) and nursing documentation, how we fostered buy-in from respective groups and the current state for our initial automation project. Scott also discusses NYP's automation team's next steps with automation beyond PCM data sets. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

July 14, 1-2 pm CT

Real-world Interoperability: The Problem is not the Standards

Wes Rishel, Retired Health IT Nerd (founder and past chair of HL7, and six-year member of Health IT Standards Committee). Health IT standards are simultaneously the magic bullet and whipping boy of interoperability. Standards will never make interoperability easy although they can help make it possible. Wes discusses the underlying issues of trust, regulation, curation and workflow challenges that an ACO or HDN must face to benefit from interoperability.

July 20, 1-2 pm CT

Improving Outcomes for Premature Neonates using Electronic Feeding Advancement Protocols

Kimberly Walter, MBA, Sharp HealthCare, Sr. Systems Analyst, Molly Willman, MHA, Cerner Corporation, Innovation Strategist, Rachelle Sey, MSN, APRN, CNS, RNC-NIC, Neonatal Clinical Nurse Specialist/Neonatal Intensive Care Unit, and Kathy Lasiter, RN/BSN, Clinical Informaticist, Women's/Infants Service Line, Sharp HealthCare. In an effort to standardize care for very low birth weight infants in the NICU, Sharp Health Care created an evidence based tube feeding advancement paper protocol. Sharp teamed up with Cerner to embed the protocol in the standard workflow through a leading-edge development partnership. This session examines the project from its initial inception to the go-live and beyond. Lessons learned, outcomes data, and future development are also discussed. *This teleconference is part of the [Cerner Collaborative](#).*

July 22, 2-3 pm CT

Governing Optimization and Balancing Control with Throughput at Baycare

Greg Hindahl, MD, FAAFP, VP & CMIO, BayCare Health System. Once an EMR is implemented and live for a while the optimization process begins. Optimization will hopefully make the EMR more efficient for your Physicians and other Clinicians and safer for your patients. Getting optimization done while your team is doing code upgrades and patches, dealing with patient safety and regulatory items, and supporting clinical standardization can be challenging at best and impossible at worst if you don't have a robust but efficient governance process. Dr. Hindahl discusses clinical optimization, including the importance of having a governance process that approves and prioritizes optimization items, while keeping the process on schedule.

July 23, 1-2 pm CT

Increasing Scalability and Quality of Care Transitions with Technology

Heather Chung RN, MSN, PHD, NE-BC - Director, Behavioral Health Transition of Care Program, Houston Methodist Hospital, and Shara Cohen, SVP of Client Experience, Emmi Solutions. Within the first three weeks of a care transition, 20% of patients experience an adverse event and, with increased pressure to improve quality and reduce readmissions, healthcare organizations need effective ways of identifying patient status, encouraging self-management and intervening when patients are at-risk. The Behavioral Health Transition of Care Program at Houston Methodist Hospital utilizes a wealth of technology, including risk assessment, electronic data capture and patient engagement tools, to not only reach its population, but better understand the status of their recovery. This presentation discusses the role and value of these technologies in improving the coordination and quality of care transitions. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

July 28, 1-2 pm CT

Findings: Evolution of Patient Experience in Healthcare

Liz Boehm, Experience Innovation Network Director, Vocera. To drive differentiation, loyalty, and growth, leading healthcare organizations are investing in the patient experience. To drive those patient experience efforts, healthcare organizations are appointing senior leaders, Chief Experience Officers (CXOs), who are responsible for creating sustainable system transformation that delivers optimal care to

patients and families while empowering care teams and staff to achieve their highest healing potential. Join this teleconference to learn more about the complex and changing role of the CXO to understand the pressures, priorities, successes, and challenges of this emerging function within healthcare leadership. Participants will learn: How healthcare organizations are resourcing, prioritizing, and aligning experience improvement across organizations; challenges and solutions to creating a system-wide infrastructure for experience improvement; how technology supports the hardwiring of human experience in healthcare; and how future changes in healthcare will redefine the CXO role and drive the imperative for differentiation and growth across healthcare.

August 4, 1-2 pm CT

Goodbye Websites, Hello Relationship Platform: Creating Value in a Patient-Driven Economy at Adventist

David Oakley, Director, Consumer Technologies, Florida Hospital, Adventist Health System. Market innovations and consumer expectations are outpacing our industry's ability to integrate and operationalize new ideas and technology. In this presentation, David shares how Florida Hospital is seeking to drive new value for the patient/consumer through consumer-centric digital solutions via web, mobile and the Internet of Things.

August 6, 1-2 pm CT

Real-time ID of at Risk Patients at Adventist Health System

Loran Hauck Senior, MD, VP, CMO, Office of Clinical Effectiveness, Adventist Health System, and David Classen, MD, CMIO and David Stockwell, MD, VP Clinical Services, Pascal Metrics. It is often claimed at a high level that Health IT has the potential to improve quality and reduce cost. But how? Adventist Health System has leveraged a triad of data from its EMR, an automated approach to finding all-cause harm in real-time, and focused improvement efforts based on this concurrent and predictive data. Using this it has implemented a program of harm management that is already showing that it can spot millions of dollars' worth of preventable harm events across their initial hospitals. This operational approach, in the context of a Patient Safety Organization, is a powerful tool for moving toward high-reliability and reduced cost. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

August 11, 1-2 pm CT

The Power of Interoperability: What it Means to Your Practice

Stan Huff, CMIO, Intermountain Healthcare, and Oscar Diaz, CEO, Healthcare Services Platform Consortium (HSPC). Health IT has the potential to increase healthcare quality, lower healthcare costs and improve population health. But, interoperability continues to be a formidable challenge to the collection, sharing, and effective use of electronic health information. At the heart of this complex problem is identifying, prioritizing, and advancing technical standards to support secure and interoperable health information. Several industry-wide interoperability initiatives are currently underway to remove the obstacles preventing providers, payers, public health entities, and other stakeholders from securely sending, receiving, and using electronic health information. In this presentation you will learn about interoperability initiatives being spearheaded by the federal government and the private sector, and you will find out what efforts are gaining traction as well as what the relative advantages/disadvantages are of each.

August 13, 1-2 pm CT

Privacy and Security at Advocate Health

Asra Ali, MS, CHC, CHPC, Senior Compliance/Privacy Specialist Corporate Compliance Department, Advocate Health Care. Social media is at the forefront of our lives. Each workplace is strongly involved with social media from a marketing perspective, and each individual is strongly engaged from a personal perspective. The current culture is such that any and all matters are encouraged to be shared across various social media platforms. The question is, are we engaging our workforce appropriately? Are we training our workforce so that patient information and work related information is not inadvertently disclosed? This teleconference reviews real-life examples of such cases from different healthcare organizations and how management can help train to mitigate privacy related risks. *This teleconference is part of the [Security Collaborative](#).*

August 18, 1-2 pm CT

Patient-Centered Primary Care Collaborative: PCMH, Primary Care and HIT

Marci Nielson, PhD, MPH, CEO, Patient-Centered Primary Care Collaborative. Dr. Nielsen discusses the latest evidence associating the patient-centered medical home (PCMH) model of primary care delivery with reductions in healthcare costs and improvements in quality of care. Additionally, she also touches on recent legislation which supports the much-needed transition from the current volume-driven, fee-for-

service reimbursement model, to a more value-based system that rewards quality of care. Finally, she addresses the integral role of health information technology within the PCMH as well as current challenges for implementation and opportunities for future advancement.

August 20, 1-2 pm CT

Quality Improvement through Analytics: ACO at OSF HealthCare

Robert Sawicki, MD, Senior VP Supportive Care, Linda Fehr, RN, Division Director Supportive Care, Roopa Foulger, Executive Director Data Delivery, OSF HealthCare, and Leslie Hough-Falk, Vice President, Health Catalyst. OSF HealthCare, recipient of the 2014 Illinois Hospital Association (IHA) Institute for Innovations in Care and Quality's first annual Tim Philipp Award for Excellence in Palliative and End-of-Life Care, discusses how it leveraged technology and data to launch a community-wide supportive care initiative that has successfully maximized value for the populations they serve. Learn how OSF is improving healthcare quality and delivering on the Triple Aim, explore innovative ways to improve care coordination, discover how technology-enabled solutions drives community, patient, and physician engagement, and understand the benefit of a team approach to improving care coordination. OSF's initiative has been embraced by the entire community, including the OSF healthcare system and other systems and providers in the region. In the process, the initiative has exceeded its goals. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

August 27, 1-2 pm CT

Which Population Health Management Systems are Getting the Job Done?

Mark Allphin, Research Director, KLAS, discusses the continued growth of Population Health Management (PHM). There are a number of PHM offerings in the market today, but that number is increasing. Which vendors are effectively driving outcomes? Where is the needle when it comes to providing better patient care and reducing costs? Join Mark as he shares insights on the current state of PHM.

September 1, 1-2 pm CT

Healthcare Consolidation and Convergence: Market Trends and IT Implications

Mitch Morris, MD, National Health Care Sector Leader, and Carol Chouinard, Director, Deloitte Consulting, LLC. The M&A trend continues to accelerate in the US as does the formation of innovative affiliation agreements and partnerships. The end result is larger and more diverse health systems that rely on IT to drive innovation, lower unit cost, and be the glue that holds it all together. This session examines US market trends and the implications for health IT leaders.

September 2, 1-2 pm CT

Improving Patient Engagement & Operations through Technology Integration

Nimesh Patel, Chief Technology Officer, Emmi Solutions. While 50% of healthcare professionals predict technology will enable patients to participate more proactively in their care in the future, healthcare organizations can actually leverage technology today to both improve operational effectiveness and encourage patients to take action in their health. Nimesh discusses ways to integrate an EMR, patient portal and bedside systems with technology-based engagement solutions to improve clinical relationships in and outside the four walls. He also provides data to explain how these solutions foster a more knowledgeable, empowered patient population.

September 9, 1-2 pm CT

HL7 Implementation Update: The Role of Provider Organizations

Virginia Lorenzi, Manager - HIT Standards and Collaborations, NewYork-Presbyterian Hospital, and Hans J. Buitendijk, M.Sc., FHL7, Sr. Expert R&D, Cerner HS and Team Lead. Now more than ever interoperability plays a key role in healthcare and health IT. Providers depend on a wide variety of HL7 standards and versions to accomplish internal connectivity, decision support, workstation integration, meaningful use objectives, HIE efforts, and innovation projects. HL7 has strived to adapt to meet these needs. Hans and Virginia are longtime members of HL7 and implementers from the vendor and provider perspectives. They provide a "state of the standard" with a focus on HL7's relevance and the important role providers play in shaping HL7. They also seek out ideas on how to help and engage implementers.

September 10, 1-2 pm CT

Selecting a Population Health Management Vendor: Taming the Wave

Tonya Edwards, MD/MMM, Senior Physician Executive, Impact Advisors. As more and more organizations embrace population health management as a strategy to succeed in the emerging new paradigm of value-based payment, many are facing the next big question, "What tools do I need to support population health?" There are more than 100 population health management software solutions

available, but picking the right one(s) can be a big challenge. In this session, Dr. Edwards shares some concrete strategies for selecting population health vendors that make sense for your organization, expediting the process and learning a little along the way.

September 15, 1-2 pm CT

Problem Lists Use Across Institutions: Implications for EHR Use and Design at Memorial Hermann

Alan Weiss, MD, Director of Medical Informatics, Memorial Hermann. Problem lists (PL) are an essential clinical tool, but are often poorly maintained. Dr. Weiss has investigated PL use at the Cleveland Clinic, Cedars-Sinai and at Memorial Hermann, and shares analyses and insights. Due to a lack of consensus on problem lists use and territorial issues of problem ownership, there is an inevitable increase in the length of PLs and commensurate decrease in their usefulness. These issues are made worse by the fact that while most EMRs help providers add items to PL, they do not have automated tools to clean and maintain them. Dr. Weiss uses data across three institutions to illustrate these points and provide potential solutions as well to show the effect ICD-10 will have on this issue. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

September 17, 1-2 pm CT

Microsoft Analytics and Data Warehousing: A Users Perspective

Dale Sanders, SVP, Health Catalyst. Microsoft, in Health Catalysts' opinion, continues to innovate and lead in the analytics and data warehousing space through pragmatic innovation and enormous investments, creating a compelling suite of products for analytics and data warehousing which bridges the gap between the relational database of yesterday and the big data, Hadoop platform of tomorrow. The ecosystem is now the largest cloud infrastructure in the world, offering turnkey computing for data aggregation, data management, and data visualization in an environment that is considerably more secure than anything possible in a local data center. In this session, Dale provides specific examples of the use of these systems and paints a picture of the future of affordable, scalable healthcare analytics and data warehousing.

September 21, 1-2 pm CT

Utilizing OpenNotes at University of Missouri

Thomas J. Selva, MD, CMIO, MU Health Care, Professor of Clinical Child Health, Associate Chair Clinical Quality and Medical Director - Department of Child Health. MU Health Care, in partnership with Cerner Corporation via the Tiger Institute, has become a leader in portal development. A key component of that development and our ongoing success has been joining the Open Notes movement that is sweeping across the nation. Our journey is illustrative of the steps needed to assure leadership buy in to assist in the culture change that is necessary for success. *This teleconference is part of the [Cerner Collaborative](#).*

September 22, 1-2 pm CT

Clinical Communications Strategy Improves Efficiency and Patient Satisfaction

Rhonda Collins, RN, MSN, CNO, Vocera Communications. Rhonda shares best practices for developing an effective clinical communication strategy. You will learn why a clinical communication strategy can be a key part of improving clinical efficiency and patient satisfaction by putting nurses back at the patient's bedside. She'll also include examples of clinical communication improvements from health systems including Texas Health Resources, Reading Health System and others.

September 24, 1-2 pm CT

Implementation Potholes 2015: How to Smooth out the Ride

Mike Smith, Research Director of Professional Service, KLAS. As nearly 1,300 U.S. hospitals consider a move, or are in the middle of moving to new core clinical and financial systems, Mike focuses on the common implementation potholes of specific vendors, best practices for success, and insights on the consultants who can help.

September 29, 1-2 pm CT

The Role of IT and Informatics in Transformation at Saint Vincent Health/Ascension

Randy Cox, MBA, SVP/CIO, St. Vincent Health Indiana. In cooperation between the Office of the Chief Medical Officer and the Chief Information Officer, St Vincent Health - a statewide Ascension ministry in Indiana - has been launching a collaboration of clinicians and clinical/technical IT staff known as the Office Of Clinical Transformation (OCT). The OCT complements our clinician-led clinical governance and assists it by focusing on workflow optimization efforts, staff training and end-user support of the EHR and related technologies, standardization of care processes through information technologies, ACO support and population health analytics, as well as assisting in the advancement of the four ministry IT strategic

pillars: Connect the Enterprise, Connect with the Community, Connect with Clinicians, and One Patient, One Chart. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

October 1, 1-2 pm CT

Security Risk Management at THR; How I Stopped Worrying and Love the Data

Ronald Mehring, Senior Director, Chief Information Security Officer, Texas Health Resources. Effectively articulating complex cybersecurity risks, threats and security investment priorities can be a daunting task. The key to success is becoming data driven within your Information security program and linking operational data with security risk management functions. During this presentation Ron discusses his experience in organizing and reorienting the security program and team into a data driven organization.

October 6, 1-2 pm CT

Application Management Services: Lessons Learned and What is on the Horizon?

Chris Davis, Director, and Todd Blake, Director, Deloitte Consulting, LLC. As health systems continue to face mounting margin pressures and MU payments coming to an end, executives are looking for effective models to manage their information technology costs. Having a need to innovate and expand technology services while effectively managing costs is a balancing act that must also keep in mind ICD-10 and other regulatory requirements. Chris and Todd discuss approaches to effective cost control and service improvements, including selective sourcing and labor arbitrage.

October 7, 11 am-Noon CT

Journey to Level 7 at Sutter Health

Albert Chan, MD, MS Vice President, Chief of Digital Patient Experience, Calvin Olson, MD, Regional Chief Medical Information Officer, Central Valley, and Stuart James, Chief Operating Officer, Sutter Health. As the largest geographically contiguous, non-profit system in the United States, Sutter Health aims to deliver a consistent, high-value patient experience in the geographically and socioeconomically diverse communities it serves. To achieve this, Sutter Health has invested in a health information technology implementation strategy that supports patient-centric, evidence-based care delivery, facilitates essential clinical collaboration between interdisciplinary teams, reduces unwarranted clinical variation, and engages patients to be co-partners in improving their health. Learn how Sutter Health engages patients, clinicians and staff to overcome the sociotechnical factors that can impair implementations and ultimately innovates how care is delivered. Sutter Health was awarded HIMSS Stage 7 recognition in 2015. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

October 13, 1-2 pm CT

OpenNotes: A View from 40 Health Systems and 5 Million Patients

Jan Walker, RN, MBA, Assistant Professor of Medicine, Beth Israel Deaconess Medical Center and Harvard Medical School and Co-Director, OpenNotes, and Melissa K. Anselmo, National Program Director, OpenNotes, Beth Israel Deaconess Medical Center. OpenNotes, is now in over 40 health systems and reaches more than 5 million patients across the US. Jan and Melissa discuss trends in implementing shared visit notes and provide a current overview of the national OpenNotes movement. They also share early insights on the impact of OpenNotes on topics such as mental health, medical education, and patient safety. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

October 19, 1-2 pm CT

Advocate Illinois Masonic Medical Center on Achieving HIMSS Level 7

Elliot Levine, MD, Medical Director of Informatics, Research, and Dept. of Obstetrics/Gynecology, Mohammed Samee, MD, RN, Director of Physician Informatics Council, Internal Medicine Program Director, Meg Capannari, Director Site Information System, and Communications, and Veronica Kiarie, BSN, RN, Manager Clinical Informatics, Advocate Illinois Masonic Medical Center (AIMMC). With less than 3.5% of US hospitals having achieved the HIMSS EMRAM Stage 7 designation, AIMMC will share their journey of clinical adoption of HIT and moving to a "paper-less" environment. The panel will cover the strategies, challenges and benefits encountered to achieve HIMSS Level 7. *This teleconference is part of the [Cerner Collaborative](#).*

October 21, 12-1 pm CT

Data-Enabled Strategic Resource Allocation in ACOs at Advocate

Rishi Sikka, MD, Senior Vice President, Clinical Transformation, and Tina Esposito, VP, Center for Health Information Services, Advocate Health Care. As the industry continues to shift to a focus of accountability across the care continuum, it becomes imperative for organizations to reallocate human and capital resources, ensuring efficient and effective care for an entire patient population. The ability to bend the cost curve will occur only if the right resources are deployed to areas where most appropriate.

November 3, 1-2 pm CT

Where does your Organization Stand on the Healthcare Information Security Adoption Model?

Darwin Larrison, Corporate Information Security Officer, UnityPoint Health, and Rob Faix, Principal, Impact Advisors, introduce the Healthcare Information Security Adoption Model (HISAM). HISAM facilitates meaningful security conversations between IT, Information Security, Executive Leadership, and Boards of Directors as security practices are improved over time. The self-assessment tool consists of yes/no questions to determine which of the seven HISAM levels an organization is assigned and is offered free to the healthcare industry through the Scottsdale Institute. *This teleconference is part of the [Security Collaborative](#).*

November 4, 1-2 pm CT

How Technology Helps Improve Care Transitions and Drives Self-Management at UAB

Joann Clough, Transitional Care Coordinator, UAB Medicine, and Shara Cohen, Senior SVP of Client Experience, Emmi Solutions. Seventy-six percent of readmissions are preventable, yet patients often don't have the understanding, confidence or tools to take action, stay well and out of the hospital. Shara discusses the challenges of reaching and motivating patients outside of the clinical setting, and the science behind motivating behavior change. She also explores its application to technology-based care solutions. Joann then shares how UAB Medicine has utilized this technology to reach patients post-discharge and encourage positive behaviors. In addition, she explains the data-driven impact of the technology on behavior change, readmission rates and readmission length of stay. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

November 5, 1-2 pm CT

Setting up a Successful Enterprise Project Management Office (ePMO)

Cherian Portz, PMP, System Director ePMO & Strategic Planning, and Jodie Gardner, PMP, Manager, ePMO Quality & Process Manager, Ministry Health Care. Founded in 2004, the Ministry Health Care (MHC) Project Management office began with a focus on information technology projects to further improve the organization's allocation of capital and resource management within two of the organization's fifteen hospitals. Over the past 10 years, with support from MHC senior leaders, the MHC Enterprise Project Management Office (ePMO) has expanded the use of project management discipline throughout the enterprise to further improve the success of projects. In 2013, the MHC ePMO began the transformation journey through full integration with the strategic planning function and providing project management support for strategic growth initiatives. Through a project leadership training curriculum of Project Management Essentials and a mentoring program for all new Project Managers, the MHC ePMO has achieved best in class results in project delivery. Averaging 90% of projects fully meeting at least 75% of their objectives, 71% of projects coming in with a +/- 12% of capital budget, and 69% of their projects having 0-1 scope changes through FY15. Cherian and Jodie review the MHC ePMO structure and how they are involved in strategic planning throughout MHC. *This teleconference is part of the [PMO Collaborative](#).*

November 10, 1-2 pm CT

Accelerating the Adoption of Connected Health

Chantal Worzala, PhD, Director of Policy, American Hospital Association, and Sarah Thomas, Director of Research, Center for Health Solutions (DCHS), and Casey Korba Health Policy Manager, DCHS, Deloitte Consulting, LLC. The demand for value is prompting healthcare organizations to find more efficient and effective ways to improve care, including making services more accessible through facilitating patient-provider connectivity "anytime and anywhere." Connected health (cHealth) is a system that enables integrated care delivery through leveraging existing technology. This teleconference explores the different cHealth strategies health care stakeholders are applying to their chronic disease management programs (where the greatest potential for return-on-investment lies), the business case for cHealth through the implementation of value-based care payment models like ACOs and bundling, and case studies of pioneering health care organizations who are executing these strategies. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

November 12, 1-2 pm CT

Cyber Security: Why Legacy Systems are Not Enough

GEN (Ret) Keith Alexander, President and CEO, IronNet Cybersecurity, and former Director, National Security Agency. GEN (Ret) Alexander discusses the evolution of computers and networks, the challenges to network and cybersecurity, and the underlying challenges to civil liberty and privacy. This session details the growing threat in cyberspace, disruptive and destructive attacks, and explores why legacy systems are insufficient to counter today's threats. Securing cyberspace through an advanced, holistic approach provides the necessary technical framework to significantly improve cybersecurity for

any company, including a complete real-time situational awareness of the network, using advanced behavioral models to detect anomalous activity, big data analytics leveraging the most advanced computing techniques and capabilities, and near real-time threat information updated throughout a network and amongst networks in a common sector. *This teleconference is part of the [Security Collaborative](#).*

November 16, 1-2 pm CT

Population Health at Memorial Hermann

Shawn P. Griffin, MD, Chief Quality and Informatics Officer, MHMD - the Memorial Hermann Physician Network, takes you "behind the scenes" to review the ongoing processes of analytics, care management, and population health at the most successful Medicare Shared Savings Program ACO in the country with over \$51M in shared savings over 2 performance years. He also describes the successes and ongoing challenges for an ACO with a mainly independent physician network and a diverse EHR environment, along with the current tools in use and those in the pipeline. *This teleconference is part of the [Cerner Collaborative](#).*

November 19, 1-2 pm CT

Ins and Outs of the Vendor Market for Provider-owned Health Plans

Joe Van De Graff, Research Director, KLAS. Provider-owned health plans (payviders) aren't new, but the payvider market, now permeated with ACOs and new risk-sharing arrangements, is seeing new life and seeking new direction. Which vendors are seen as most critical? Which vendors would clients avoid or replace? KLAS spoke with 44 payviders, approximately one-third of the payvider market, to find out.

December 8, 1-2 pm CT

AHIMA on Information Management and Governance

Lydia Washington, Senior Director, Information Governance, American Health Information Management Association (AHIMA), and Sharon Slivochka, Director HIM HER, and William H. Morris, MD, FACP, Associate Chief Information Officer, Information Technology Division, Cleveland Clinic. Lydia, Sharon and Dr. Morris discuss the emergence of Information Governance (IG) as a key strategy for organizations that seek to leverage information as an organizational asset while minimizing the risks associated with managing information in silos. They also discuss AHIMA's Information Governance principles for health care and the organizational competencies necessary for success. They do this in the light of examining real world initiatives in a progressive healthcare organization that is adopting IG to address its information challenges and derive increased value and benefits from an integrated and strategic approach to managing its information.

December 10, 1-2 pm CT

Enterprise Data Governance and Data Lake at Ascension Health

John Pirolo, MD, SVP, CMIO, Ascension Health, and Gerry Lewis, VP IT Strategy and Business Development, Ascension Information Services. This presentation describes the early development of the enterprise data lake approach across Ascension Health leveraging data driven enterprise analytics and its importance to new care models which support the quadruple aim (increasing quality outcomes, lowering cost of care, enhancing the patient experience and enhancing the provider experience). Dr. Pirolo and Gerry also describe the construction of Ascension's emerging electronic "data lake," and the importance of data governance principles applied to this work which spans clinical and administrative data. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*