

**2017 Teleconference Schedule
(12-04-2017)**

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January 18, 1-2 pm CT

How Clinical Documentation Improvement Impacts Patient Safety, Quality and the Bottom Line

Tony Oliva, DO, Chief Medical Officer, Nuance, and Shane Wolverton, Senior Vice President, Corporate Development, CareChex. Evidence clearly shows the value of implementing Clinical Documentation Improvement (CDI) to improve Case Mix Index (CMI), but can it positively impact patient safety and care quality metrics - in a quantifiable, persistent way? An in-depth look at clinical quality outcomes data pre- and post-CDI implementation provides insight into the value of measuring your clinical documentation improvement efforts and their impact on overall quality ratings including expected mortality and inpatient quality indicators. Dr. Oliva and Shane discuss how metrics - especially observed/expected mortality ratios - directly correlate to improved financial performance; how quality metrics, including mortality, patient safety, inpatient quality and even surgical complications can be more impactful than a change in CMI; why it's vitally important to financial improvement and predictability to look at the data and quality impact metrics, especially in light of industry changes towards value-based reimbursement; and how employers will underwrite differences in benefits that will dwarf the penalties/incentives by CMS in impacting hospitals and physicians' offices. *This teleconference is part of the [Value-Based Care Collaborative](#).*

January 19, 1-2 pm CT

High Reliability, Quality and Cybersecurity at Texas Health Resources

Ron Mehring, CISO, Texas Health Resources. Numerous industries that deal with life safety issues and critical infrastructure have adopted high reliability organizational principles and quality management to help manage risk and reduce negative outcomes. During this presentation, Ron covers high reliability based strategies and quality management techniques and how they can be used to drive improved cybersecurity program adoption and operations. *This teleconference is part of the [Security Collaborative](#).*

January 24, 1-2 pm CT

Database Links Engagement and Reduced Costs with the Use of Portals

Kristin M. Jenkins, JD, MBA, FACHE, President, Dallas-Fort Worth Hospital Council Foundation and Senior VP, Dallas-Fort Worth Hospital Council. The Foundation houses a voluntary health information exchange in which 98 acute care and post-acute care facilities share claims data. This data is analyzed to measure performance on AHRQ quality metrics, hospital acquired conditions and readmissions for all participating organizations and collectively for the North Texas region as a whole. The information can be accessed directly by data submitters via an analytics platform named MyIQ. Transparency of providers' performance on all metrics is utilized to identify best practice providers within the region. A collection of committees, publications and educational events are hosted by the Foundation to illuminate how these excellent performers achieve their superior results. This teleconference explains how this initiative was formed, how it is governed and outlines current and planned uses of the information. Kristin's goal is to provide enough information to participants that community organizations can duplicate this effort in your own communities and have a collective impact on the health of your region.

January 25, 1-2 pm CT

IU Health Pilot to Route IHIE Data into the EMR

Jason T. Schaffer, MD FAAEM, Assistant Clinical Professor of Emergency Medicine, Director of the Division of Informatics, IU Health Methodist Hospital, IU Department of Emergency Medicine, and Keith Kelley, VP Solution Delivery, Indiana Health Information Exchange. The Indiana Health Information Exchange (IHIE) has delivered community-wide clinical results into physician office EMR systems for years, and nearly 6,000 physicians across Indiana receive their results into their EMR. Recently, IU Health sought an enhanced integration between IHIE and Cerner to enable them to route results directly to the patient's chart and to the flowsheet in Cerner. For this project, IHIE added LOINC, NPI, and the IU Health MRN to the results. The community-wide data is integrated with the IU Health data to streamline

workflow and improve clinical decisions. IU Health recently went live with a small group of physicians with plans to roll it out to over 6,500 physicians later this year. Dr. Schaffer and Keith discuss this program, how it's working and lessons learned along the way. *This teleconference is part of the [Cerner Collaborative](#).*

February 2, 1-2 pm CT

Rethinking Medication Adherence at Advocate

Tina Esposito, VP, Center for Health Information Services, Darcy Davis, Data Scientist, and Fran Wilk, Clinical Process Designer, Advocate Health Care. With annual cost estimates as large as \$300 billion, non-adherence to medications is an enormous opportunity in the Accountable Care era. As a large ACO, Advocate Health Care is working to more effectively intervene in improving adherence. Leveraging both clinical and claims data, clinicians are now equipped with more meaningful patient-specific adherence information at the point of care. Further, data insights have yielded deeper understanding that supports refocused interventions to improve outcomes and cost. *This teleconference is part of the [Value-Based Care Collaborative](#).*

February 7, 1-2 pm CT

Cybersecurity of the Medical Internet of Things: FDA Postmarket Cybersecurity Guidance Update

Russell L. Jones, Partner, Raj Mehta, Partner, Deloitte Consulting, LLP and Phillip M. Englert, National Director Technology Operations - Physical Asset Services, Catholic Health Initiatives. There has been a lot of interest and discussion on BioMed device security over the last couple of years. As part of cybersecurity concerns, Boards are asking questions on this issue. While there has been guidance from the FDA, the increasing level of potential risks from more connectivity and automation has challenged healthcare providers to identify the most pragmatic and reasonable approaches for addressing BioMed device security. Russell, Raj and Phillip provide practical approaches for tackling this issue in a provider environment. *This teleconference is part of the [Security Collaborative](#).*

February 9, 1-2 pm CT

Intelligent Decision Support at Adventist Health System

Qammer Bokhari, MD, VP/CMIO, and Loren Hauck, MD, CMO, Adventist Health System. Drs. Bokhari and Hauck share how Adventist Health System (AHS) established its vision on leveraging Intelligent Decision Support Systems (IDSS) to provide real-time clinical and financial surveillance across the care continuum. Participants will hear about the evolution of IDSS at AHS and how this has fueled their vision for machine learning to become the pivotal point in attaining care standardization across the continuum. They also share tangible examples of clinical and financial IDSS projects that are being planned and implemented to support the vision and mission of AHS. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

February 13, 1-2 pm CT

Leveraging Dynamic Documentation & Specialty Driven Quick Order Pages (Mpages) to Improve Clinician Workflow at Emory

Julie Hollberg, MD, CMIO, Emory Healthcare & Assistant Professor, Hospital Medicine, Emory University School of Medicine. While EMRs offer robust potential to improve healthcare delivery, the initial versions have caused significant frustration. Originally Emory had just four different views of the EMR, yet what a urologist wants to see is different than a dermatologist or a CT surgeon. Dr. Hollberg describes Emory's journey from these four views to 37 different specialty views of the EMR, each of which include a specialty-based Mpage for quick orders and charges and Cerner's new documentation tool (dynamic documentation). She also reviews lessons learned on their rapid five-month implementation timeline, a comparison of Cerner's previous documentation tool and dynamic documentation, and the 10 metrics Emory is using to monitor success. *This teleconference is part of the [Cerner Collaborative](#).*

February 14, 1-2 pm CT

IS Support for Value-based Care and DSRIP at NYP

Gil Kuperman, MD, PhD, Director for Interoperability Informatics, NewYork-Presbyterian Healthcare System. NewYork-Presbyterian (NYP) is an integrated delivery system in the New York City metropolitan area. Like all health care providers, NYP is responding to dynamics that are advancing value-based care and the need for efficiency in health care delivery. The value-based care landscape - and the information systems requirements to support it - still are emerging. In the near term, NYP is responding with information systems solutions that are specific to each value-based care program. NYP also is developing a long-term IS strategy to support these activities. This presentation gives an overview of value-based activities currently in place at NYP and will present in detail one program - the NY State

Medicaid Delivery System Reform Incentive Payment (DSRIP) program - and the way information systems are being used to support it. *This teleconference is part of the [Value-Based Care Collaborative](#).*

February 15, 1-2 pm CT

Repurposing Your Staff: A Major Transfer of Skillsets from Infrastructure to Applications at VCU

Rich Pollack, VP & CIO, VCU Health. Rich discusses how a detailed review and [benchmarking of IT](#) revealed an excessive staffing in infrastructure roles to the detriment of adequate resources for applications support. Working with HR, a plan was developed to transition 40 positions to new roles and provide the training and mentoring needed to train network administrators into application analysts, etc. A concurrent move to new ways of sourcing infrastructure, such as Network as a Service (NaaS), helped to facilitate this major transition.

February 16, 1-2 pm CT

Controlling Chaos: Preparing for Success in Value-based Care

Tonya Edwards, MD/MMM, Senior Physician Executive, and Joan Campbell, RN, Clinical Informaticist, Impact Advisors. Dr. Edwards and Joan discuss management of the tidal wave of changes necessary to be successful as health systems transition to value-based payment environments. They also cover developing true systems out of federated states to reduce clinical variation and cost, integration of IT into every operational area, development of robust governance for care delivery decision-making and IT enablement of care and development of request prioritization methods owned by operations. Additionally, they discuss proven techniques for leaders to manage change, making order out of chaos. *This teleconference is part of the [Value-Based Care Collaborative](#).*

February 28, 1-2 pm CT

Electronic Clinical Quality Measures (eCQMs) at RWJBarnabas Health

Deborah Larkin-Carney, Corporate VP for Quality, RWJBarnabas Health, and Catherine Gorman-Klug, Director Quality Service Line, Nuance Communications, Inc. Beginning in February 2017, hospitals will be required to submit quality measures electronically to the Centers for Medicare & Medicaid Services (CMS). While all electronic health records (EHRs) are required to be certified to submit the proper data files, problems may arise with the clinical quality measures data. Inaccurate or incomplete eCQM submissions can have a monumental effect on quality score-related reimbursement when margins are already paper-thin. And for hospitals with multiple EHRs, the problem compounds exponentially. In some cases it may be impossible to predict whether the transmission will be successful or accurate. Join us to find out the latest eCQM changes and requirements by the CMS for 2017 and The Joint Commission for 2018, potential pitfalls that can have a significant impact on quality scores and reimbursement, strategies for hospitals to use to mitigate the risk of a failed submission, and steps you can take today to ready your organization for compliant eCQM submissions. *This teleconference is part of the [Value-Based Care Collaborative](#).*

March 1, 1-2 pm CT

Carequality Network at Sutter Health

Steven R. Lane, MD, MPH, FAAFP, Clinical Informatics Director, Privacy & Interoperability, Sutter Health. Taking a clinical perspective, Dr. Steven Lane reviews the foundations and recent history of interoperability and health information exchange. He focuses on the emerging Carequality Framework and the increasing participation in and use of Carequality supported exchange since the first transactions in July, 2016. Dr. Lane also discusses Sutter Health's experience with exchange since 2010 and new use cases that will be supported by the Carequality Framework over the coming years.

March 7, 1-2 pm CT

The Technologies of Interoperability and Moving Towards a Unified Future

Kelly Patrick, Managing Director, Nick Wong, Senior Manager, Mitchell Bailey, Senior Manager, and Alan Vitale, Specialist Master, Deloitte Consulting, LLP. Seamless interoperability, both within an organization and externally-facing systems, is the "ideal state" healthcare enterprises are searching for. This capability paves the way for health systems to access all relevant information at the points of care throughout the health care continuum, regardless of geographical, organizational, and vendor boundaries. Because the starting and end points, as well as business models and goals are different for every organization, there is no "one-size-fits-all" solution. Interoperability requires a varying combination of strategies, architectures, standards, approaches, data types, security, and tools that unify information access. Kelly, Nick, Mitchell and Alan discuss how industry experience, government policy, standards, technologies, and organizations contribute to being a connected health system.

March 8, 1-2 pm CT

Conclusions and Recommendations on Provider Cybersecurity, Part II

Mac McMillan, FHIMSS/CISM, Chairman & CEO, CynergisTek, Inc. Cyberattacks in 2016 targeted at provider organizations proved that they have the capability to disrupt operations for prolonged periods of time. These attacks are not only expensive for the institutions affected, but also disrupt their ability to treat and serve patients. Mac discusses the future of cybersecurity in healthcare and shares how providers can mitigate risk of business disruption. (*This is a follow-up to the [teleconference on June 18, 2015](#), and can be accessed via our [teleconference library](#).) This teleconference is part of the [Security Collaborative](#).*

March 16, 1-2 pm CT

New Imaging Tools from IBM Watson Health

Steven Tolle, VP and Chief Strategist - Imaging, IBM Watson Health. Machine learning and artificial intelligence can be leveraged in imaging technology to streamline workflow, accelerate turnaround time, and offer personalized approaches to diagnosing and treating patients. Steven shares the work in progress around this new technology as a physician support tool that integrates imaging data with other types of patient data to help empower physicians and improve patient outcomes. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

March 20, 1-2 pm CT

Attaining Behavioral Health Continuity of Care across Sharp HealthCare

Debbie Ochs, Director IT Applications, Sony Dhillon, Senior System Analyst, Mary Kay Shibley, MSN, RN, Clinical Informaticist, and Michael Dodson, Manager, Clinical Applications - Ambulatory EHR Support, Sharp HealthCare. Sharp Behavioral Health has been live on Cerner Millennium Powerchart in both the Inpatient and Outpatient settings since June 2010. The implementation of Cerner Powerchart Ambulatory for Sharp Behavioral Health Outpatient resulted in a consistent patient summary view, integrated provider messaging, and comprehensive medication management across all Behavioral Health sites, to ensure continuity of care for patients with behavioral health issues. Mary Kay, Sony, Debbie and Michael share their journey and describe the customization required for behavioral health care in modules such as Therapeutic Documentation, ePrescribing, Ambulatory Organizer, Dynamic Documentation and MPages. Sharp Behavioral Health also shares their positive outcomes in patient safety, documentation and workflow efficiency, medication management, and physician, patient and staff satisfaction across the continuum of care as a result of these changes. *This teleconference is part of the [Cerner Collaborative](#).*

March 21, 1-2 pm CT

Technology Governance at Ascension

Dave Baker, VP Strategic Planning and Innovation, Ascension Information Services (AIS), Ascension Health. Technology governance is more than IT governance. In fact, it is hard to think of any healthcare capabilities that don't require some form of technology or, at a minimum, integrate with technologies that support other capabilities. This makes navigating Ascension's technology landscape challenging, particularly when considering the appropriate application of technologies across Ascension's healthcare and solutions divisions. Join Dave as he describes the multi-stage journey they are leading at Ascension to engage healthcare and operations leadership in understanding business needs, and how those needs must align with technology investments. They discuss Ascension's governance structure, the decision rights allocated to those structures, and the establishment of key processes that are helping Ascension realize the benefits of technology governance.

March 23, 1-2 pm CT

2017 Best in KLAS Awards

Jared Peterson, Senior VP of Operations, and Taylor Davis, VP of Strategy and Analysis, KLAS. The Best in KLAS report recognizes vendors who have made significant strides to improve healthcare while addressing changes like payment reform and the shift to population health. Vendors recognized in the Best in KLAS report have earned the title of 2017 Best in KLAS or Category Leader for their outstanding effort to help healthcare professionals deliver better patient care. Join us as Jared and Taylor discuss the details behind the 50+ Category Leader and Best in KLAS winners and segments and find out how the vendors you work with performed.

April 4, 1-2 pm CT

Enabling Health and Wellness at Home: Emerging Technologies and Incentives

David Betts, Principal, and Sarah Thomas, Lead, Deloitte's Center for Health Solutions and Managing Director, Deloitte Services LLP. In the future, value in health care will likely be captured by those who can play a role in reducing costs and improving health outcomes. New MACRA regulations further compound these pressures to reduce costs and improve quality. Join David and Sarah to see how

consumer preferences, technology, and policy will converge to incentivize better health and wellness at home. This teleconference focuses on research and industry readiness to enable virtual care and empower home health consumers. *This teleconference is part of the [Value-Based Care Collaborative](#).*

April 6, 1-2 pm CT

Bringing Your Doctor to You: Telemedicine at Sharp Rees-Stealy

Brent Steineckert, Director, EMR, Access and Health Information Management, Sharp Rees-Stealy, and Marcy Mishiwiiec, Director, IT Ancillary Services, Sharp HealthCare. For more than two years, Sharp Rees-Stealy (SRS) medical centers have been connecting patients with their primary care physician or specialist through the use of telemedicine. Patients have the option to receive care for certain conditions through a telephonic or video visit. Using their own device (smartphone, tablet, computer), patients can access care while at home or at work, and can avoid the hassle of traffic, parking, and wait times. Unlike most telemedicine programs, patients conduct video or phone visits with their established primary care physician or specialist physician. This means the physician treating the patient knows their medical history, their family history, and their chronic conditions without the need for lengthy questionnaires or intake processes. Furthermore, since it's the patient's own doctor, medications can be refilled, labs/imaging can be ordered, and patients can complete their testing on a walk-in basis at one of the many Sharp locations throughout San Diego. Patients love the convenience and physicians enjoy the focused nature of the telemedicine visit. Brent and Marcy also discuss the challenges faced and benefits this program offers. *This teleconference is part of the [Value-Based Care Collaborative](#).*

April 11, 1-2 pm CT

Rewriting the Playbook on HIEs for Improved Patient, Clinical and Business Outcomes

Brian Yeaman, MD, CEO, Yeaman & Associates and Coordinated Care Health Network, and Ray George, Director, Business Development, Nuance. Early in 2017, Coordinated Care of Oklahoma (CCO), a multi-state HIE, announced its dissolution and the launch of Coordinated Care Health Network (CCHN), a nationwide secure data exchange network with image sharing. Like many HIE organizations, CCO struggled with governance and organizational issues that challenged operations, sustainability and cost-containment. Today, the newly formed CCHN is a unique service network focused on empowering health care providers to improve care and outcomes via secure, HIPAA compliant, data access and exchange. Built on a cloud-based imaging sharing network, CCHN claims no third party rights to client data. Instead, like a cellular network, CCHN allows clients to subscribe to modular services in a way that scales to work within the healthcare organizations' referral region to better enhance patient care and improve the patient's experience. *This teleconference is part of the [Value-Based Care Collaborative](#).*

April 13, 1-2 pm CT

MIPS Math: An In-depth Look at the MIPS Scoring Methodology, Part II

Dan Golder, MD, Principal Advisor, Henry Stokman, Principal, Jason Fortin, Senior Advisor, and Larry Katzovitz, Senior Advisor, Impact Advisors. This session provides an in-depth review and analysis of the calculations used to score each of the four MIPS components (Quality, Advancing Care Information, Improvement Activities, and Cost). Learn how to understand some of the complexities used in the MIPS calculations and how to leverage this knowledge to improve your MIPS composite score. Highlights include: scoring with examples for each of the four MIPS components; base scores, performance scores and bonus points; performance thresholds and their impact on MIPS scoring; and budget neutrality and the scaling factor. *(Part I was presented Dec. 8, 2016, and can be accessed via our [teleconference library](#).) This teleconference is part of the [Value-Based Care Collaborative](#).*

April 26, 1-2 pm CT

IQ Dashboards at Methodist Le Bonheur

Paula Jacobs, VP Process Improvement & Innovation, and David Deas, Director, Innovation and Knowledge Analytics, Methodist Le Bonheur. As the healthcare market continues to evolve, organizations get less value from the old "snapshot in time," paper-based reports we have used for years. See how Methodist Le Bonheur Healthcare has leveraged the data in their EMR to provide real-time, robust and actionable information for administrators, managers and clinical staff in an intuitive, graphical format. The Interactive Quality Dashboard (IQ Dashboard), a tool built by the internal Process Improvement and Innovation team, presents data within minutes of documentation in a format that paints a comprehensive clinical picture of the patient story and provides valuable information that the clinician or manager can effectively and efficiently use to achieve better outcomes. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

April 27, 1-2 pm CT

Population Health Performance 2016: The Training Wheels Are Off

Bradley Hunter, Research Director, KLAS. Providers knew that value-based care was inevitable. To prepare, they practiced on their employees, took on a few payer contracts, and selectively implemented a few tools. Now, having gotten their balance, many are taking off the training wheels and taking on more risk. But are Population Health Management (PHM) vendors ready as well? Bradley answers these three major questions: Which vendors are geared to meet needs for more data faster and with less effort? Who has strengthened and tuned their workflows for program administrators, care managers, and clinicians at the point of care? And where are the adaptable, responsive partners that providers need to help them stay upright in a rapidly changing, high-risk environment? *This teleconference is part of the [Value-Based Care Collaborative](#).*

May 2, 1-2 pm CT

The Rise of Cognitive Analytics in Healthcare and How to Adapt

Dan Kinsella, Managing Director, and Bill Fera, MD, Principal, Deloitte Consulting LLP. Informed by humans, enabled by science, Cognitive Analytics holds the promise of helping organizations address seemingly intractable problems. From the application of natural language processing to automate knowledge-intensive processes to using advanced analytics and machine learning to make customer interactions more personalized and meaningful, Cognitive Analytics is coming of age in the healthcare industry. But how do you simultaneously consider such advanced capabilities while working on the fundamentals of analytics including reporting, data governance, and data quality? Bill and Dan provide practical insights into this conundrum. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

May 4, 1-2 pm CT

Healthcare Services Platform Consortium (HSPC): Progress toward True Semantic Interoperability, Part II

Stan Huff, MD, CMIO, Intermountain Healthcare, and Oscar Diaz, CEO, Healthcare Services Platform Consortium (HSPC). Dr. Huff and Oscar provide an update on HSPC activities, successes, and challenges. HSPC is a provider led, not-for-profit, multi-stakeholder, membership organization that is fostering an industry-wide collaborative for the development of an open ecosystem of interoperable applications, content, and services. As part of the development of the healthcare SOA, HSPC is creating a federated model for multi-vendor RESTful web services modeled against HL7 FHIR and HSPC/CIMI/CEM based profiles. Similar to iOS and Android, HSPC will support a marketplace model for plug-and-play healthcare applications leveraging the work at Intermountain Healthcare, LSU Health, the VA VistA Evolution initiative and others. The HSPC marketplace will support common services and models that providers and vendors can use to shorten development life cycles. The SOA for healthcare will enable multiple collaborators to deliver different parts of a solution set that address workflow gaps within and between systems. This platform supports high-fidelity workflow models that support acute, ambulatory and patient-centered medical home models. *(Part I was presented Aug. 11, 2015, and can be accessed via our teleconference library <http://www.scottsdaleinstitute.org/teleconferences/2015.asp>)*

May 9, 1-2 pm CT

How Clinical Documentation Helped Baptist Health South Florida Realize Improved Financial Performance

Lorena Chicoye, MD, Corporate Medical Director Managed Care, Baptist Health, and Melinda Tully, MSN, CCDS, CDIP, VP Clinical Services and Education, Nuance Communications, Inc. While quality improvement programs are underway at healthcare organizations across the country, the CDI initiative at Baptist Health South Florida is notable for the measurable financial and clinical results achieved. Since 2011 when the program launched, CDI has reduced costs, improved quality and enabled Baptist Health to realize \$45 million in appropriate reimbursement. This session focuses on how the CFO and physician champions worked together to staff and implement a successful clinically-focused CDI program tailored to the culture and workflow of this six hospital system. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

May 10, 1-2 pm CT

Diversion Analytics, Software, Value of Big Data Solutions at Hackensack UMC

Nilesh Desai, B.S, RPh., MBA, Administrator, Pharmacy and Clinical Operations, Hackensack UMC, and Kimberly New, JD, BSN, RN, Diversion Consultant, Omnicell. Nilesh and Kimberly discuss the impact of controlled substance diversion on hospitals, including: identifying primary diversion methods in the pharmacy and on nursing units; reviewing advancements in technology and experience from a

Hackensack UMC perspective; and, the Top 10 ways to help prevent drug diversion and create an “action plan” for your facility.

May 11, 1-2 pm CT

Achieving the Triple Aim in Critical Care Using Advanced IT and Business Strategy at Emory

Dr. Timothy Buchman, PhD, MD, MCCM, Director Emory Critical Care Center, and Cheryl Hiddleson, MSN, RN, CCRN-E, Director Emory eICU Center. There is a shortage of critical care providers in the United States. Finding new ways of utilizing existing resources to provide high quality care to larger populations is essential for filling the gap found between demand and availability of these highly trained providers. Emory Healthcare took on the challenge by developing a dual program incorporating training of NPs and PAs in critical care while providing real-time surveillance monitoring and immediate access to intensivist guided interventions via a remote teleICU platform. This solution has yielded better outcomes for patients, families and staff in the ICUs with an associated decrease in Medicare spending for those patients served by the Emory eICU. Burnout in critical care providers is on the rise and seeking potential solutions to ensure retention of those valuable clinicians is another focus for Dr. Buchman and Cheryl. They also discuss how they decided to “Turn Night into Day” by relocating clinicians to the other side of the world so they could provide nighttime care to Emory eICU patients during daytime hours in Sydney, Australia. *This teleconference is part of the [Value-Based Care Collaborative](#).*

May 17, 11-Noon CT

Leveraging the EHR with CDS to Prepare for Value-based Care at Cedars-Sinai

Scott Weingarten, MD, SVP, Chief Clinical Transformation Officer, Cedars-Sinai Health System. Dr. Weingarten describes Cedars-Sinai’s four-year journey to “hard wire” CDS into the EHR related to value-based payments in the inpatient and ambulatory settings, and to evaluate the resulting impact on quality and cost of care. He also discusses the performance of commercial accountable care organizations during the time period, as well as how CDS can enable organizations to prepare for MACRA, bundled payments, and initiatives to reduce hospital Medicare losses. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

May 18, 1-2 pm CT

Utilizing Technology to Support Sepsis Initiatives

Kody Hansen, Research Manager of Clinical Decision Support, KLAS. Utilizing technology to support sepsis initiatives in the inpatient healthcare environment is not a new concept, but widespread adoption of these solutions is relatively nascent across the country. Kody outlines key findings on vendor sepsis technologies in use today, gleaned from interviews with over 150 healthcare organizations across the US. The KLAS Sepsis 2017 report focuses on the functionalities, deployments, and applications of numerous types of solutions. Reported outcomes, which illustrate the breadth and depth of successes experienced by pioneering healthcare organizations, will also be addressed. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

May 23, 1-2 pm CT

Journey to NextGen ACO at KentuckyOne

Don Lovasz, President, KentuckyOne Health Partners. While forming the health system 4 years ago, CHI’s KentuckyOne also created its Accountable Care Organization (ACO). Currently the KentuckyOne Health Partners (KHP) ACO is ranked in the top decile nationally among over 400 ACOs across the country in terms of quality, total medical spend savings, and covered lives. Becoming a NextGen ACO in January 2017 with two-sided risk has moved the KHP ACO into a consumer model, whereby Medicare beneficiaries can actively select KHP as their care management company. Care managers from KHP will follow their patients across sites of care, resulting in enhanced care transitions, improved clinical outcomes, and reduced medical cost. Don will share lessons learned from this journey, reflecting on critical success factors including technology investments, payer and provider contracting, and care management infrastructure. *This teleconference is part of the [Value-Based Care Collaborative](#).*

June 1, 1-2 pm CT

Behavioral Health Integration and the EMR at Partners HealthCare

John Roseman, MD, Behavioral Health Clinical Content Lead, Jennifer Gray, RN, Application Manager, Andrew Murphy, Application Coordinator, and Liann Devereux, Application Coordinator, Partners HealthCare System. After three years of enterprise discussion and consensus on workflows and content, Partners began a new EMR implementation process in 2015. This has resulted in the successful implementation of the Epic EMR at Partners in multiple sites including their academic medical centers, community hospitals, outpatient clinics and home health community. Concurrently, Partners has established a Behavioral Health EMR to provide tools and resources for primary care and ancillary

providers to help them manage patients with depression and other mental health disorders. The outpatient and inpatient behavioral health EMR build was completed in 2015; the dedicated Mental Health facility has truly challenged their overall behavioral health EMR and will go live the end of June 2017. Dr. Roseman, Jennifer, Andrew and Liann share their lessons learned to date on the integration of behavioral and physical health in their EMR build and rollout. They also share what they are planning to address as they continue to enhance and develop their EMR to appropriately cultivate a unique approach to this important dimension in improved patient care management. *This teleconference is part of the [Value-Based Care Collaborative](#).*

June 6, 1-2 pm CT

The State of MACRA, Value Based Care, and Population Health: Where Are We Now

Gary Wainer, DO, Medical Director Northwestern Medicine Physician Partners, Eric Finocchiaro, Managing Director, and Tony Jurek, Managing Director, Deloitte Consulting, LLP. With the current MACRA reporting year underway, organizations continue to focus on 2017 metrics while simultaneously turning attention to the 2018 reporting requirements and beyond. As the MACRA requirements change, so must each participating organization. Join Dr. Wainer, Eric and Tony to discuss clinical and technical challenges, best practices, and key lessons learned in the first few months under MACRA. *This teleconference is part of the [Value-Based Care Collaborative](#).*

June 8, 1-2 pm CT

Cybersecurity Challenges of Connected Medical Devices

Robert Maliff, Director Applied Solutions, ECRI Institute. Medical devices are no longer just standalone systems at the bedside, but are now connected to other devices and the electronic medical record system to aid in documentation and real-time patient care decisions. While hospitals often have policies and practices related to information technologies security, the diverse world of connected medical devices (the Internet of Medical Things) may not be fully included in these programs. This presentation discusses what is different about healthcare when it comes to cybersecurity and medical devices, and how hospitals can address these challenges. *This teleconference is part of the [Security Collaborative](#).*

June 14, 1-2 pm CT

Being Cyber Resilient in the World Today at Ascension

Duane Hopkins, National Security Operations Director, Ascension Health. In today's world, cyber-attacks are on the rise, attackers are increasing the level of sophistication causing the landscape to shift at a very rapid pace. Organizations need the ability to anticipate, withstand, and recover from attacks on critical resources and evolve their supporting infrastructures to improve those abilities against future cyber-attacks. To find success, organizations must change their security posture to focus on a more realistic and resilient approach to enhance their cyber security programs. Join Duane to discuss the key components of integrating cyber resilience into your cyber security program. *This teleconference is part of the [Security Collaborative](#).*

June 15, 1-2 pm CT

Legacy Data Management

Janice Wurz, Principal, Shaman Akhtar, Senior Advisor, and Christine Personius, Senior Advisor, Impact Advisors. Most cost predictors for EHR/Merger & Acquisition transitions assume legacy application expenses are eradicated after go-live. Regulatory requirements, however, preclude the "box & storage" of old records offsite. With the ongoing need to access historical data, organizations must address and fund the storage of electronic patient information on their legacy systems. The cost of conversion and chart abstraction of key clinical-/revenue-based elements to targeted EHR applications must also be understood to appreciate the total impact. Join Janice, Shaman and Christine to hear how to address these challenges.

June 19, Noon-1 pm CT

Nursing Optimization at Eastern Maine

April Giard, NP-BC, NEA-BC, VP & Chief Nursing Information Officer, Eastern Maine Health System. Hospitals and clinicians have been trying to move beyond the implementation and adoption of technology to the stage of how technology can be meaningful in improving patient care, and to use the system in place to its fullest potential. Nursing is the largest group of healthcare professionals accounting for the greatest volume of EMR users. It was common in the past to customize the EMR to meet the local or unique workflows of a hospital, practice, or unit. This has led to challenges in the ability to rapidly adopt new functionality, implement upgrades and standardize care. EMHS underwent a six-month project to redesign the EMR in an effort to reduce nuisance alerts and duplicate documentation, streamline

documentation within the nursing workflow and move to Cerner's model system design. *This teleconference is part of the [Cerner Collaborative](#).*

June 20, 1-2 pm CT

NYP Launches On-Demand Digital Health Services

Peter Fleischut, MD, SVP & Chief Transformation Officer, NewYork-Presbyterian. NYP On Demand Is a comprehensive suite of digital services to get the right doctor to the right patient, nationally, regionally and locally. The On Demand program consists of second opinions in 80+ specialties, urgent care in four states, pediatric and adult ED express care, enterprise specialty care consults (psychiatry, neurology, pediatrics, and nursing home coverage), follow-up care from home with video visits and a mobile stroke unit. Join Dr. Fleischut to hear how the program was deployed in six months, decreased second opinion response time to one day, ED LOS by 80%, consult response time by 23 hours, and stroke treatment time by 70 minutes. *This teleconference is part of the [Value-Based Care Collaborative](#).*

June 21, 1-2 pm CT

SMART on FHIR: Integrating HIE Data into EMR Workflow, Part II

Matthias Kochmann, MD, Clinical Informatics Fellow, Regenstrief Institute, Inc., and Jason Schaffer, MD, IU Health. Drs. Kochmann and Schaffer discuss the Regenstrief "SMART on FHIR" pilots underway to standardize the process of integrating HIE data into different EMRs so that HIE data can be integrated into a physician's workflow to improve patient care. This is a "Part II" teleconference that builds upon the earlier work developed by Dr. Jason Schaffer from IU Health and Keith Kelley from IHIE, and describes the standardization required to integrate HIE data into varying EMRs, including Cerner and Epic. (*Part I was presented Jan. 25, 2017, and can be accessed via our [teleconference library](#).*) *This teleconference is part of the [Value-Based Care Collaborative](#).*

June 27, 1-2 pm CT

Engaging Patients in Care with OpenNotes at Sutter Health

Michael Conroy, MD, FACP, Chief Medical Officer, Sutter Medical Group. Improved communication and collaboration with patients are necessary to improve health outcomes, lower cost, and enhance experience for health providers and the people they serve. As an example, studies show that 80% of what is discussed or recommended in a clinical visit is not recalled by patients. Better access to medical records is one relatively simple step to enable patients to engage in their own care. Sutter Medical Group, in collaboration with the OpenNotes Collaborative, went live with publishing clinician notes through their secure patient portal in February 2016. Dr. Conroy describes Sutter's preparation and clinician engagement prior to go-live, and the experience since, including "lessons learned," cultural change management factors, and future plans regarding effectiveness measurement. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

July 12, Noon - 1 pm CT

Embedding Mental Health Care in Every Visit at Intermountain Healthcare

Brenda Reiss-Brennan, PhD, APRN, Mental Health Integration Director, Intermountain Healthcare, and Jeffrey Rose, MD, Senior VP of Clinical Strategy, Hearst Health. Properly diagnosing and treating mental disorders through an effective integrated team approach is vital to achieving population health. In 2000, Intermountain created a Mental Health Integration program for patients that made mental health evaluation and service part of the routine care for all patients seeking care at Intermountain, with an emphasis on primary care. The Mental Health Integration program was integrated into the EMR, digitizing clinical workflows and connecting patient records to allow clinicians to have the necessary tools, resources, and information to make appropriate team-based clinical decisions. Results from more than 100,000 patients over a 10-year period show improved outcomes, enhanced patient experience and better value. Intermountain's Mental Health Integration program recently won the 2017 [Hearst Health Prize](#), an annual \$100,000 award given in recognition of outstanding achievement in managing or improving health in the U.S. *This teleconference is part of the [Value-Based Care Collaborative](#).*

July 13, 1-2 pm CT

Alternative Payment Models: MACRA, Part III

Dan Golder, DDS, MBA, Principal Advisor, Henry Stokman, Principal, Jason Fortin, Senior Advisor, and Larry Katzovitz, Senior Advisor, Impact Advisors. This session will look at the "other half" of the MACRA legislation: incentives for participating in Alternative Payment Models (APMs). Topics will include an in-depth review and analysis of the different APM options defined under MACRA, and how each can potentially affect MIPS calculations. Providing a "deep dive" into APMs and their associated complexities and implications for MIPS, this session will cover a review and comparison of APMs, advanced APMs and MIPS APMs; criteria for each category; determining "qualifying" participation; and the impact of APM

participation in MIPS scoring. This session presumes that attendees are familiar with MIPS/MACRA basics. (*Attendees are encouraged to review the slides from Part I, presented [Dec. 8, 2016](#), and Part II, presented [April 13, 2017](#), accessed via our teleconference library*). *This teleconference is part of the [Value-Based Care Collaborative](#).*

July 17, 1-2 pm CT

Pop Health Initiative using HealthIntent at the University of Missouri/Health Network of Missouri

Bryan Bliven, CIO, MU Health Care and Executive Director, Tiger Institute for Health Innovations, and Mike Seda, Director, Regional Operations, Tiger Institute. As University of Missouri Health has been progressing on its journey towards value-based care it has developed various types of innovative healthcare provider and industry partnerships to scale care delivery across a larger geographic and population base. The Health Network of Missouri (HNM) is a LLC currently consisting of six Missouri health systems with stated objectives that include achieving clinical integration among members and their medical staffs, pursuing population health management activities, containing costs, joint payer contracting, developing clinical care pathways and treatment protocols, improving information technology systems, and pursuing other opportunities to improve healthcare services for the residents of Missouri. HNM is leveraging the Tiger Institute for Health Innovation, a unique partnership with Cerner Corporation, to quickly and efficiently scale population health and interoperability infrastructure across the network and to institute a framework in the partnership that incentivizes the creation of value. *This teleconference is part of the [Cerner Collaborative](#).*

July 18, 1-2 pm CT

Analytics: Harvard Offers Digital Repository of Medical Evidence

Ali Raja, MD, MBA, MPH, Executive Director, Harvard Medical School Library of Evidence and Executive Vice Chairman, Department of Emergency Medicine, Massachusetts General Hospital. Dr. Raja describes the HMS Library of Evidence, a collaborative between the HMS Countway Library of Medicine and representatives of other HMS hospitals and Harvard institutions. It was founded to create a provider-led, sustainable, public repository of medical evidence to enable and promote the broad and consistent practice of evidence-based medicine in the U.S. in order to improve the quality of care while simultaneously reducing waste and cost. The Library has been organized to serve as a public resource for medical evidence from all sources and, therefore, focuses on the accumulation, curation, organization and functionalization of medical evidence rather than on the creation of new evidence. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

July 19, 1-2 pm CT

The Evolution of Population Management at CHRISTUS Health

Grayling Yarbrough, Director of Population Health Management, and Randy Osteen, Associate CIO and Vice President for Information Management, CHRISTUS Health. Over the past few years, Population Health Management has become a buzz word in the healthcare industry as payment and care delivery moves from fee-for-service to value-based care models. In 2013, CHRISTUS Health began its journey to prepare for these changes to support its growing Health Plans, Clinically Integrated Networks and Population Health Services Organization. Grayling and Randy discuss the background and journey on which the organization has embarked to effectively manage high-risk populations, support Health Plan operations, and improve the quality of care and service delivered across its large integrated health network. *This teleconference is part of the [Value-Based Care Collaborative](#).*

July 20, 1-2 pm CT

Beyond Patient Engagement: Leveraging Technology to Identify Operational Gaps and Measure Process Improvements

Sara Laskey, MD, Chief Experience Officer, Metro Health, and Shara Cohen, JD, Senior VP, Client Experience, Emmi. Technology can be a powerful tool to enable providers to engage patients to be active partners in their care, but Cleveland-based MetroHealth System learned it could do much more. MetroHealth initially implemented Emmi care transition solutions to help engage and empower patients to manage their care post-discharge to improve outcomes, enhance quality and reduce avoidable readmissions. However, they were also able to identify areas for improvement in many processes and procedures, uncovering operational inefficiencies and variances across departments, and spotlighting education and medication adherence issues. These insights helped MetroHealth pinpoint problems, identify a variety of operational improvements, track the impact of the changes, and over time, measure improvements in key indicators. *This teleconference is part of the [Value-Based Care Collaborative](#).*

July 25, 1-2 pm CT

Activity-based Costing Initiative at the University of Michigan

Andrew L. Rosenberg, MD, CIO, Michigan Medicine, University of Michigan, and Migdalia Musler, Associate CFO, University of Michigan Medical Group. Healthcare providers and health systems may be at financial and other risk if they are unable to accurately determine costs for patients and their episodes of care, let alone how those costs compare to outcomes achieved. There are few, if any, commercially available systems that efficiently and accurately collect, refine, analyze and visualize cost, revenue, clinical variation, and outcome data in a manner where care delivery can be transformed to meet the new emphasis on demonstrating value and improved quality of care. The University of Michigan Health System has been developing a program to achieve these goals and will describe their current state, challenges, and future directions for an advanced costing and outcomes analytics system based on vendor and custom developed tools. *This teleconference is part of the [Value-Based Care Collaborative](#).*

July 26, 1-2 pm CT

Technology Organizational Transformation - What it is and How You Achieve it

Melissa Dill, Vice President, Ascension Information Services. Technology has and will continue to play an important role in the way products and services are developed, delivered and used by their customers. While healthcare tends to lag behind industry in adoption and delivery of new, innovative solutions, consumers are demanding that healthcare keep up with non-healthcare industries in how and which technologies are delivered. This demand along with competitive and regulatory/reimbursement pressures have sparked a significant technology transformation for Ascension Information Services (AIS). This session focuses on AIS' transformation journey and through the development of a Transformation Office, the processes and methods for managing and driving this transformation from ideation to actualization. *This teleconference is part of the [Value-Based Care Collaborative](#).*

August 1, 1-2 pm CT

Leading Wisely: The Next Generation of Executive Decision Support

Dorian DiNardo, SVP Product Development, Health Catalyst. While healthcare has invested billions of dollars in digitizing information, many leadership teams haven't had the right decision-making tools to harness data, generate insight and effect clinical, financial and operational outcomes. Now, that has changed. Leading Wisely is a game changer for healthcare leaders. This web-based solution automatically transforms data, key measures and goals from multiple business units into the fundamental insights critical to leadership. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

August 3, 1-2 pm CT

Performance Scorecard at Methodist Le Bonheur, Part II

Paula Jacobs, VP Process Improvement & Innovation, and David Deas, Director, Innovation and Knowledge Analytics, Methodist Le Bonheur. This session reviews the innovative quality measurement system used by a six-hospital healthcare system as a strategy to achieve top decile performance across all service lines. Performance Scorecard, an expanded Balanced Scorecard model, was developed in 2015 to ensure efficient, transparent, and proactive performance monitoring at the highest leadership levels. Patterned after Baldrige performance excellence tenets, this dynamic and interactive approach increased the number of quality performance metrics from three to up to 70 per facility and has driven improved performance across all operational areas. Discussions explore the logic behind this approach, selection of metrics, and details of the benchmarking methodology and have the opportunity to see the impact it has made to our operational performance after just 18 months of deploying this expanded approach. *(Part I was presented [April 26, 2017](#), and can be accessed via our [teleconference library](#).)* *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

August 9, 1-2 pm CT

Implementation of a Best in Class Central Service Center for Pharmacy at Advocate

Trac Pham, MS, RPh, MBA, Corporate Director of Central Service Center, Advocate Health Care. Advocate Health Care has transformed the management and delivery of drugs throughout the health system with an aggressive and disciplined focus on standing up a central service center for pharmacy to reduce medication costs and improve pharmacy staff efficiency. In just two years, Advocate Health Care's Integrated Service Center has achieved more than \$13.1M in pharmaceutical savings, increased inventory turns from 14 to 21, decreased average days on hand from 26 to 17, and is now shipping more than 21,000 doses per day (5.5M annual doses) to locations throughout the health system. *This teleconference is part of the [Value-Based Care Collaborative](#).*

August 10, 1-2 pm CT

Value-Based Care Tech Strategy v2017 at Mercy Health

J.D. Whitlock, VP, Enterprise Intelligence, Mercy Health. Whether you are just starting your VBC journey, or are a mature ACO / CIN refining your technology strategy, we are all struggling with obtaining the right balance of VBC capabilities from our enterprise EHR, VBC vendor add-ons, and staffing. J.D. discusses IT management / strategy implications of the current VBC regulatory and vendor landscape, including details on Mercy Health's VBC infrastructure, staffing, and strategy. *This teleconference is part of the [Value-Based Care Collaborative](#).*

August 15, 1-2 pm CT

Big Data and Machine Learning in Healthcare: Actual Experience, Actual Results at Intermountain

Lee Pierce, Chief Data Officer, and Lonny Northrup, Sr. Medical Informaticist, Intermountain Healthcare. With hundreds of vendors advertising the benefits of big data and machine learning for healthcare, it is challenging to separate claims from reality. Intermountain Healthcare shares examples of work they have done and work done by other leading healthcare systems that are actually producing measurable results for improving healthcare outcomes and achieving cost reductions. *This teleconference is part of the [Value-Based Care Collaborative](#).*

August 17, 1-2 pm CT

Physician Engagement at Houston Methodist: Let Doctors be Doctors

Nicholas Desai, MD, CMIO, Houston Methodist, Arthur Sorrell, MD, Principal and Physician Executive, and Christina Boling, Advisor, Impact Advisors. Physician engagement and preparedness are among the strongest factors influencing the overall success or failure of an EHR implementation. Houston Methodist strongly believes that to achieve physician efficiency, they must identify human-centric versus computer-centric workflows, and fundamentally design the tools, wherever possible, to maximize adoption while minimizing variation. They applied and reinforced a customer relationship management approach that included these principles: Know your physician population intimately; customize your approach; target your messaging; deconstruct traditional training; facilitate personalization to protect productivity; and finally, let doctors be doctors. Drs. Desai and Sorrell and Christina discuss Houston Methodist's approach, structure, challenges, lessons learned for physician engagement at this large IDN with a diverse physician population and practice/business models. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

August 22, 1-2 pm CT

Community Outreach at Spectrum

Kenneth J. Fawcett, Jr, MD, VP Spectrum Health Healthier Communities. Spectrum Health's Healthier Communities offers community outreach to vulnerable populations to improve health and reduce health disparities. Infant mortality and adverse birth outcomes have been reduced by 50%; enhanced educational outcomes are supported through virtual health delivery augmenting onsite behavioral health, medical and dental services; and wellness and chronic disease programming has improved health outcomes and patient engagement while reducing the total cost of care. Dr. Fawcett discusses the use of a social impact bond structure to create a sustainable funding structure for community health programs. He also discusses the importance of outcomes, and not simply outputs, as success markers and collaboration of community partnerships, along with a novel (and scalable) solution to address food insecurity and its impact on health. *This teleconference is part of the [Value-Based Care Collaborative](#).*

August 29, 1-2 pm CT

MACRA: Who Will Gain and Who Will Lose?

Erik Johnson, VP Value Based Care, Jay Hazelrigs, Jim Dolstad, Senior Director Actuarial Advisory, and Elena White, Optum. Today's integrated health systems are increasingly engaged in Medicare risk management strategies, such as Medicare Advantage, MSSP, and MACRA. Strategies for managing risk in the Medicare population can cascade into commercial payer performance, and market competitiveness and comparative quality measures vary by region. This teleconference explores the financial impact of various MACRA strategies (MIPS and AAPMs) and commercial payer strategies on an organization's long term financial success, and provides an in-depth understanding of key levers for success across the healthcare system. *This teleconference is part of the [Value-Based Care Collaborative](#).*

September 7, 1-2 pm CT

Immediate Access to Medical Images Saves Lives at Tampa General

Alexander Nieto-Avila, Imaging Systems Support Manager, Tampa General Hospital, and Lara Caldwell Stout, Director, Diagnostics, Nuance Communications. At Tampa General Hospital (TGH), the region's only Level I trauma center, radiologists and physicians treating the area's most critically ill patients are

routinely faced with life or death decisions. For them, speed and information can literally make the difference. One area of care ripe for improvement was the speed at which specialists accessed patient medical images, particularly important for trauma patients transferring to TGH from area hospitals. While physicians working across TGH share images via a common PACS environment, the referring facilities did not store medical images in a format compatible within TGH's platform. This untimely access to images was delaying lifesaving medical care, forcing patients to be rescanned, and affecting outcomes. In 2014, TGH made the strategic move to store medical images on a cloud-sharing network. This teleconference explores TGH's rationale and plan for adopting cloud-based image sharing, and presents the benefits experienced by trauma patients and caregivers due to an immediate and reliable workflow for image sharing. *This teleconference is part of the [Value-Based Care Collaborative](#).*

September 12, 1-2 pm CT

Vertical Integration: Acquiring New Capabilities by Investing in Digital Health

Bryan Martin, Partner, and Michael Kleinmann, Senior Manager, Deloitte Consulting, LLP. Consolidation continues to take place across the healthcare value chain, but an emerging trend centers on the convergence of providers, health IT companies and digital health startups. Confronted with greater responsibility for health outcomes, continued cost pressures, and a need for greater patient engagement, providers are eyeing vertical integration strategies that help manage the care continuum, create new revenue streams, foster lasting consumer relationships, and enhance IT innovation. In an effort to manage risk while still participating in this convergence, providers are increasingly exploring unique ways to invest in and interact with digital health startups that blur the lines between providers, tech companies, incubators/accelerators and venture capital and private equity funds. This session addresses questions such as what does this industry convergence mean for providers, what strategies are emerging, and does this trend provide an opportunity for your organization?

September 14, 1-2 pm CT

Rebooting Healthcare Information Technology Downtime Management at Spectrum

Julie Bulson, DNP, MPA, RN, NE-BC, Director, Emergency Preparedness, and Burt Smith, Director, Enterprise Operations, Spectrum Health. The information technology department has worked closely with the emergency preparedness department to design a major incident management system that closely resembles the hospital incident command structure assisting in a rapid response to IS incidents while improving communication to the organization. The development and implementation of this process has improved several metrics including Time to Declare (declaration of an incident) and Mean Time to Restore (returning the technology back to the end users). Julie and Burt outline the Major Incident Management System, the collaboration between information technology and emergency preparedness improving the impact to healthcare operations, and highlight the metrics used to monitor success. *This teleconference is part of the [Security Collaborative](#).*

September 19, 1-2 pm CT

MIPS and MACRA Proposed Rule: What has Changed for 2018 and Beyond, Part IV

Dan Golder, DDS, MBA, Principal Advisor, Henry Stokman, Principal, Jason Fortin, Senior Advisor, and Larry Katzovitz, Senior Advisor, Impact Advisors. This session examines the new proposed 2018 Medicare Quality Payment Program (QPP) rule for MIPS/MACRA (released 6-20-17) and its implications, providing not only a review of the rule's provisions, but also an in-depth examination of how those provisions differ from the current rule in place for 2017. Highlights include: provisions of the proposed rule, highlighting changes from the current legislation; strategies for providers and groups to optimize MIPS/MACRA performance under the new rules; and, Top 5 things that every provider should be doing right now to prepare for 2018 under the proposed rule. *(Attendees are encouraged to review the slides from Part I, presented [December 8, 2016](#), Part II, presented [April 13, 2017](#), and Part III, presented [July 13](#).) This teleconference is part of the [Value-Based Care Collaborative](#).*

September 20, 1-2 pm CT

KLAS Report: Outsourcing Your Revenue Cycle

Boyd Stewart, Research Director, KLAS. Healthcare revenue cycle is complex: compensation for care can come from any of several different payers, and policies are constantly changing. When providers decide to place the care of their financial stream in the hands of a revenue cycle services (RCS) firm, they need that firm to be, first and foremost, adept at delivering on key indicators. Providers also need their RCS firms to fit seamlessly into their culture, whether they are engaged long-term or short-term, for the complete business office (RCO) or for individual parts of the revenue cycle (EBOS). Join Boyd as he discusses these ideas and information from the latest Revenue Cycle report. *This teleconference is part of the [Value-Based Care Collaborative](#).*

September 21, 1-2 pm CT

The 21st Century Cures Act and Your Reimbursement: What you Need to Know

Maria Balderas, PhD, Health Informaticist, IBM Watson Health. The 21st Century Cures Act is changing the relationship between your health information technology investment and your reimbursement from government payers. Dr. Balderas describes the intersection of the Cures Act and Quality Payment Programs, as well as the role that Certified EHR Technology, virtual groups and third-party intermediaries may play to position your organization for success. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

September 26, 1-2 pm CT

Telemedicine Solutions to Developing Workforce, Partners and Consumer Engagement at Avera

Jay Weems, Vice-President of Operations, Avera eCARE. Avera Health journeyed into telemedicine in the early 1990s to assist the needs of the workforce and to better serve the population in rural and underserved communities. Today, the telemedicine arm of the Avera Health system, Avera eCARE, has become an important solution to solve several complex healthcare issues. Avera eCARE has become a powerful tool for rural and urban communities by providing cost-efficient, quality care by leveraging specialists and adhering to the latest evidence-based care. With the advancements of technology, cost effective and high-quality care can now be delivered virtually anywhere. Learn how Avera eCARE uses technology to support providers, engage consumers, and develop health system partners. *This teleconference is part of the [Value-Based Care Collaborative](#).*

September 27, 1-2 pm CT

NLP Reveals Meaning from Unstructured Data in EMRs, Part I

Shaun J. Grannis, MD, MS, FACMI, FAFAP, Director, and Chris Frederick, Senior Product Manager, Regenstrief Institute, Center for Biomedical Informatics. Extracting meaningful data from electronic health records in an accurate and efficient manner is challenging, with a significant portion of clinical information found only in unstructured, free-text clinical documents. Regenstrief Institute has developed and refined a Natural Language Processing (NLP)-based text-mining platform, nDepth™ capable of supporting research, quality assessment and improvement initiatives across large scale data sets. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

October 2, 1-2 pm CT

Lessons Learned from a CyberCrime: The Unfortunate Realities of our Time

Satish Maripuri, Executive Vice President and General Manager, Nuance Healthcare. The very nature of cyberattacks is changing; they are faster, more sophisticated and potentially more destructive. As the severity of incidents increases, the knowledge to address the technical aspects and leadership skills to manage through an attack have never been more important. After successfully managing through the June NotPetya malware incident, Satish is in a unique position to share the lessons learned from the company's cybercrime experience, and help executives, care providers and others prepare their own systems and leadership teams for the unfortunate realities of our time. You can also review the [Seven Key Questions for Health Leaders to Ask About Cyber Preparedness](#) in this blog post. *This teleconference is part of the [Security Collaborative](#).*

October 3, 1-2 pm CT

Customer and Provider Engagement and the Healthcare Experience

Urvi Shah, Manager, and Heather Nelson, Senior Manager, Deloitte Consulting, LLP. As customers' expectations continue to mature, healthcare organizations must be prepared to support changing expectations. Focusing on the patient experience has multiple benefits for healthcare organizations - financially, and more importantly, quality outcomes. Hear about what's most important to customers and how providers can address and meet these expectations, based on current market research and industry experiences. *This teleconference is part of the [Value-Based Care Collaborative](#).*

October 11, 1-2 pm CT

Patient Opioid Abuse Detection and Prevention: New Discovery Analytic Approaches

Derek Pederson, MA, MBA, Vice President Medical Informatics, and Peter N. Toensing, MD, Medical Director for Episode Analytics, Optum. The increasing power of data and analytics capabilities to help providers identify, address and prevent opioid abuse can be augmented by combining pharmacy utilization and benefit claims data to create a holistic view of opioid abuse patterns and risks. Derek and Dr. Toensing share current approaches to working with physician prescribing data and benchmarks to detect physician script patterns, and to help monitor, predict and protect patients from high-risk opioid behavior. These discovery analytics strategies also incorporate cost analysis of high-profile episode

treatment groups, to identify where opioid utilization and abuse is contributing to higher treatment costs. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

October 12, 2-3 pm CT

Blockchain Technology at Saint Lukes Health Network

Chad Brisendine, VP/CIO, St. Luke's University Health Network, and Rob Faix, VP Technology Services, Impact Advisors, LLC, introduce the fundamentals of blockchain technology, practical application, impacts, and benefits to the healthcare industry. Blockchain technology, most notably associated with the digital currency Bitcoin, continues to be explored as a technology framework for the trusted sharing of information of all types. As the healthcare industry continues to emphasize the need for increased interoperability and the sharing of information between healthcare organizations and patients, blockchain technology has emerged as one potential solution. Recently, St. Luke's created an internal IT Think Tank to explore emerging technologies, like blockchain, and identify potential use cases to satisfy current or future business needs. *This teleconference is part of the [Security Collaborative](#).*

October 18, 1-2 pm CT

Preventing Physician Burnout

Paul DeChant, MD, Senior Advisor, IBM Watson Health. Physician burnout affects more than 50% of physicians, impacting every specialty, and reducing the capability to deliver safe and effective patient care. Lean management provides an excellent way to reduce the barriers and frustrations that drive physician burnout. In this session, learn how Lean management systems address key drivers of burnout by removing the barriers and frustrations that physicians encounter every day. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

October 19, 1-2 pm CT

Leveraging Intelligent Process Automation for Shared Services at Ascension

James Jordan, CIO, Ministry Service Center (MSC). The MSC was founded in 2011 to deliver Shared Services in support of HR, Finance and Supply Chain for Ascension Health. James discusses the 3-year journey to leverage Intelligent Process Automation to streamline operations, where they are empowering information workers with "Next Best Step" assistance based on prescriptive and predictive analytics to allow operators to focus on making cognitive decisions instead of "digging for information." The focus of the journey has been to increase operational excellence, improve the customer experience, reduce the cost of the center, empower information workers and fully automate processes. *This teleconference is part of the [PMO Collaborative](#).*

October 25, 1-2 pm CT

Partners Showcases Wearable Tech that Enables Hospital to Deliver Care at Home

David Levine, MD, MPH, MA, general internist and clinician investigator, Division of General Internal Medicine and Primary Care at Brigham Health and Harvard Medical School. Providing hospital-level care at home to acutely ill adults who would normally have been admitted to Brigham & Women's Hospital, one of the original founding members of Partners HealthCare, offers the opportunity to deliver the quadruple aim through a single intervention. Dr. Levine discusses Brigham Health's Home Hospital program, along with issues surrounding personnel, technology implementation, regulations, payment, and logistics. *This teleconference is part of the [Value-Based Care Collaborative](#).*

October 26, 1-2 pm CT

NLP Reveals Unstructured Data in EMRs, Part II

Chris Frederick, Senior Product Manager, Regenstrief Institute, Center for Biomedical Informatics, and Mike Dow, Director of Product Development, Health Catalyst. Health systems can leverage the power of Natural Language Processing (NLP) today by utilizing scalable NLP solution at the front lines. Using information extracted from text, combined with the discrete coded data, health systems can use meaningful clinical content to create precise patient registries, enhance their understanding of high-risk patient populations, and improve outcomes. *(Part I was presented Sept. 27, 2017, and can be accessed via our [teleconference library](#).) This teleconference is part of the [Clinical Decision Support Collaborative](#).*

October 31, 1-2 pm CT

Leveraging Patient Reported Data to Improve Patient Outcomes at Intermountain

Lee Pierce, Chief Data Officer, and Stephen Hunter, PT, DPT, OCS, Administrator, Physical Therapy, Intermountain Healthcare. Intermountain Healthcare developed a system for collecting and reporting clinical outcomes for patients receiving physical therapy called ROMS (Rehabilitation Outcomes Management System). Using patient reported outcomes in clinical decision making, collected over the

past 18 years using this application, the practice has been shown to improve care and provide higher quality care at a lower cost. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

November 9, 1-2 pm CT

Onward and Upward: Ascension Moves Speech-based Clinical Documentation to the Cloud

Clark Headrick, DO, Mid-Michigan CMIO, Ascension Mid-Michigan, and Justin Hubbard, MD, Director of Product Management, Nuance. To enable providers at Ascension's St. Mary's of Michigan, St. Joseph and Genesys facilities to improve documentation workflow and content, the health system migrated provider documentation to their EHR using a Cloud-based speech platform. High provider adoption compliance (93%) was achieved within one week and has been sustained for over the last year. Dr. Clark Headrick, shares the rollout plan, challenges and outcomes across the different clinical environments and care settings. Best practices for voice-driven cloud-based clinical documentation and future growth opportunities will be highlighted. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

November 14, 1-2 pm CT

The Future of Work in Healthcare

Debora Hays, Specialist Executive, David Sklar, Specialist Leader, Quinn Solomon, Principal, and Jennifer Radin, Principal, Deloitte Consulting, LLP. The rapidly shifting ways in which work will be performed in the future is a major concern for many leaders of healthcare provider organizations, who may anticipate that the scale and pace of change will overwhelm their workforce and compound current challenges such as a short supply of nurses and a burned out physician population. Our perspective is that the future of work (shifting ways work is done and shifts in the workforce itself) poses a solution to these challenges, and may translate to a more effective and fulfilled workforce. In this presentation, we will discuss the drivers of the future of work, the impacts it will have on the way that nurses and physicians perform their roles, and the potential benefits to healthcare provider organizations.

November 15, 1-2 pm CT

A Population Management Strategy: Primary Care Pharmacy Services for the Complex Patient

L. David Harlow, III, BS, Pharm D, Assistant VP for Professional Services Clinical Pharmacy, Clinical Laboratory and Disease Management, Martin Health System. Dr. Harlow defines the significance of pharmacy services embedded in primary care that focuses strategically on Complex Multi-Comorbid patients with a history of therapeutic failure. This service leverages pharmacist talent in the context of team-based care to improve outcomes in specific patient segments that have historically been exceedingly problematic to address. The 5% of the population these patients represent account for up to 50% of all healthcare spending. The ability of healthcare teams to address the very specific needs of these individuals is very likely to define the success or failure of this nation's healthcare reform initiatives. *This teleconference is part of the [Value-Based Care Collaborative](#).*

November 16, 1-2 pm CT

Patients, Providers, Open Notes: Current Lessons and Future Directions at UCLA

John Mafi, MD, Assistant Professor of Medicine, UCLA Health. Movement towards fully transparent care is spreading rapidly across the United States. In this discussion, we update the progress on the acceptance and extension of the OpenNotes initiative across the country, and assess its impact on patients, physicians, and the quality of health care. *This teleconference is part of the [Clinical Decision Support Collaborative](#).*

November 20, 1-2 pm CT

Connecting Patients, Providers and Insights Through IoT

John Gresham, Vice President of DeviceWorks and Interoperability, Cerner Corporation. Providers across the care continuum are transforming care delivery using medical device connectivity, open and interoperable platforms, and the internet of things (IoT). By facilitating the exchange of information and data across wearables, fitness apps, location-based and other technologies in an ecosystem of smart, connected systems, providers are able to deliver contextually aware patient and consumer experiences. Connected technologies can also impact the care team and the business of care through use cases including virtual monitoring for falls-risk patients, remote-patient monitoring of at-risk consumers, and device connectivity in the enterprise, leading to safer, more efficient care and an improved clinician experience. As an industry, we can enable patient-centered experiences that drive better engagement, outcomes and ROI for the health system and the person.

November 29, 1-2 pm CT

Using Innovative Analytics to Manage Risk, Improve Patient Care and Lower Costs

Sam VanNorman, MS, CPHQ, General Manager Managed Analytics Programs (MAP), and Derek Pederson, MA, MBA, VP Medical Informatics Consulting, Optum. See how innovative analytics helped to mitigate risks associated with diabetes severity, potentially avoidable ER visits, and palliative care across health systems. Gain insights from three highly impactful case studies and see how advanced data analytics methodologies and evolving clinical approaches helped to improve patient care and lower costs. *This teleconference is part of the [Value-Based Care Collaborative](#).*

November 30, 1-2 pm CT

Ins and Outs of Interoperability Vendors

Bob Cash, VP, Provider Relations, and Colin Buckley, Strategic Operations Director, KLAS. Current interoperability measurement provides important insights into the enablers, barriers, and progress of data sharing, but it requires significant time for providers to participate, effort for KLAS to collect, and expense for vendors and other partnering organizations to support. Join us as Bob and Colin discuss the findings from the latest interoperability report, as well as the Interoperability Cornerstone Summit.

December 5, 1-2 pm CT

An Integrated Strategy: TeleHealth at Intermountain Healthcare

Brian Waying, AVP TeleHealth Services, Angie Adams, RN, BSN, TeleHealth Program Manager, and Katherine Repko, RN, TeleHealth Operations Manager, Intermountain Healthcare. Intermountain Healthcare has deployed a broad range of TeleHealth programs in just a few years that have facilitated over 330,000 patient interactions. Participants will hear how a central TeleHealth deployment team, and an integrated clinical and technology strategy facilitated that rapid growth while also enhancing teamwork and improving patient outcomes. Brian provides an overview, followed by Angie and Katherine discussing a deep dive on the specific use of TeleHealth in Infectious Diseases and Wound Care, including inpatient, outpatient, and home care. *This teleconference is part of the [Value-Based Care Collaborative](#).*

December 6, 1-2 pm CT

This Just In: MIPS Information Blocking - New Attestation Requirements for 2017!

Dan Golder, DDS, MBA, Principal, Jason Fortin, Senior Advisor, and Larry Katzovitz, Senior Advisor, Impact Advisors. This session provides late-breaking information about what every provider needs to know now in order to successfully attest for 2017. Dan, Jason and Larry examine the implications of the recent clarification from CMS regarding the MIPS requirement that eligible clinicians must attest “that they have not knowingly and willfully limited or restricted the compatibility or interoperability of their certified electronic health record (EHR) technology,” and explain how to interpret this rule, with strategies for both individuals and groups for meeting this requirement. Highlights include: A review of each of the three separate statements to which each provider must attest; a discussion of the implications for both individuals and groups, and strategies for compliance; top 5 things that every provider should be doing right now as a result of this new information; and, strategies for documentation for both providers and groups to help in the event of future regulatory audits. *This teleconference is part of the [Value-Based Care Collaborative](#).*

December 11, 1-2 pm CT

Personal Health Management at Memorial Hermann

Amanda Hammel, VP IT Operations and Population Health, and Nicole Clarke Luck, VP Finance, Memorial Hermann Health System. The transformation into healthy populations, reduced cost per capita, and improved consumer and provider experiences begins with a scalable platform. Amanda and Nicole discuss their experience in leveraging people, process, and technology to create a population health initiative that is scalable at the population level and facilitates healthcare at the person and provider level. *This teleconference is part of the [Cerner Collaborative](#).*