

**2020 Teleconference Schedule
(12-01-2020)**

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January 9, 1-2 pm CT

CommonHealth: Collecting, Storing and Sharing Health Records on Android Devices

Ida Sim, MD, PhD, Professor of Medicine, UCSF, Natalie Pageler, MD, CMIO, Stanford Children's Health, and JP Pollak, PhD, Chief Product Officer, The Commons Project. In April 2018 Apple introduced Health Records functionality to Apple Health, providing iOS users the ability to use their EMR portal logins to download, store, view and share clinical data. The promise of this technology is to tackle the fragmentation and lack of person-centricity endemic in healthcare, providing people with a more complete picture of their health, and enabling researchers and app developers to build new and innovative digital services leveraging these data. The Commons Project, UCSF, Cornell Tech, and Sage Bionetworks are collaborating to build CommonHealth, to bring the same functionality to Android device owners. In this presentation we discuss the mobile health technology ecosystem, and how we're addressing consent and privacy issues related to sharing data with third party applications. *This teleconference is part of the Clinical Decision Support Collaborative.*

January 14, 1-2 pm CT

Deciphering Clinical IT at Baystate, Rush and Banner

Joel Vengco, SVP & CIO, Baystate Health, Brian Patty, MD, CHCIO Eligible, VP & CMIO Clinical Information Systems, Rush University Medical Center, and Sherri Hess, MS-IS, BSN, RN, CNIO, Banner Health. Discover how a CIO, CMIO and CNIO leverage their synergies as a leadership team to improve clinicians' experience with technology. Joel, Dr. Patty and Sherri share their experiences; how they each play a different role, but very collaboratively lead. Have you ever wondered why you need all three of these roles? Does your organization understand the value they all bring to the outcomes your health system is seeking on quality, safety and user experience? Join the conversation and gain insight into how these leaders bridge the gap on large projects or day to day. *This teleconference is part of the Clinical Decision Support Collaborative.*

January 15, 1-2 pm CT

Cyber Student Staffing Boosts Productivity at Sentara, Part II

Daniel Bowden, VP & CISO, Sentara Healthcare. Dan discusses some of the very positive impact that the student staffing program has had. Sentara's security program has made major improvements to training, process documentation, and drastically improved on-boarding time for not only new students, but all new team members. Further, the cybersecurity team's capabilities and performance for maintaining time-based compliance requirements has improved, even as the number of requirements has increased. *This teleconference is part of the Security Collaborative.*

January 21, 1-2 pm CT

Equity Lens / Tableau at University of Chicago

Mary Kate Springman, Director of Quality Analytics, Mark Connolly, BI Lead, and Michael Wall, PharmD, Chief Analytics Officer, University of Chicago Medicine. UChicago Medicine deployed a quality scorecard in 2013 to track the health system's performance across each domain of the STEEEP principles (Safe, Timely, Effective, Efficient, Equity, and Patient-centered) except for equity. While the scorecard continued to evolve through newer business intelligence tools, the challenge of effectively analyzing the equity domain remained unaccomplished aside from subsequent data requests, until the introduction of the **Equity Lens** in 2019. During this presentation, the UChicago Medicine Data & Analytics team shares their journey toward this deliverable, demonstrating how this architecture is now being leveraged widely across campus to identify potential inequities of care across 60 different quality measures. *This teleconference is part of the Value-Based Care Collaborative.*

January 29, 1-2 pm CT

Innovation Group and Chatbots at Banner

Christy Anderson, Executive Director, and Steve Lindsey, MBA, Operations Director, Banner. Christy and Steve discuss the Banner Innovation Group (BIG) and how they are implementing emerging and novel ideas that shape the future model of healthcare, earn loyalty, and drive strategic growth for Banner Health. Learn how BIG developed, tested, and scaled conversational AI mobile chatbots across its healthcare system as an innovative and engaging method of interacting with patients. *This teleconference is part of the Value-Based Care Collaborative.*

January 30, 1-2 pm CT

Intermountain at Home and Virtual Care

Joel Macey, Executive Director Intermountain Homecare, and Nick Bassett, VP Population Health Services, Intermountain Healthcare. As more health systems transition to value-based care and risk-based contracts, moving care upstream and out of traditional health centers has become increasingly prevalent. Providing care in the home is the model for the future, especially for high risk patients who may be challenged by transportation and mobility. Home-based is a new domain for many traditional healthcare enterprises that have developed core strength in bricks and mortar approaches. This teleconference highlights the work that Intermountain Healthcare has done to deeply develop home-based services in new domains - ranging from wraparound care services to primary care to hospital-at-home; there are many lessons to share. *This teleconference is part of the Value-Based Care Collaborative.*

February 5, 1-2 pm CT

Consumer Frontdoor at AdventHealth

Duncan Grodack, Senior VP & COO AdventHealth IT, and David Oakley, VP Digital Group, AdventHealth IT, AdventHealth. Duncan and David discuss how AdventHealth is addressing the growing consumer demand for transparency and next-generation digital experiences while bridging the complexity of a multi-EMR environment. Learn how AdventHealth has created a digital platform that bridges more than 20 technology platforms and is achieving rapid consumer adoption and strong reviews in the Apple AppStore and Google Play stores. *This teleconference is part of the Value-Based Care Collaborative.*

February 6, 1-2 pm CT

Pop Health Management Strategy and Framework at Providence

Rhonda Medows, MD, FAAFP, President, Population Health Management & CEO Ayin Health Solutions, Providence St. Joseph Health. Providence St Joseph Health is the third largest non-profit health system in the country, spanning 7 western states. With this much diversity in populations served, local market dynamics, and underlying social infrastructures, managing a comprehensive population health strategy is inherently complex. Dr. Medows provides an overview of their strategy, infrastructure, and consultative approach, incorporating care management, informatics, payer contracting and risk, mental health and social determinant integration, and Medicare/Medicaid program participation. Dr. Medows will share her insights and lessons learned in their populations health strategy journey to date. *This teleconference is part of the Value-Based Care Collaborative.*

February 12, 1-2 pm CT

Workplace Violence Policies at THR: How Does it Impact our Clinical Staff?

Mary Beth Mitchell, RN, CNIO, and Myrna Correa Sierra, M.Ed, Program Manager Employee Safety, Texas Health Resources. Mary Beth discusses the concerns in the hospital environment around aggression or violence by patients and/or family and visitors. She focuses on the problem of workplace violence and what Texas Health Resources did to promote a safe environment for clinicians and staff. Emphasis will be on how THR defines and characterizes aggressive or threatening behavior, how they use the EMR for identification of patients/family demonstrating aggressive behavior and how that is displayed in the record, as awareness for clinicians and other staff providing care. She also shows the reports and outcomes from this effort, in terms of incidence, prevalence, and impact on the workforce. *This teleconference is part of the Value-Based Care Collaborative.*

February 13, 1-2 pm CT

Utilizing SaaS ERPs at Advocate Aurora

Amy Olson, VP for ERP & Corporate Applications, Health Informatics and Technology, Advocate Aurora Health System, and Lydon Neumann, VP, Impact Advisors. A new generation of cloud-based (SaaS) healthcare Enterprise Resource Planning (ERP) systems are emerging as strong transformation tools for healthcare organizations. Healthcare providers continue to face margin pressures, talent leakage, M&A disruptions and a need for more rapid IT modernization. Amy and Lydon cover healthcare ERP market developments and how Advocate Aurora Health, as a newly merged organization, is looking to invest in strategies that create greater value. Their deployment of this new SaaS-delivered ERP platform will

deliver major benefits beyond their existing ERP legacy systems; some examples of these higher performance value propositions include driving transformation in a newly merged organization (enable self-service, standardization, big picture reporting); connecting employees, capabilities and the enterprise (eliminate silos, deliver mobility); capturing and integrating information across the enterprise (aggregate data for valuable analysis); and keeping pace with technology innovation (simpler, faster, cloud-based). *This teleconference is part of the Value-Based Care Collaborative.*

February 19, 1-2 pm CT

Getting More out of Analytics with NLP

Rebecca Jacobson, MD, MS, FACMI, VP Analytics, UPMC Enterprises. Measuring healthcare quality is foundational to improving it. However, measuring quality is difficult and expensive, with some of the most important data buried in free text fields and clinical notes. This session focuses on the use of Natural Language Processing (NLP) to more efficiently measure healthcare quality and drive quality improvements in MIPS and HEDIS measures. Dr. Jacobson discusses the application of NLP to quality measurement, and will describe early results from deployments at UPMC Health System and UPMC Health Plan. *This teleconference is part of the Clinical Decision Support Collaborative.*

February 20, 1-2 pm CT

Combining Physician Engagement, Data Integration and Payor Partnerships

Patrick R. Young, President Population Health, Hackensack Meridian Health. The transition from volume to value-based care is transforming healthcare. Patrick discusses how the largest health system in New Jersey is making this transition through physician engagement, data integration, and payor partnerships. Hackensack Meridian Health is a leader in this transition to value-based care in New Jersey, pioneering innovative programs with its payor partners and linking incentives to quality and outcomes. *This teleconference is part of the Value-Based Care Collaborative.*

February 26, 1-2 pm CT

Enhanced use of EMRs at Ascension

Meena Iyer, MD, CMO, Dell Children's Medical Center, Ascension Health. Electronic medical record (EMR) use in healthcare has come a long way in today's health systems. There are several features in the EMR that make patient care easy, efficient and safe. One of the biggest accomplishments Dell Children's has achieved in their EMR is "CORES," a feature that helps identify the physician taking care of the patient. In turn, this helps everyone on the care management team (e.g., bedside nurse, respiratory therapist, pharmacist, case manager, etc.) reach out to the right provider in a timely manner. This feature is also used for "handoff" which is one of the essential components of effective patient care as defined by the Joint Commission. Dr. Iyer discusses Ascension's significant decrease in clinical errors on patient handoffs since they started implementing "CORES," designed to make healthcare transparent and safe. *This teleconference is part of the Clinical Decision Support Collaborative.*

February 27, 1-2 pm CT

Predictive Modeling: Hypoglycemia Study

Michael Weiner, MD, MPH, Professor of Medicine, Indiana University School of Medicine, Associate Director, Regenstrief Institute, Inc., and Director, HSR&D Center for Health information and Communication, U.S. Department of Veterans Affairs. Hypoglycemia causes symptoms including cognitive impairment, but important contributors, such as intake of food and medications, are difficult to measure. Wearable devices provide an opportunity to improve resolution of measurement and feedback to patients and their primary care management teams about how to lower the risk of hypoglycemia. This presentation discusses statistical modeling that identified the magnitude of risk factors for hypoglycemia, and discusses a pilot study, involving continuous glucometers and other wearable devices, designed to improve short-term prediction of glucose levels among urban older adults with diabetes. Implications for medical practices are also discussed. *This teleconference is part of the Clinical Decision Support Collaborative.*

March 3, 1-2 pm CT

The Draft Federal Health IT Strategic Plan: What's in it, and Why it's Important

Dan Golder, DDS, MBA, Principal, and Larry Katzovitz, Senior Advisor, Impact Advisors. The draft "2020-2025 Federal Health IT Strategic Plan" from the Department of Health and Human Services (HHS) outlines federal health information technology (health IT) goals, objectives and strategies for the next five years. Once finalized, the plan "will serve as a roadmap for federal agencies and drive private sector alignment. Agency officials will use it to prioritize resources, align and coordinate efforts across agencies, signal priorities to the private sector, and benchmark and assess change over time." Dan and Larry will provide a high-level overview of the provisions and content of the Draft Strategic Plan including the plan's

Goals, Objectives and Strategies; discuss the implications for providers, patients and health systems; highlight potential implications for other legislative efforts such as the 21st Century Cures Act, and share the “Top 5 things” that providers and healthcare organizations should be doing now to prepare. *This teleconference is part of the Value-Based Care Collaborative.*

March 4, 1-2 pm CT

Central Pharmacy Services Hub Delivers Patient-focused Care

Mark Sullivan, PharmD, MBA, BCPS, FASHP, Executive Director, Pharmacy Operations, and Michael O’Neal, PharmD, MBA, Director of Pharmacy Procurement, Vanderbilt University Hospital & Clinics. Driven by a commitment to deliver enhanced patient-focused pharmacy services across the continuum of care, Vanderbilt University Hospital and Clinics (VUHC) shifted many medication distributive and ancillary support functions to an off-campus centralized services center. Drs. Sullivan and O’Neal describe their multi-year journey, and the organization’s investments in infrastructure, technology and people that have resulted in a high-performance pharmacy services hub that delivers operational efficiencies, revenue generation and enhanced clinical care. Retail support services include pharmacy benefits investigation, specialty pharmacy hub and call center, and centralized medication filling, including mail order and home delivery. Acute care enterprise services include centralized drug procurement and replenishment, non-sterile compounding and off campus clinic distribution. *This teleconference is part of the Value-Based Care Collaborative.*

March 5, 10-11 am CT

EMR Adoption Training for Providers at Northern Light Health

Michael Ross, MD, FAAP, FACMI, Regional Medical Information Officer, Northern Light Health. Dr. Ross discusses the process at Northern Light Health (NLH) which focuses on increasing provider adoption through post-adoption training classes. We’ll discuss the use of survey and EMR-user-experience tools to gather data on those attending adoption classes, demonstrating improvements in provider efficiency and patient access. He also discusses the importance of partnering with administrative practice leadership, and explains how this partnership can help jumpstart an adoption program. Lastly, he looks at the adoption class trained vs. standard-only populations, demonstrating short-term and long-term positive impacts on EMR mastery. *This teleconference is part of the Clinical Decision Support Collaborative.*

March 24, 2:30-3:30pm CT

Pivoting to Quickly Operationalize Telehealth for COVID-19

Jay Backstrom, VP, Impact Advisors. Health systems across the US are mobilizing to address the current COVID-19 pandemic. Telehealth has become a vital tool to meet the critical needs for virus screening, patient triage, and care coordination services for at-risk patients. This teleconference addresses the types of high-impact, low-friction telehealth solutions for COVID-19, how to quickly operationalize solutions and navigate the recent changes to Medicare reimbursement. This pandemic is shifting the paradigm of where our healthcare delivery takes place, so organizations need to mobilize quickly but make smart decisions to sustain themselves for the future. *This teleconference is part of the Value-Based Care Collaborative.*

March 26, 2:30-3:30pm CT

Tech Transformation Becomes Real in the COVID-19 Crisis

Amy Compton Phillips, MD, Chief Clinical Officer, Providence. In response to the unique circumstances surrounding the COVID-19 outbreak in Seattle, Scottsdale Institute has asked Amy Compton Phillips to share Providence’s real-time “lessons learned” in responding to this “ground zero” situation, and how they are quickly and effectively scaling to match their capacity with the community’s needs. Providence was first to describe their Triage, Test, and Treat model to respond to demand, and now they are focusing on People, Place, and Products to rapidly expand their capacity. Join us for this unique Q&A opportunity in the COVID weekly series.

March 31, 1-2pm CT

Mobilizing Workstreams from Surge Capacity to Supply Chains in Response to COVID-19

Cheryl Hertel, MBA, RN-BC, FACHE, CHCIO, VP & CIO, CoxHealth, John W. McLendon, CPHIMS, MBA,, VP & CIO, Circle Health, and Dick Flanigan, MBA, FACHE, SVP, Cerner. Cheryl, John and Dick summarize how health systems are responding to COVID-19, the financial impacts of the pandemic, and how checklists must continually change to adapt to the rapidly changing environment. They also share examples, lessons learned and actionable tactics developed from a collaborative community of clients.

April 1, 10-11am CT

Atrium Health's COVID-19 Virtual Hospital

Scott Rissmiller, MD, EVP & Chief Physician Executive, Atrium Health. Atrium Health announced a new and innovative program to help appropriate patients who have been diagnosed with coronavirus disease 2019 (COVID-19) to receive safe and convenient treatment while they recover, in the comfort of their home. Atrium Health's COVID-19 Virtual Hospital is designed to protect the patient's health, the health of others and to prevent further spread of the infection. Atrium Health's COVID-19 Virtual Hospital will use telemedicine to treat patients who don't require the level of care such as in an Intensive Care Unit (ICU), by remotely monitoring vital signs 24-hours a day. This virtual hospital can attend to two levels of care, observation care and acute care. The care team can monitor blood pressure, oxygen levels and temperature while the patient safely recovers in their own home.

April 1, 3-4 pm CT

Intermountain Leveraging Analytics to Inform Capacity Management During COVID-19 Outbreak

Albert Marinez, Chief Analytics Officer, Amy Christensen, MSN, RN, NE-BC, FACHE, VP & CNO Specialty Based Care, Seraphine Kapsandoy, PhD, RN, Chief Clinical Information Officer, and Diego Ize-Ludlow, MD, CHIO, Intermountain Healthcare. COVID-19 has put a renewed focus on actionable and real-time intelligence. Hospital administrators and operational leaders required the support of real-time situational awareness related to capacity, supplies, staffing, and where volumes and supplies are predicted to go. We will breakdown how our Analytics, IT, and Clinical Operations organizations at Intermountain are partnering to deliver results to the organization at unprecedented speed. We did this not only to support operations in making adjustments in preparation for bed capacity, but also considering different areas that beds can be placed and the necessary equipment to support patient care.

April 2, 1-2 pm CT

Managing Demand and Capacity During COVID-19 Pandemic

Angela Tiberio, MD, Physician Executive, Katherine Rosengren, RN, Senior Clinical Advisor, and John Klare, Practice Leader & Board Member, Impact Advisors. As the COVID-19 Pandemic continues to evolve, healthcare organizations need to prepare to increase capacity and to manage demand. During this session, John briefly reviews the latest information and projections for COVID with an eye toward the implications for future capacity demands. He then walks through strategies for managing demand and increasing capacity of key resources (labor, beds, and personal protective equipment) to position your organization to respond.

April 7, 10-11am CT

Immediate Guidance for Care Teams in Documenting and Coding COVID-19

Reid Conant, MD, FACEP, CMIO, Jared Pelo, MD, FACEP, CMIO, and Robin Friday, RN, MHA, CCS, CCDS, CDIP, AHIMA-Approved CDI Trainer & Director of Clinical Content, COE, Nuance. Physicians and nurses are caring for a rising number of patients in response to COVID-19. To help healthcare systems address the increased intensity and operational stress that COVID-19 is placing on care teams, Nuance has engaged in the rapid development of a solution that provides EHR-agnostic COVID-19 documentation content and templates based on CDC and AHIMA guidelines for coding and reporting. Drs. Conant and Pelo provide specific guidance about entering key information to accurately and quickly capture patient acuity, the complexity of symptoms, and the risk of mortality for COVID-19.

April 7, 2-3 pm CT

Digital Health Response to COVID-19 at Providence

Sara Vaezy, MHA, MPH, Chief Digital Strategy & Business Development Officer, Providence St. Joseph Health, presents on Providence's digital response to the COVID-19 pandemic. Coming at it from multiple angles, including leveraging the chatbot for assessment, triaging to virtual visits for further screening, identifying appropriate testing locations, and serving as a partner on the pathway with home monitoring, Providence continues to evolve its approach to battle the virus and ultimately transform healthcare. Sara shares updates on their Consumer Hub and their E2E COVID patient journey, as well as utilization of other technologies such as computerized cognitive behavioral therapy to ease the mental health burden of the pandemic. She also touches on other ways to care for patients requiring non-COVID care in a constrained environment.

April 8, 10-11 am CT

Flattening the Curve while Raising the Bar: Reducing Barriers to Care Amidst the COVID-19 Pandemic

Jackie Gerhart, MD, Clinical Informatics, Epic. In the wake of the COVID-19 pandemic, healthcare organizations and clinicians are ramping up care on two fronts. As part of expansion and surge efforts,

they are adding beds to existing facilities and setting up temporary hospitals and pop-up screening sites to deal with the influx of new infections. Under social distancing guidelines, they have transitioned the bulk of primary care and many specialty interactions to telehealth. Dr. Gerhart discusses innovative ways to leverage technology for white-tent clinics, pop-up hospitals, drive-through testing, and public health partnerships, along with how data and AI can help predict surges, and capacity needs.

April 8, 1-2 pm CT

Anatomy of an Outbreak

Christopher Kerns, VP, Executive Insights, Advisory Board. The COVID-19 pandemic has roiled nearly every facet of life in every country to which it has spread. In this presentation, Christopher, who oversees all of Advisory Board's research for healthcare executives, outlines not only the progression of the virus in the US, but also proven tactics for preparing and responding to local outbreaks, with lessons learned from both domestic and international providers. He also covers how COVID-19 is likely to upend many long-held assumptions held dear by leaders of multiple healthcare sectors, and what the post-coronavirus landscape holds for executives across the industry.

April 9, 1-2 pm CT

The Cures Act Final Rule: Interoperability, Information Blocking and the ONC Health IT Certification Program

Dan Golder, DDS, MBA, Principal, and Larry Katzovitz, Senior Advisor, Impact Advisors. This teleconference will examine the recent "21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program Final Rule" (referred to now as simply the "Cures Act"), a follow up to CMS' and ONC's earlier proposed rules. Dan and Larry provide a high-level overview of the Cures Act, and its potential implications and impact to providers, patients and health systems. Highlights include a high-level review of the provisions and content of the Cures Act; review of specified exceptions to Information Blocking and their implications; review of EHR certification updates, and impacts to providers and health systems; finalization of the USCDI and its implications; details on Patient Access and APIs; and top 5 things that providers and healthcare organizations should be doing now to prepare. *This teleconference is part of the Clinical Decision Support Collaborative.*

April 14, 10-11 am CT

Innovative Platforms for COVID-19 Frontline Care Coordination and Interoperability In Underserved Communities

Jennifer Stoll, EVP, Government Relations & Public Affairs, OCHIN, and Jackie Gerhart, MD, Clinical Informatics, Epic. Jennifer and Dr. Gerhart discuss new platform tools being used to ensure care coordination and interoperability during the COVID-19 crisis in underserved and rural communities across the country. As state and federal partners are deploying alternate care sites across the country, many are using paper-based solutions that add significant clinician burden, backlogs on the system and patient matching issues. You will learn about the OCHIN/Epic partnership with the Washington State Health Care Authority and the tools now being deployed across the country to support interoperability and improvement in patient care. Further, Jennifer shares her government affairs experience in what OCHIN is learning around immediate policy issues facing the states and providers serving underserved communities as they work to address the COVID-19 crisis.

April 14, 11:15 am-12:15 pm CT

COVID-19 Telehealth Program Funding Opportunity

Dan Golder, DDS, MBA, Principal, and Larry Katzovitz, Senior Advisor, Impact Advisors. In this session Dan and Larry examine the recent "FCC COVID-19 Telehealth Program Funding Opportunity," and provide a high-level overview of the programs, and its potential implications and impact to hospitals and health systems. Highlights include: Background of the funding, who qualifies, what's covered, how to apply and what you need to get started.

April 15, 10-11 am CT

Managing Your Expanding Remote Workforce During COVID-19 and Thereafter

Shefali Mookencherry, Principal & VCISO, and Erik Gerard, Principal & VCTO, Impact Advisors. Shefali and Erik discuss the tactical approaches many organizations have taken to quickly scale a large remote workforce. They provide observations and recommendations on how to stabilize and secure the existing deployments and move toward a new enterprise standard for remote workforce management. Discussion also includes focus on device, platform and infrastructure components, security and privacy considerations, and policy and procedure management.

April 16, 1-2 pm CT

COVID-19, CARES Act and Cash: What's Next for America's Hospitals?

Joseph J. Fifer, FHFMA, CPA, President & CEO, Healthcare Financial Management Association, and Paul Keckley, PhD, Managing Editor, The Keckley Report. Noted futurist and healthcare politics insider Dr. Keckley, and national healthcare finance resource leader Joe Fifer, bring their combined expertise in assessing the near-term impact on the nation's hospitals as the Stimulus Bill continues to get implemented, and as other dramatic regulatory barriers disappear around funding for telehealth. The COVID-19 pandemic has shone a spotlight on the public health role that our nation's health systems are performing for its citizens. What will be the "new normal" once the dust begins to settle? What can hospitals expect now and in the short-term as far as financial impact? What will be the next wave of measures around testing, treatment, and vaccine development in the months ahead? Join us for a provocative discussion and open dialogue.

April 21, 10-11 am CT

Spectrum Health's COVID-19 Response

Jason Joseph, SVP & CIO, Spectrum Health. In this presentation, Jason outlines Spectrum Health's stages of COVID-19 preparation and response, and how the organization has adapted and advanced since March. He also discusses some of the IT-related activities, the shift to "digital" everything, and some of the methods Spectrum has been using to deal with planning, PPE, incident command, community communications, and other topics. This is a great opportunity to compare notes and approaches.

April 22, 10-11am CT

Stanford's Primary Care Rapid Response to COVID-19 and Beyond

Samuel C. Thomas, MD, MS, Fellow Population Health, Delivery Science, Primary Care, and Maja Artandi, MD, Clinical Associate Professor, and Christopher (Topher) Sharp, MD, Associate Clinical Professor of Medicine, Stanford Medicine. To address the rising number of cases of COVID-19, Stanford has been successful in rapidly scaling telemedicine capacity, creating drive-through testing, and building novel workflows for management of PUI and COVID-19 positive patients. Stanford is now looking beyond the surge by bringing together experts in the fields of technology, epidemiology, medicine and more to address the new challenges that face our nation as we consider how to safely adapt to the future social transformations.

April 22, 2-3 pm CT

Tales from New York: HSS Shifts Mission to Respond to COVID-19

Jamie Nelson, CIO, Hospital for Special Surgery (HSS) shares the unique response of the Hospital for Special Surgery to the New York experience with the COVID-19 crisis. Jamie describes how HSS recognized the risk and identified its responsibility to support the greater need of its New York City community. What started with an intent to redirect care for non-COVID-19 patients shifted to full advanced care for some of NYC's most critical COVID-19 positive cases. She outlines how technology, clinical expertise and rapid change management accelerated their readiness for the surge. And she shares the steps taken to transform their operations, stories from the compassionate clinicians on the floors to the staffing of the "Situation Room," and leadership through future financial implications and plotting a new normal.

April 23, 10-11 am CT

Navigating the Supply Chain During COVID-19

John Halamka, MD, President, Mayo Clinic Platform, and Brian Anderson, MD, Chief Digital Health Physician, The Mitre Corporation. Drs. Halamka and Anderson share the vision behind a private-industry led healthcare coalition combatting the COVID-19 pandemic. They discuss specific progress to date, identified best practices, particularly around critical COVID-19--related supply chain issues, and areas where coalition members are collaborating to deliver impact and help the frontline clinicians and policy makers in this battle.

April 28, 2-3 pm CT

Field Hospital Experience from Scripps and Atrium Health

Chris D. Van Gorder, FACHE, President and CEO, and Ghazala Q. Sharieff, MD, MBA, Chief Medical Officer, Clinical Excellence and Experience, Scripps Health, and Becky G. Fox, MSN, RN-BC, VP & CNIO, Atrium Health. As the COVID-19 outbreak began in San Diego, Scripps brought together the 23 area hospitals, the county public health department, and the area hospital association, to develop a community-wide COVID-19 response. Similarly, Atrium Health team partnered with Novant Health to plan a COVID-19 field hospital at UNC Charlotte. In the spirit of collaboration, Scottsdale connected these

leaders to discuss best practices and lessons learned on each journey. Chris and Dr. Sharieff share Scripps' experience with the weekly task forces, the area field hospitals, and the staffing and supply chain efforts this group initiated; and Becky speaks to Atrium's approach in addressing critical issues such as communication systems, physical space planning, PPE re-sterilization, and other critical challenges to prepare for the expected surge.

April 29, 2-3 pm CT

Rush Analytics for Modeling the Impact of Shelter in Place

Bala Hota, MD, MPH, VP & Chief Analytics Officer, Rush University Medical Center. Dr. Hota shares the background of how Rush developed predictive models to track the COVID-19 spread across Illinois (one of the U.S. states with the most coronavirus cases) and in particular the impact of Illinois' shelter-in-place policies. The state, which has reported more than 19,180 confirmed cases, stretched the number of days over which cases double from every 2.1 days on March 22 to 7.9 days as of April 9. The implied "doubling rate" is a key indicator public health officials use to project the number of COVID-19 patients that hospitals can expect to see, as well as how many doctors, nurses, beds, ventilators and masks may be needed and when. The analysis by Rush tracked the growth rate from the day hot-spot states confirmed their 100th cases and found Illinois' rate of doubling is taking longer than New York, California and Washington state at this stage in its outbreak. Dr. Hota also shares how Rush is continuing to model the resulting impact on testing, tracing, and easing the state's population back into daily activities.

April 30, 10-11 am CT

New York's Fight Against COVID-19 – Mount Sinai Health System

Kristin Myers, Senior VP – Technology, Ken Koppenhaver, Senior Director – IT, and Paul Francaviglia, Director – IT, Mount Sinai Health System. As US COVID-19 cases continue to surge, New York has emerged as the epicenter of the American coronavirus outbreak. This has taken a tremendous toll on the people, needed resources, frontline staff, and hospital operations. How is our IT department handling this situation and supporting our clinical staff? What structure have we put in place for IT to support our patients and operate within the health system? What are the key technology initiatives that have made a difference? Kristin, Ken and Paul share these key insights and lessons learned to enable other health systems to be more effective and efficient in the battle against COVID-19.

May 5, 10-11 am CT

Rush Supports McCormick Field Hospital & COVID-19 Testing

Paul Casey, MD, FACEP, Acting Chief Medical Officer, and Jordan Dale, MD, Associate CMIO, Rush University Medical Center. The Rush University System for Health (RUSH) is a regional and national resource of emergency preparedness, opening the Rush Tower hospital building in 2012 which was the first Chicago area hospital specifically designed to provide treatment for an infectious disease outbreak. During the COVID-19 pandemic, Rush has utilized its expertise to expand COVID-19 PCR and antibody testing to the West Side community of Chicago; supported the City and State Public Health Departments with their EHR instance at the McCormick Alternate Care Facility; and provided advanced analytics for the region to support public health decisions.

May 5, 1-2 pm CT

OSF HealthCare's COVID-19 Digital Response

Michelle Conger, MSW, Chief Strategy Officer, OSF HealthCare and CEO, Saint Gabriel Digital Health, Jennifer Junis, RN, MSN, SVP, OSF, Saint Gabriel Digital Health, Becky Buchen, SVP OSF Innovation, and John Vozenilek, MD, FACEP, VP & Chief Medical Officer, OSF Innovation and Saint Gabriel Digital Health, and Melinda Cooling, DNP, MBA, APN, NEA-BC, VP Advanced Practice, Chief Clinician Executive, St Gabriel Digital Health, OSF Healthcare. Illinois reported the state's first COVID-19 cases on March 10, 2020. By March 16, OSF Digital Health introduced an AI-enabled chatbot that screens individuals for the virus, and connects symptomatic people to an operational COVID-19 Nurse triage hotline. A third digital connection offered a texting solution to provide guidance, education and a symptom tracker for COVID-19. On April 11, a state partnership was announced for the first OSF Pandemic Health Worker (PHW) program inclusive of eight pods across the state of Illinois that provides digital screening and delivers care kits to clients who enroll in the 16-day program from Chicago to Alton. OSF Digital Health, in partnership with OSF Innovation, delivered unique solutions with agility. Working with an OSF HealthCare partner, the organization also launched the use of a new COVID-19 surveillance app that supports rapid decision making using machine-learning technology. Additionally, another e-triage app risk stratifies patients, identifying individuals at high risk for hospitalization. This allows OSF HealthCare to pinpoint those who could benefit from the PHW program. PHW clients that may have deteriorating symptoms can quickly be enrolled in the Acute COVID @ Home program with additional observation including blood pressure and pulse ox monitoring. The final opportunity realized with the Digital response

is the launch of the OSF Digital Hospital at Home that allows the Ministry to decompress their hospitals for potential Pandemic surge needs.

May 6, 2-3 pm CT

Beaumont Health's Rapid Response and Solutions during the COVID-19 Pandemic

Marjorie Mathews, VP Healthcare Applications, and Joyce Oh, VP Business Systems / Enterprise Data Management / PMO, Beaumont Health. Beaumont Health has treated the most patients with COVID-19 in Michigan, which currently has the third highest deaths from COVID-19 in the country. Beaumont's Research Institute has launched the nation's largest serological testing study to date in an effort to answer many of the questions surrounding the spread of COVID-19 and at the same time, create an opportunity for treatment to help patients suffering the effects of the virus and expand data that will assist in the development of a vaccine. This session explores how clinicians, researchers and information technology came together to meet the challenge of testing over 30,000 employees and physicians, and provide both technical and operational solutions in record time.

May 12, 10-11 am CT

CHRISTUS and COVID-19 Testing

Sam Bagchi, MD, Executive VP & Chief Clinical Officer, CHRISTUS Health. For months, healthcare providers have been immersed in preparing for and responding to the situations created by COVID-19. But as some states begin to reopen, and as government restrictions on pre-scheduled procedures are relaxed, healthcare systems are beginning to consider how they might better serve their communities and operate successfully in a post-COVID world. Join Dr. Bagchi as he talks about how CHRISTUS has worked to provide care safely to all patients, including those with COVID-19 and those without, in the U.S. and Latin America. CHRISTUS was one of the first in the country to provide point-of-care antibody testing in its hospitals, and the system now is looking forward to what comes next. Dr. Bagchi covers what CHRISTUS is doing to provide COVID-safe care in the short term, how CHRISTUS is reimagining care in a post-COVID world, and what health systems should be preparing for when a COVID-19 surge is no longer a critical focus.

May 12, 2-3 pm CT

Operating in the New Normal Post COVID-19

Rossy Balmaceda, RN, MSN, Director & Client Leader, East Jefferson General Hospital, Matt MacVey, CHCIO, VP & CIO, Children's National Hospital, and Dick Flanigan, MBA, FACHE, SVP, Cerner. The pace of change continues. As many health systems continue to surge, others are still watching and waiting; and some organizations are beginning to look beyond their initial response to COVID-19 towards recovery. Rossy, Matt and Dick share their experiences throughout the response phase and the practical applications they will use as they move into recovery. Learn how these health systems are executing a phased recovery approach as they move forward and reimagine the "new normal."

May 13, 10-11 am CT

Rapid Digital Health Transformation During COVID-19 Crisis and Beyond

Sonia Samagh, MD, MBA, National Clinical Lead for Digital Health, OptumCare, and John Kontor, MD, SVP Provider Technology Services, Optum Advisory Services. While we are in a period of crisis response and uncertainty today, healthcare organizations must implement solutions that simultaneously drive rapid progress and ensure long-term benefit for all. The pivot to virtual care has changed the fabric of healthcare delivery. To set themselves up for success now and post-COVID-19, healthcare providers needed to take a holistic approach to telehealth and digital health that accounted for how clinicians and patients interact with the new platforms and technologies. Drs. Samagh and Kontor discuss how they worked with more than 10,000 providers over a two-month process, creating a multidisciplinary "team of teams" to implement a broad-based digital health program, bringing in diverse experience and expertise to drive decisions quickly, and expanding remote access to millions of patients. They also share how they used service design to help staff overcome a quick learning curve, accelerate implementation, and drive adoption, and how to build a digital health foundation that efficiently operationalizes health innovations and manages through ambiguity.

May 13, 1-2 pm CT

Migrating from MS Office to Google G-Suite at SCL Health

Steven Michaels, VP & CTO, SCL Health System. The discussion centers around the advantages of selecting a strategic partner like Google and aligning organizational change culture with the benefits of the G-Suite platform. Steven also discusses embracing the agile benefits of the Google relationship and putting into action meaningful solutions that expand beyond G-Suite (i.e. Google Cloud, Pixels).

May 14, 1-2 pm CT

COVID-19 Medication Management at Hotspot Hospitals

Erin R. Fox, PharmD, BCPS, FASHP, Senior Director Drug Information and Support Services, University of Utah Health, Benjamin Pennell, PharmD, MS, Manager Central Pharmacy Operations, Massachusetts General Hospital, Sharon Higgins, RPh, Clinical Informatics Pharmacist, Torrance Memorial Medical Center, and David Berkowitz, PharmD, Performance Center Field Consultant, Omnicell. Epicenter and hotspot hospitals are using nearly 75+ different drugs to treat COVID-19 patients. Many of them are in short supply as demand far outpaces industry's ability to fill and ship orders. In other instances, red tape prevails. While the DEA and other governing bodies are relaxing restrictions to get the supply chain flowing, hospitals and health systems can take steps now with on-hand inventory of these critical drugs to improve visibility and inventory management without stockpiling and exacerbating nationwide drug shortage issues.

May 19, 1-2 pm CT

Framing Social Determinants of Health ... Differently

Jay Bhatt, DO, MPH, FACP, former SVP & Chief Medical Officer, American Hospital Association. Dr. Bhatt explores how to consider framing social needs, social determinants of health and health equity for hospitals and health systems. He also discusses the intersection between these social factors that affect overall health and the power of community partnerships in the wake of COVID-19. *This teleconference is part of the Value-Based Care Collaborative.*

May 20, 10-11 am CT

Protecting Revenue Cycle During COVID-19

Jim Akimcuk, VP, and Brian Junghans, VP, Impact Advisors. As healthcare providers have shifted focus to respond to the COVID-19 pandemic, normal business operations have been interrupted causing significant financial pressures. While the underlying variables at some institutions are relatively consistent (e.g., the impact to non-COVID patient volumes), others are dramatically different (e.g., COVID-19 peak volumes by geography and local control measures). Jim and Brian take a look at a revenue cycle roadmap for early actions targeted at considerations for working in a remote workforce and care environment, maintaining overall performance and ultimately structuring change to be positioned for the "new normal" that will come with the eventual recovery.

May 20, 2-3 pm CT

The COVID-19 Pandemic and Our Nation's Hospitals: What's Next?

Paul Keckley, PhD, Managing Editor, The Keckley Report; and Michael T. Osterholm, PhD, MPH, Director, Center for Infectious Disease Research and Policy (CIDRAP), the University of Minnesota. Hospitals across the country have responded courageously and admirably as the nation's public health servants to address and manage the international COVID-19 pandemic. Capacity management models have been critical to guide shelter-at-home policies; forecast demand for ICU beds, ventilators, personal protection equipment (PPE), and staffing; and alternate care sites have been designed and stood up as needed to handle the overflow. Now we are turning our efforts toward recovery, rescheduling postponed procedures, rolling out testing and contact tracing programs, and juggling the financial impact of disrupted operations. Will there be another wave of infections in the fall or winter? Where are we with national vaccine development? What are we learning about the disease itself? What national care standards, reimbursement guidelines, or regulatory policies are needed to help us prepare? Join us for this thought-provoking discussion of alternative scenarios for health system strategy.

May 21, 10-11 am CT

Medically Necessary, Time Sensitive Procedure Decision-Making at University of Chicago Medicine

Kiran Turaga, MD, MPH, Associate Professor of Surgery & Director, Surgical GI Cancer Program and Regional Therapeutics Program, and Vivek Prachand, MD, Professor of Surgery & Director, Minimally Invasive Surgery, University of Chicago Medicine. The recent pandemic of COVID-19 created an incredible strain on health systems worldwide, leading to postponements of elective surgeries. Surgical treatment of non-COVID-19 related disease, however, still remains necessary. Amid thoughts that "cancer doesn't shelter at home" and when to proceed with medically necessary, time-sensitive (MeNTS) procedures, Drs. Turaga and Prachand address both the poorly understood association of time from cancer diagnosis to surgery as well as describe the scoring system developed at the University of Chicago to facilitate decision-making and triage procedures, appropriately weighing patient risks with the ethical necessity of optimizing public health concerns.

May 21, 1-2 pm CT

Using Analytics to Improve Care Management

Robert Crossey, DO, President, and Francis R. Colangelo, MD, MS-HQS, FACP, VP and Chief Quality Officer, Premier Medical Associates. Improving care coordination for patients with multiple co-morbidities and chronic conditions is essential to increasing quality and reducing the total cost of care. These patients face unique challenges navigating the health system, but also oftentimes synthesizing the advice of multiple physicians. Drs. Crossey and Colangelo lead this 100-provider medical group in the greater Pittsburgh area associated with both UPMC and Allegheny Health, and discuss how identifying gaps and variations in care in high-risk patients help determine the best courses of action for prevention. They also discuss how the multidisciplinary, analytical approach to transitional care, medication adherence and disease management helped decrease readmission rates by more than 20% for patients with heart failure; improved engagement of patients with prediabetes and diabetes; and significantly improved in diabetes control bundle measures. *This teleconference is part of the Clinical Decision Support Collaborative.*

May 27, 1-2 pm CT

Professional Satisfaction and Practice Sustainability in the Era of COVID-19

Michael Tutty, PhD, Group VP, Professional Satisfaction and Practice Sustainability, American Medical Association (AMA). In the last three months there have been tremendous changes and challenges to the physician profession arising from the COVID-19 pandemic. From those clinicians working on the frontlines to those struggling with reduced clinical workloads, healthcare is in turmoil. Michael presents his view from the AMA on those issues facing the physician profession, including how to care for the workforce, the rise of telemedicine, and the sustainability of business operations. He also discusses the challenges of determining the new normal in healthcare. Michael shares a number of free resources from the AMA on these key issues with the overall approach to supporting physicians during the COVID-19 pandemic.

June 2, 1-2 pm CT

The 'Combat Fatigue' Impact of COVID-19

Nancy Howell Agee, President & CEO, and Cathy Jennings, DNP, RN, ACNS-BC, FNAP, Clinical Nurse Specialist, Cardiac Surgery, Carilion Clinic. The COVID-19 pandemic has impacted healthcare workers in a manner that can be likened to "combat fatigue" given the unique circumstances in which this has played out in our nation's hospitals. Nurses in particular have been affected by the change in professional roles they have assumed supporting the dramatic increase in intensive care patients, the new and uncertain team dynamics due to new care environments, and the extended duration of this disease progression. Even ICU-trained nurses are finding themselves battling feelings of anxiety, inadequacy, and depression due to the intensity and focus their jobs require during such stressful and uncertain times. Nancy explores this topic from her perspective as a nurse, medical educator, national AHA Board Chair, and the President and CEO of Carilion Clinic, a \$ 2.2 billion nonprofit integrated healthcare organization with seven hospitals, multi-specialty physician group, Radford University Carilion (formerly Jefferson College of Health Sciences), and a joint ventured medical school with Virginia Tech.

June 3, 2-3 pm CT

E-notifications at Atrium Health and Preparing for the New Condition of Participation

Matt Sullivan, MD, Associate Chief Medical Informatics Officer, and Erica Hetrick, AVP, IAS, Atrium Health, and Jay Desai, CEO, PatientPing. The clock is ticking! With the publication of the CMS Interoperability and Patient Access final rule published in the federal register on May 1, hospitals have 12 months to comply with a new e-notifications Condition of Participation (CoP). Dr. Sullivan and team shares Atrium's experience to date using e-notifications, and Jay provides an overview of the CoP and key considerations for hospitals. *This teleconference is part of the Value-Based Care Collaborative.*

June 4, 10-11 am CT

COVID-19 Financial Recovery Strategies

Michael Allen, CFO, OSF HealthCare, Christian Pass, CFO, John Muir Health, and Dan Michelson, CEO, Strata. The COVID-19 pandemic has turned hospital financials upside down, as hospitals put community needs first in the immediate response to the disease outbreaks across the country. Financial management strategies for this kind of nimble, constantly-shifting operational decision-making include tactics such as rolling forecasts, detailed costing methodologies to capture COVID-related costs, and daily huddles to track activity and fine tune operational decisions. Dan moderates this discussion among innovative SI Member financial executives regarding today's financial operations environment.

June 9, 1-2 pm CT

Using Machine-Learning Algorithms to Prevent Drug Diversion at Mass General

Christopher R. Fortier, PharmD, FASHP, Chief Pharmacy Officer, Massachusetts General Hospital, Partners HealthCare (Mass General Brigham). Healthcare providers are vulnerable to serious legal, financial, operational and reputational risks - and regulatory fines - due to employee drug diversion and inadequate internal controls. COVID-19 has increased employee's feelings of stress and burnout has spiked to new levels. Furthermore, mounting evidence is showing the pandemic is increasing substance abuse across the country. To avoid potential risks, providers can use machine-learning algorithms together with advanced diversion prevention software to gain real-time dashboard views into their controlled substance supply chain to analyze behavior patterns among problem areas and suspected individuals. This teleconference will be insightful for all leaders, particularly IT and clinical leaders. *This teleconference is part of the Value-Based Care Collaborative.*

June 10, 1-2 pm CT

Move Faster in Your Digital Journey: Best Practices for Avoiding Common Missteps in Linking Digital to Strategy

Michelle Conger, Chief Strategy Officer, OSF HealthCare, and Jeanette Flom, SVP Client Engagement - Central, AVIA. Building a point of view for what digital health success should look like is easy. Where many health systems stumble is in the next several steps - connecting a digital point-of-view to the organization's overall strategies and then working to embed digital throughout their organization. In today's reality of COVID-19, Michelle and Jeanette address how health systems are navigating digital strategy and implementation as they recover from the initial wave of this pandemic. They also provide real-world examples of where the most common failure points occur; e.g., how do we build a scalable business case; how do we mitigate risk, and how to accelerate pace toward addressing critical challenges. This teleconference will be insightful for all leaders, particularly CIOs, CDOs, and strategy executives. *This teleconference is part of the Value-Based Care Collaborative.*

June 11, 1-2 pm CT

PROMs at Every Clinic? It Depends. Applying Lessons of Over Five Years of PROMs Implementations at Partners

Peter Meyers, Director, Patient Reported Outcome Measures, Partners HealthCare (Mass General Brigham). Peter presents the findings of Medical Director Rachel C. Sisodia's recent study of Partners six years of implementing Patient Reported Outcome Measures (PROMs) across their Harvard-affiliated health system. This teleconference reviews the factors behind both successful and failed PROMs clinic implementations. This discussion also presents the changes made to establish qualification criteria for clinical teams to be supported by the System's PROMs program as well as implementation process changes to help ensure successful PRO collection and use. It's the system's quest to make PROMs part of standard specialty care, but while PROMs are still relatively new for use for care and quality improvement, some clinics' implementation plans are more appropriate to support than others. Peter also provides an update on COVID-19 and the impact to his program and related work ahead. *This teleconference is part of the Value-Based Care Collaborative.*

June 16, 1-2 pm CT

Ancestry and UpToDate Enhance Genetic Testing Value for Providers and Patients

Catherine Ball, PhD, Chief Scientific Officer of Ancestry, and Peter Bonis, MD, CMO, Clinical Effectiveness, Wolters Kluwer, Health. As millions of consumers choose to take DNA tests to gain greater insight into their health and wellness, healthcare providers must be prepared to help patients understand how their genes influence their health. Learn how the partnership between Ancestry and UpToDate is empowering clinicians with evidence-based information to help them make care decisions for patients who have undergone genetic testing. *This teleconference is part of the Value-Based Care Collaborative.*

June 17, 1-2 pm CT

Current and Future Ethical Challenges of Vaccination for COVID-19

Arthur Caplan, PhD, Drs. William F. and Virginia Connolly Mitty Professor and Founding Head of the Division of Medical Ethics, NYU School of Medicine. Many believe that the only solution to the COVID-19 plague is to find a vaccine. Efforts to speed that discovery involve unprecedented investments of money, involvement by hundreds of research teams and novel collaborations. But the promise of a vaccine by the fall or even next year faces many ethical challenges including research ethics questions, safety concerns, efficacy questions, public trust, vaccine hesitancy, mandates, cost and distribution. Dr. Caplan discusses all of these in this teleconference.

June 18, 1-2 pm CT

Respond, Recover and Reimagine: Consumer & Virtual Health Strategies for COVID-19 at IU Health

Ian McDaniel, PT, MBA, Executive Director Virtual Care, System Clinical Services, and Michele Saysana, MD, FAAP, VP Safety, Quality & Patient Improvement and Chief Patient Safety & Quality Officer, Indiana University Health, and Andy Penn, VP Virtual Health, Cerner. COVID-19 has demonstrated the urgent need for healthcare organizations to become more agile in finding new ways to deliver patient care. Consumer engagement and virtual health innovations have been deployed across healthcare in response to COVID-19 and will continue to be of importance during the recovery phase. This teleconference explores critical consumer engagement strategies organizations are leveraging to respond, recover and reimagine healthcare delivery to help improve business operations and patient outcomes. Learn how they responded from deploying virtual healthcare technologies to how they reimagined the future by integrating virtual health as an ongoing strategy.

June 25, 1-2 pm CT

Beyond the Crisis - Key Impacts of COVID-19 and Assessing the Path Forward

Keith Shah, PhD, SVP Strategy & Growth, and Sasha Preble, Senior Director Strategy, Growth & Transformation, Optum Advisory Services. The COVID-19 crisis has impacted nearly every facet of the healthcare industry. "Business as usual" has taken a back seat to rethinking the U.S. healthcare model going forward, from delivery to financing. In our new reality, key market forces are accelerating many trends and activities that had historically been slower to move, such as digital transformation, decisive action to lower total cost of care (TCOC), and the primacy of consumer decision-making. In this teleconference, we posit the most significant post-crisis environmental features, discuss how they create challenges and opportunities for industry players, and offer strategies providers and payers can take to win in their respective markets.

June 30, 1-2 pm CT

Bundled Payments at Partners

David Bates, MD, Chief of the Division of General Internal Medicine, Brigham and Women's Hospital, , and Kyan C. Safavi, MD, MBA, Medical Director of Healthcare Systems Engineering, Partners HealthCare (Mass General Brigham). In 2013, the Centers for Medicare and Medicaid Services (CMS) launched the Bundled Payments for Care Improvement (BPCI) initiative in which a set of services related to an episode of care is bundled into a single payment. In this teleconference, Drs. Bates and Safavi describes Partners HealthCare's experience with a four-part framework of technology-enabled functions that providers can use to build a high performing care system that can achieve low-cost, high-quality care in bundled episodes. While the focus of this discussion is on the technology, people and processes are also critical and are addressed. *This teleconference is part of the Value-Based Care Collaborative.*

July 1, 11 am-noon CT

Rethinking Virtual Physician Visits at Banner

Christopher Stallings, Senior Director Digital Consumer, Banner Health. In the wake of COVID-19, healthcare providers have needed to rethink the traditional waiting room experience. Banner Health has launched a virtual waiting room across its Banner Medical Group practices, encompassing 300 clinics across Arizona, California, Colorado, Nebraska, Nevada and Wyoming. Banner Health is using mobile chatbots to help patients remotely complete the paperwork and check-in processes for medical appointments before they step into the clinic, as part of the health system's initiative to reimagine the consumer digital experience at Banner. Christopher shares how Banner quickly envisioned and executed on this strategy and the feedback they have received from customers and staff in the process. *This teleconference is part of the Value-Based Care Collaborative.*

July 9, 1-2 pm CT

It Takes a Community to Deliver Whole Person Care at Providence

Aura M. Silva, BSN PHN ACM-RN, Manager, Care Management, CARE Network, Community Outreach, Queen of the Valley Medical Center, Providence Health, Dana Codron, RN, MPH, Regional Director, Community Health Investment, St. Joseph Health, Providence Health, and David S. Fanara, MBA, Chief Revenue Officer, Activate Care. The COVID-19 pandemic has disproportionately affected the vulnerable populations in our communities, requiring the creation of engaged networks of healthcare and community services organizations to adequately identify, respond and deliver whole-person care. Aura and David provide examples of such engaged networks of national and regional healthcare and social services organizations across the United States and how they are seamlessly facilitating real-time, cross-sector collaboration around patients with complex health, behavioral, and social needs. *This teleconference is part of the Value-Based Care Collaborative.*

July 14, 1-2 pm CT

EHR Innovations Reduce Clinician Time by 50%

Stephen O'Mahony, MD, FACP, VP & CHIO, RWJBarnabas Health & Clinical Associate Professor of Medicine, Rutgers New Jersey Medical School. EHRs are essential to healthcare transformation and quality improvement, however lack of optimization for clinician workflow has led to their identification as a major contributor to physician dissatisfaction and potential burnout. RWJBH has partnered with a software innovation company's predictive clinical workflow platform to surface the most relevant content for physicians in a view that is contextualized and prioritized for their needs. Dr. O'Mahony reviews how this EHR overlay can improve quality and close care gaps while greatly improving physician efficiency and satisfaction. He also discusses how using FHIR APIs can significantly reduce development time for integrating AI, and facilitate interoperability with other EHRs. *This teleconference is part of the Clinical Decision Support Collaborative.*

July 15, 12:30-1:30 pm CT

EMR Patient Safety Effectiveness Study: Medical Errors Still Persist

David Classen, MD, CMIO, Pascal Metrics, and Professor of Medicine, University of Utah, and A Jay Holmgren, Doctoral Candidate in Health Policy and Management, Harvard University and Harvard Business School. As reported recently in StatNews, a major reason for the widespread adoption of electronic health records was to reduce human error in prescribing medicines, as software built in to the system could alert physicians if they were about to prescribe drugs that could be harmful based on their patient's profile. But [a new study](#) finds that such patient safety issues still persist at hospitals that use EHRs. The study looked at data from more than 2,300 hospitals that had at least one year of results from a test evaluating their EHR system's safety profile. Over a 10-year period, scientists found that EHRs went from correctly detecting medical errors 54% of the time in 2009 to 66% of the time in 2018. The systems were best at detecting drug allergy information (more than 98% of the time in 2018), but were least successful with flagging drugs that would be harmful for people based on their diagnosis. The findings show "critical deficiencies in these systems to detect and prevent critical safety issues," the authors write. *This teleconference is part of the Clinical Decision Support Collaborative.*

July 16, 2-3 pm CT

Rapid Transformation of IT During COVID-19, and What's Next at Beaumont Health

Ken Septer, VP Infrastructure & IT Service Delivery, Patricia Plata West (DeCamillo), MS, BSN, RN, Customer Relationship Manager, IT CRM, Colette Calliea, IT CRM (Troy & Grosse Pointe), Andrea Judd, IT CRM (Royal Oak), and Michele Ruppel, IT CRM (Dearborn & Farmington Hills), Beaumont Health. National COVID-19 impact data have shown that Michigan was one of the hardest hit states in the country, and Beaumont Health treated a large percentage of the patient load. During this time, IT proved instrumental in facilitating changes during the pandemic. Beaumont IT CRM leaders connect Operational partners with IT Partners. When the pandemic hit, IT facilitated multiple changes including the transformation of clinical spaces, expanded logistics in the Emergency Operations Centers, organization and support of a remote workforce, and drastically enhanced Telehealth presence, among other changes. The Beaumont IT CRM team shares how IT roles morphed during COVID-19, and lessons learned in the process. The intent of this teleconference is to facilitate an open dialogue of how other healthcare systems have also implemented IT business relationship management programs to enhance agility and share lessons learned to help prepare for a potential COVID-19 surge.

July 21, 1-2 pm CT

Revolutionizing COVID-19 Research: An EHR-enabled Learning Health Network

Ann Marie Navar, MD, PhD, Associate Professor of Medicine, Duke Clinical Research Institute, Duke University School of Medicine & Strategic Advisor, Cerner Corporation, and Eric D. Peterson, MD, MPH, Distinguished Professor of Medicine, Duke Clinical Research Institute & Strategic Advisor, Cerner Corporation. The COVID-19 pandemic has highlighted the urgent need for EHR data access for clinical researchers to understand disease trends and identify potential therapies. However, significant concerns have been raised about data quality and protection of human subjects, and many researchers are unable to access the data they need to answer the most important epidemiologic questions. In this teleconference, Drs. Navar and Peterson present an overview of efforts taken to promote EHR data sharing to support COVID-19 research as part of a broader effort to use EHR data for clinical research. They also describe their work to build an EHR-enabled Learning Health Network to streamline clinical research conducted across multiple institutions. *This teleconference is part of the Clinical Decision Support Collaborative.*

July 22, 3-4 pm CT

The Future State of Diversity, Equity & Inclusion

Michael Hyter, Chief Diversity Officer, Tom Giella, Vice Chairman Healthcare Services, Doug Greenberg, North America Market Leader - Healthcare, Katie Bell, Senior Client Partner - Healthcare, Mitul Modi, Senior Client Partner - Healthcare, Korn Ferry. The panel discusses inclusive leadership and how it can meaningfully advance the healthcare agenda, along with what leaders within healthcare organizations are doing and need to do to become truly inclusive and equitable. They also discuss what inclusive leadership and organizations look like in action.

July 23, 1-2 pm CT

Accelerating Adoption of Machine Learning Algorithms at Mass General Brigham

Keith Dreyer, DO, PhD, FACR, FSIM, Chief Data Science Officer, and Ittai Dayan, MD, Executive Director, Partners Healthcare, and Karen Holzberger, SVP & General Manager, Healthcare Diagnostics, Nuance. To reduce the high mortality rates associated with ruptured aortic aneurysms, the Center for Clinical Data Science, which is operated jointly by the Massachusetts General Hospital (MGH) and Brigham and Women's Hospital (BWH) in Boston, produced an AI machine learning algorithm known as "DeepAAA," to hunt for aortic aneurysms hidden in patient imaging data. In the next couple of years, DeepAAA will be in clinical use across the full infrastructure of MGH and BWH and associated hospitals, and made available to radiologists at other facilities across the country through the AI Marketplace, a one-stop shop on the Cloud for radiologists to review, try, and buy AI algorithms. In this session, Drs. Dreyer, Dayan and Karen detail the fascinating lifecycle of this algorithm, from problem statement all the way to clinical practice and productizing. *This teleconference is part of the Clinical Decision Support Collaborative.*

July 28, 1-2 pm CT

Geisinger's Genomics and Precision Health Initiative, Part II

John Bulger, DO, MBA, Chief Medical Officer Population Health, Geisinger Health System and Chief Medical Officer of Geisinger Health Plan, and David Ledbetter, PhD, Executive VP & Chief Scientific Officer, Geisinger Health System. After extensive experience with DNA sequencing of patient-participants in a research setting, Geisinger has initiated clinical DNA sequencing in three primary care clinics throughout our system. Nearly 1,000 patients have had sequencing performed, and 3% are found to have a genomic change putting them at significantly increased risk for early onset cancers (e.g., breast, ovarian, colon, or cardiovascular disease, i.e., familial hypercholesterolemia). Genetic counselors partner with these high-risk patients and their primary care physicians to seek risk-reducing actions or procedures. Drs. Bulger and Ledbetter share their "lessons learned" from this primary care patient management approach. (*Part I was [September 25, 2018](#), and can be accessed via our teleconference library.*) *This teleconference is part of the Clinical Decision Support Collaborative.*

July 29, 1-2 pm CT

Telehealth Strategy at Cleveland Clinic

Peter A. Rasmussen, MD, Chief Clinical Officer, CCAW JV, LLC, Professor of Neurosurgery, Neurologic Institute, Cleveland Clinic. Digital health and telemedicine had made some inroads into traditional healthcare delivery systems prior to the COVID-19 pandemic. Innovative strategies have existed for quite some time to use internet connected devices to promote virtual chronic disease monitoring. By removing regulatory barriers, reimbursement gaps, and privacy concerns, COVID-19 has accelerated digital health adoption beyond anyone's imagination at this point in time. Dr. Rasmussen explores leveraging EHR interoperability, connected devices, and virtual/video visits to inform a possible telehealth strategy of the future. *This teleconference is part of the Value-Based Care Collaborative.*

July 30, 1-2 pm CT

Real Life Patient & Community Engagement through Technology at Atrium Health

Ruth Krystopolski, SVP Population Health, Atrium Health, shares two use cases providing insight into how Atrium uses technology to engage its patients and communities. The implementation and integration of social care networking and real-time notification platforms spurred strategic outreach and helped facilitate solutions to improve value across Atrium Health and throughout the communities it serves. *This teleconference is part of the Value-Based Care Collaborative.*

August 4, 2-3 pm CT

Home Hospital: New Evidence and New Adoption at Brigham Health

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, Partners HealthCare (Mass General Brigham). Delivering hospital-level care at home for acutely ill adults is an evidence-based care model that results in reduced cost and readmission. Join us for key updates on the first US randomized

controlled trial and hear about a large increase in home hospital care throughout the country. *This teleconference is part of the Value-Based Care Collaborative.*

August 5, 1-2 pm CT

Utilizing CRM for Patient Outreach at Virginia Mason

Mani Nair, IT Director of Software Engineering and Business Intelligence, and Ellen Wiegand, VP & CIO, Virginia Mason Health System. Virginia Mason patients are very engaged with online tools, and approximately 70% of Virginia Mason's patients are active users of the patient portal. Virginia Mason patients have expressed that they expect to be reminded to come in when they are due for care, but traditional patient portals fall short in coordinated patient outreach. Learn how Virginia Mason used customer relationship management (CRM) tools, integrated with the EMR, patient portal and back office solutions, to proactively pull patients in for the care they need when they need it. *This teleconference is part of the Value-Based Care Collaborative.*

August 6, 12-1 pm CT

Pre, During and Post-COVID-19, The Future of Healthcare Analytics is Now

Soyal Momin, SVP & Chief Analytics Officer, Presbyterian Healthcare Services, and Liam Bouchier, Principal, Impact Advisors. Soyal and Liam discuss Presbyterian Healthcare's analytics strategy that was developed over the last five years, which supported their preparation for, management through, and future planning beyond COVID-19. The analytics ecosystem and supporting data allowed Presbyterian Healthcare Services to support its own patients, members and providers, as well as supporting the state of New Mexico with policy decisions through a data-driven approach. *This teleconference is part of the Clinical Decision Support Collaborative.*

August 11, 1-2 pm CT

Building an Analytics Ecosystem that Drives Performance at Carilion Clinic

Stephen Morgan, MD, SVP & CMIO, Carilion Clinic, and Michael Clark, SVP, General Manager Provider Solutions, Nuance. The vast amount of health data generated and stored in the EHR and other IT systems offers opportunities for clinical and operational advancement. Using analytics to interpret data into actionable insights is helping Carilion Clinic to streamline operations, improve performance, reduce burnout, and increase the direct impact on patient care – especially during the COVID-19 pandemic. In this teleconference, Dr. Morgan and Michael discuss the unique approaches, success factors and challenges in creating an analytics culture that truly drives performance. *This teleconference is part of the Clinical Decision Support Collaborative.*

August 12, 1-2 pm CT

At Home Care Program-Cuts Costs-and-Improves Outcomes at Geisinger

Andrea Harding, Sr. Director Operations & Strategy, and Anthony Wylie, Sr. Medical Director, Geisinger at Home. Geisinger at Home provides team-based comprehensive and acute care in the home for Geisinger Health Plan's most complex members across Northeast and Central Pennsylvania. Geisinger's approach combines in-person, facilitated tele-medicine, telemonitoring, outbound care coordination, and nurse triage to improve quality and manage the total cost of care. *This teleconference is part of the Value-Based Care Collaborative.*

August 13, 1-2 pm CT

COVID-19 and Health Disparities: Addressing Health Disparities Now, Preparing for Vaccination and Beyond at CCHMC

Rob Kahn, MD, MPH, Physician Lead, Community and Population Health, and Andy Beck, MD, MPH, Associate Professor & Attending Pediatrician, Cincinnati Children's Hospital Medical Center. The COVID-19 pandemic shines a light on disparities by race, ethnicity and poverty that have long been present across a range of health outcomes. To respond to COVID-19, from surge to vaccine, strategies that promote health equity must be identified and implemented in ways that make sense for patients, families, and communities. Here, Drs. Kahn and Beck discuss their team's approach to addressing health disparities during the pandemic that are likely to have sustained relevance well after the virus recedes. *This teleconference is part of the Value-Based Care Collaborative.*

August 19, 1 – 2pm CT

Accelerating Transformation and Automating the Service Now Experience in Epic at SCL Health

Stephanie H. McIntyre, MBA, RN-BC, VP Applications, and Nick Iannoni, Director of Application Shared Services, SCL Health. Speed, agility and collaboration are the hallmarks of how COVID-19 has

transformed the way we work in healthcare. At SCL Health, this transformation had already been in process, building on five major platforms: Google, Epic, ServiceNow, Salesforce, and Oracle Cloud ERP. For the Epic platform, SCL Health is laser-focused on driving clinical efficiency, quality care, and reduced costs. A key success factor in driving this work quickly is ensuring excellent end user support. SCL Health has deployed deep integration of ServiceNow into the Epic interface so that tickets are auto-populated with user information and context from the chart. That means less effort for busy clinicians and accurate information captured for quick support turnaround. Stephanie and Nick share the overall framework for this significant change initiative, and lessons learned in the process to date. *This teleconference is part of the Clinical Decision Support Collaborative.*

August 20, 1-2 pm CT

The Art of Balancing Cost and Quality at Advocate Aurora Health

Carrie Nelson, MD, MS, FAAFP, System VP, Population Health and Health Outcomes, Advocate Aurora Health & Chief Clinical Officer, Advocate Physician Partners. Rising healthcare expenditures and shrinking margins, in addition to the recent pause on elective procedures due to COVID-19, has put cost containment at the forefront of many healthcare organizations' strategies. Advocate Aurora Health has turned to data to help control costs while maintaining quality across its 1.3M value-based lives spanning its 400-mile network. Advocate Aurora Health is going beyond the information in its EHR to manage episodic care, and predict readmission risk and acute utilization, along with utilizing health equity data to identify appropriate community programs. Dr. Nelson speaks to the macro- and micro-level role of data in building a unified data architecture that's better for patients, providers, payers and the community. *This teleconference is part of the Value-Based Care Collaborative.*

August 25, 1-2 pm CT

COVID-19-related Diagnostic Errors

Tejal Gandhi, MD, Chief Safety and Transformation Officer at Press Ganey, and Hardeep Singh, MD, Chief of Health Policy, Quality and Informatics at the Michael E. DeBakey VA Medical Center in Houston. The COVID-19 pandemic increases the risk of diagnostic error because the disease itself is new and knowledge of its clinical manifestations is still evolving. In addition, both physical and psychological safety of clinicians and health system capacity have been compromised. This session discusses background related to diagnostic errors, their contributory factors and specifically, eight types of diagnostic errors anticipated in the COVID-19 pandemic. Drs. Gandhi and Hardeep also discuss a framework of solutions to reduce patient harm. *This teleconference is part of the Clinical Decision Support Collaborative.*

August 26, 1-2 pm CT

Pharmacy Intelligence – Insights from Aggregate Benchmarking at OSF and Dartmouth

Sandy Salverson, PharmD, BCPS, VP Pharmacy Operations, OSF HealthCare System, Staci Hermann, PharmD, MS, Chief Pharmacy Officer, Dartmouth-Hitchcock Health, and James Stevenson, PharmD, FASHP, FFIP, VP Medication Systems Strategy, Omnicell. Recently aggregated nationwide drug data from hundreds of health systems, as well as outpatient prescription data, show COVID-19 response and post-recovery have had dramatic impacts on medication availability, utilization and costs. Learn how pharmacy leaders are using these aggregated data sets, together with their own analytical tools, for strategic pharmacy operations and to inform other departments such as supply chain, finance and population health. *This teleconference is part of the Clinical Decision Support Collaborative.*

August 27, 1-2 pm CT

Mercy Virtual and COVID-19: Healthcare Redefined

Keith M. Starke, MD, FACP, SVP & CCO, Joseph Kelly, EVP Office of Transformation, Shannon Sock, EVP, Chief Strategy Officer & CFO, Gavin Helton, MD, SVP Population Health, and Ashok Palagiri, MD, VP Mercy Virtual Inpatient Services, Mercy Health. Mercy Virtual was established over a decade ago, initially as a centralized teleICU monitoring center, supporting 38 hospitals spread across Missouri, Kansas, Arkansas and Oklahoma, with the ability to significantly reduce mortality and morbidity rates, length of stay, and overall costs. Nationally, the COVID-19 pandemic resulted in a dramatic increase in telehealth of all kinds, and particularly at Mercy Virtual, which became a critical coordinating point for COVID-19-related screening, follow-up and remote monitoring. Since then, the vision of Mercy Virtual as a new way of providing healthcare has become a reality, with expanded consumer engagement technologies, care management and coordinated services. The panel describes this transformation, the lessons learned along the way, and the implications for healthcare providers everywhere who are redefining care for their communities across the country. *This teleconference is part of the Value-Based Care Collaborative.*

September 1, 1-2 pm CT

Predictive Analytics at UW Health

Brian Patterson, MD, MPH, Physician Informatics Director for Predictive Analytics, Frank Liao, PhD, Director of Data Science and Advanced Analytics, and Sabrina Adelaine, PhD, Applied Data Scientist, UW Health. Predictive analytics holds the promise of improving healthcare by harnessing data at the frontlines of healthcare delivery, but there can be challenges to building an impactful predictive analytics program and maturing data science capabilities within a health system. These challenges at UW Health were addressed by successfully employing strategies and approaches to mature the use of predictive analytics in clinical care and operations while building a foundation for continued development in data science, such as the role of governance, maturing capabilities, standard methodologies, and leveraging partnerships. In this presentation, Drs. Patterson, Liao, and Adelaine share some key themes and strategies for success based on their experiences and the lessons learned thus far in their journey. *This teleconference is part of the Clinical Decision Support Collaborative.*

September 2, 1-2 pm CT

Enterprise Management of Drug Inventory, Drug Shortages, and Drug Diversion at SCL Health

Jennifer Davis, PharmD, MBA, MISM, BCPS, FASHP, System Director of Pharmacy & Technology Initiatives, SCL Health. Managing medication supply and inventory effectively across a health system is a constant challenge due to drug shortages, incongruent data structures across procurement and clinical systems, and the constant threat of drug diversion. SCL Health has deployed a variety of tools and processes to rapidly detect and efficiently respond to drug shortages, inventory surpluses, and drug diversion. Dr. Davis discusses how new and existing systems, tools, and processes were leveraged during the COVID-19 response to ensure consistent and efficient drug inventory management in the face of pandemic challenges. *This teleconference is part of the Clinical Decision Support Collaborative.*

September 3, 1-2 pm CT

Physician-directed Cost Savings Reinvestment Program (CSRP) at Stanford

Paul Maggio, MD, MBA, Associate Professor of Surgery & ACO of Operational Effectiveness, Stanford University Hospital, and Stacie M. Vilendrer, MD, MBA, Instructor and Family Physician, Primary Care and Population Health, Department of Medicine, Stanford School of Medicine. Stanford Health Care is continually looking to improve the delivery of high-value care – improved patient outcomes at lower cost. This requires an understanding of both the clinical and economic impact of the technologies, drugs, and medical devices that are used to treat patients. Stanford's Cost Savings Reinvestment Program (CSRP) is an innovative program to encourage physician-directed value improvement projects. Drs. Maggio and Vilendrer share how they developed the program, the kinds of projects that are funded, and the impact these projects have had on both the School of Medicine and Stanford Health Care by sharing some of the realized cost savings from these physician-led improvements. *This teleconference is part of the Value-Based Care Collaborative.*

September 8, 1-2 pm CT

Lessons Learned in Addressing Community Health and SDOH

Jacob Reider, MD, CEO, Alliance for Better Health. The State of New York initiated a program to encourage community coalitions to collaborate together to address the underlying social determinants of health (SDoH) that have been shown to result in higher healthcare costs and reduced life expectancy. The Alliance for Better Health in Troy, NY is one example of a community-based organization that has partnered with area hospitals including Trinity Health, federally qualified health centers (FQHCs), and social service organizations (e.g., food banks, homeless shelters, etc.) to facilitate referrals and follow-up to ensure better health status. Dr. Reider shares the Alliance's experience with this unique coalition, the technology tools that support the ongoing communication, and the health-related outcomes that have been achieved.

September 15, 1-2 pm CT

Data Intelligence and the Framework to Build the Autonomous Pharmacy of the Future

Allen Flynn, PhD, PharmD, Assistant Professor, Department of Learning Health Science, University of Michigan Medical School, and James Stevenson, PharmD, FASHP, FFIP, VP of Medication Systems Strategy, Omnicell. National leaders in health system pharmacy have joined together to create a framework for a fully autonomous pharmacy, leveraging technology to reduce medication errors and waste, and improve clinician satisfaction and patient outcomes. Allen and James will share the work of the Autonomous Pharmacy Advisory Board, in examining the safety and financial risks of manual processes, siloed technologies, and lack of robust data collection and integration at the enterprise level of pharmacy operations in today's healthcare systems. The resulting 5-level Framework is a strategic vision

and roadmap for achieving fully automated, interoperable, and effective medication management. *This teleconference is part of the Value-Based Care Collaborative.*

Autonomous Pharmacy Advisory Board and Framework: <http://www.autonomouspharmacy.com/> and http://autonomouspharmacy.com/assets/pdf/Autonomous_Pharmacy_White_Paper_V1.pdf

September 17, 1-2 pm CT

5 Forces for the Future: Reimagining Healthcare

Jean-Claude Saghbini, Chief Technology Officer, Wolters Kluwer Health. COVID-19 has exposed cracks in healthcare delivery systems worldwide. In doing so, it has also catalyzed forces for innovation that systems need now and in a post-pandemic world. This teleconference looks at five ways we must build on momentum for change.

September 22, 1-2 pm CT

Acute Care Transformation at Cedars Sinai

Rupal Badani, MD, Medical Director, Cedars-Sinai Medical Network. COVID-19 has transformed the way we live and work, and that has certainly been true in how patients receive healthcare. The Cedars-Sinai Medical Network had already been engaged in a lean-based redesign of primary care practices, called “practice transformation”, looking at ways to streamline workflow, redesign physical space, and unburden physicians and staff to allow them to focus on delivering outstanding experiences to their patients and each other. Now this care transformation has been extended into the acute care setting, and Dr. Badani, shares what she has achieved to date in looking at a new mix of virtual care and bricks-and-mortar to truly reinvent the experience of health and healthcare for all of Cedars-Sinai patients and staff. *This teleconference is part of the Value-Based Care Collaborative.*

September 23, 1-2 pm CT

Expert Insights into National COVID-19 Vaccine Development

Peter J. Hotez, MD, PhD, Dean, School of Tropical Medicine, Baylor College of Medicine; Professor of Pediatrics and Molecular Virology & Microbiology, Baylor College of Medicine; Adjunct Professor, UT School of Public Health; Chair, Tropical Pediatrics, Texas Children’s Hospital; and Co-Director, Texas Children’s Center for Vaccine Development (CVD). COVID-19 vaccine development, manufacturing, and distribution is a complex and multi-layered process. From his perspective as a vaccine scientist and public health professional, Dr. Hotez provides an update on COVID-19 vaccine clinical trials in process, parallel global planning for manufacturing and distribution, and key insights learned to date from clinical research regarding the COVID-19 disease progression and impact. *This teleconference is part of the Value-Based Care Collaborative.*

September 24, 1-2pm CT

Addressing the Rapidly Rising Behavioral Health Needs of Caregivers and Communities at Sharp and Baptist (AL)

Mary Kay Shibley, MSN, RN, Manager, Clinical Informatics, ECT Services and Technologies, Sharp Mesa Vista and Sharp McDonald Center, Ginger Henry, COO, Baptist Medical Center (AL), and Danny Gladden, Director of Behavioral Health, Cerner. This year has seen an unprecedented rise in the behavioral health needs of both caregivers and patients as a result of COVID-19 and public unrest. The physical effects of the pandemic are easy to see, but the less visible effects of fear, isolation, financial stress and uncertainty have created an environment for mental health issues to compound significantly. As the healthcare industry continues to weather this extraordinary storm, providers must adapt to meet the growing demand for behavioral healthcare now and for years to come. In this panel discussion, Mary Kay and Ginger discuss how they supported their clinicians and the individuals they serve in the community to address mental health, substance abuse, and housing and food insecurity challenges. They share the benefits their organizations have realized by investing in behavioral health programs and technology, and how they tackled the difficult topic of behavioral health issues among their own employees. *This teleconference is part of the Value-Based Care Collaborative.*

September 29, 1-2 pm CT

Banner Telehealth Operations: Acute, Ambulatory, and Home

Jim Roxburgh, CEO Banner Telehealth, and Michael Simons, MD, Medical Director of Banner Telehealth, Banner Health. Banner’s telehealth program encompasses a comprehensive approach to patient care across the continuum of care. Services reach across 6 states and 28 hospitals. Banner Telehealth’s approach to care is designed to support easy access for virtual care in the acute, ambulatory and home settings. Jim and Dr. Simons describe the Banner Telehealth standardized infrastructure, share how COVID-19 dramatically accelerated the scale of its virtual care operations, and discuss “lessons learned”

to date as lines continue to blur between in-person and virtual care across the Banner Health system. *This teleconference is part of the Value-Based Care Collaborative.*

October 6, 1-2 pm CT

Using Artificial Intelligence to Identify COVID-19 Patients at High Risk of Clinical Deterioration

Peter Winkelstein, MD, MS, MBA, FAAP, Professor of Clinical Pediatrics, VP and CMIO, Kaleida Health, Executive Director, University at Buffalo Institute for Healthcare Informatics, and CMIO, UBMD, and Randall Wald, PhD, Senior Data Scientist, Cerner. The COVID-19 pandemic has challenged hospitals to make careful use of resources, especially for patient subpopulations which are clinically complex. One such subpopulation is admitted COVID-19 patients who are more likely to deteriorate (either moving onto ventilation or dying) within the near future. Learn how Dr. Winkelstein utilized collecting patient deterioration data and built models from admitted COVID-19 patients to identify risk of ventilation and mortality, and how that information can be incorporated into care team workflows. *This teleconference is part of the Clinical Decision Support Collaborative.*

October 7, 1-2 pm CT

Addressing Patient Hospital Concerns Post-COVID with Precision Marketing at AdventHealth

Anthony Cadieux, Executive Director, Strategy and Digital Marketing, AdventHealth, Jason Brown, CEO, BPD Advertising, and Tyler Ford, Director, Optum. Many health systems around the country have been impacted by shutdowns related to COVID and rising consumer concerns regarding the use of healthcare services during a pandemic. Learn how AdventHealth teamed up with marketing and analytics partners BPD Advertising and Optum to leverage consumer insights from national research and a newly developed COVID Concern Index model to build highly personalized messaging and targeted digital strategies that addressed these concerns, changed behaviors, and increased engagement across the system. *This teleconference is part of the Value-Based Care Collaborative.*

October 8, 1-2 pm CT

2021 Quality Payment Program Proposed Rule Overview

Dan Golder, DDS, MBA, Principal, and Larry Katzovitz, Senior Advisor, Impact Advisors. This session examines the recent "2021 Quality Payment Program Proposed Rule," released on August 4, 2020. Dan and Larry provide a high-level overview of the proposed rule, and its potential implications and impacts for providers, hospitals and health systems. Highlights include participation pathways (e.g., MIPS, APM), key changes for 2021, as well as the top five things that providers and healthcare organizations should be doing now to prepare for the proposed regulations. *This teleconference is part of the Value-Based Care Collaborative.*

October 13, 1-2 pm CT

Operationalizing Telehealth Across Sites of Care at AMITA

Laura Messineo, RN, MHA, VP TeleHealth, AMITA Health.

Telehealth has seen exponential growth across the country and many health systems have implemented interim solutions to meet the demands of the COVID-19 pandemic. Laura provides an overview of AMITA Health's centralized telehealth strategy which is focused on transforming the delivery of healthcare across the care continuum. She shares outcome measures and return on investment models for a variety of telehealth programs. *This teleconference is part of the Value-Based Care Collaborative.*

October 15, 1-2 pm CT

Delivering Better Outcomes by Insourcing Complex Processes in Pharmacy Operations

Dennis Killian, PharmD, PhD, VP Clinical Operations, Tidal Health, and Dennis Wright, Senior Director, Omnicell. The healthcare industry often turns to software as a service (SaaS) to increase software versatility and accessibility without having to install and run applications on multiple computers and data systems. Yet, when considering capital purchases, these same healthcare leaders systems are faced with using scarce, untrained labor to operate complex technology, leaving them to wonder if the better outcomes promised are even realistic. The answer, more health systems are finding, is to hire their vendors to operate technology on a fee basis, thus getting an outcome for their investment. *This teleconference is part of the Value-Based Care Collaborative.*

October 20, 1-2 pm CT

Meeting Patients Where They Are With Voice Technology

Jason Burum, VP, Patient Engagement, Clinical Effectiveness; and Freddie Feldman, Voice Design Director, Clinical Effectiveness, Wolters Kluwer. Nearly 90 million adults in the US own a smart speaker, representing a powerful opportunity for providers to engage health consumers with voice technology. To that end, Wolters Kluwer and Amazon, through Amazon's exclusive HIPAA-Eligible

program, have teamed up to develop the new Alexa Health Skill, “Emmi Care Plan”. Jason and Freddie share how the innovative approach of using voice assistants can help engage, empower and meet patients where they are and at their convenience. *This teleconference is part of the Value-Based Care Collaborative.*

October 21, 1-2 pm CT

Cedars Sinai Uses Machine Learning to Continuously Forecast Demand, Supply, and Outcomes

Michael Thompson, MS, Executive Director of Enterprise Data Intelligence, Cedars-Sinai. Over the past three years, Cedars-Sinai has merged together its analytics capabilities across finance, clinical informatics, and IT to form an enterprise data intelligence function, encompassing an enterprise data warehouse, data science team, end-user content delivery, and an advisory team to teach others how to use the data. The data analytics teams have designed an applied machine learning platform that has been used to forecast patient volumes, staffing and supply needs, patient outcomes, and financial modeling. Combining human-in-the-loop with reinforcement machine learning, the data science process is designed to adapt as the situation changes. During the COVID pandemic, the data science team at Cedars-Sinai used these methods to implement a machine learning model capable of predicting daily COVID patient volumes with an 85 to 95 percent accuracy. The models were used to meet daily bed, staff and PPE needs, by modeling the disease progression within the local community. *This teleconference is part of the Clinical Decision Support Collaborative.*

October 27, 1-2 pm CT

My COVID Diary at Providence: Interactive Clinical Intelligence

Sara Vaezy, Chief Digital Strategy Officer; and Ari Robicsek, MD, Chief Medical Analytics Officer, Providence. MyCovidDiary is a clinical research project that uses technology to learn and document COVID-19 onset and disease progression. The goal is to collect and analyze first-person accounts of COVID-19 from thousands of individuals, with the hope of accelerating the medical identification, understanding and treatment of this novel disease. Dr. Robicsek and Sara explain the technology underpinning the tool, how it integrates with the EMR, unique analytical insights have been uncovered as a result of the data, and lesson learned along the way. *This teleconference is part of the Clinical Decision Support Collaborative.*

October 28, 11 am-noon CT

Thriving Together: Community Health Partnerships for Equitable Recovery and Resilience

Bobby Milstein, Director, System Strategy, ReThink Health and Visiting Scientist, MIT Sloan School of Management; Somava Saha, Founder and Executive Lead, Well-being and Equity in the World; and Monte Roulier, President, Community Initiatives Network. Communities across the country have an immense reservoir of energy, courage, and imagination that can propel widespread local and nationwide action around a single unifying and measurable expectation: All people and places thriving—no exceptions. Health systems everywhere are investing in community health and social equity to make this a reality. Bobby and Monte will share the work they have been undertaking to support this community-building in [Thriving Together: A Springboard for Equitable Recovery and Resilience in Communities Across America](#). Thriving Together highlights scores of actions that communities, organizations, businesses, health systems, and funders can take and are occurring in the wake of COVID-19 and other related national issues. Our health systems are all committed to helping their communities heal and to secure the vital conditions that all people and places need to thrive (i.e., a thriving natural world, basic needs for health and safety, humane housing, meaningful work and wealth, lifelong learning, reliable transportation, and belonging and civic muscle). *This teleconference is part of the Value-Based Care Collaborative.*

October 29, 1-2 pm CT

WEBINAR | UChicago Medicine's COVID Innovation Challenge 2020

Sharon Markman, Administrative Director, Center for Healthcare Delivery Science and Innovation; and Craig Umscheid, MD, MS, Chief Quality & Innovation Officer and VP for Healthcare Delivery Science, University of Chicago Medicine. The University of Chicago's Center for Healthcare Delivery Science & Innovation's COVID19 Innovation Challenge was launched in late March. It has been a wildly successful program with nearly 200 submissions. HDSI sought ideas from staff, trainees and faculty on ways to improve care at the health system or beyond during the pandemic. COVID Innovation Project “winners” were supported with funding, introductions to health system leaders or community collaborators, or provided project management to get the idea off the ground. This Zoom Webinar includes an overview of the challenge, objectives and evaluation of the initiative followed by a few presentations by challenge “winners” describing their project and outcomes from deploying the innovation. *This teleconference is part of the Value-Based Care Collaborative.*

November 3, 1-2 pm CT

IT/Marketing Partnership for Digital Customer Engagement at HonorHealth

Emily Borlas, AVP, IT Applications, and Craig Kartchner, MBA, AVP, Marketing and Customer Experience, HonorHealth. Creating the best experience for healthcare customers is like making a delicious vinaigrette, and it's difficult to do for similar reasons: How do you make the oil of IT mix (and stay mixed) with the vinegar of Marketing, without separating and spoiling the salad? Emily and Craig walk through their recipe for creating a tasty customer experience ecosystem. Hint, the recipe calls for generous portions of teamwork and a dash of process. They walk through how they joined forces to develop a strategy and sell their vision to the rest of the organization, the specific challenges they have faced along the way, and how they were well positioned for rapid deployment when the COVID pandemic changed the healthcare landscape almost overnight. *This teleconference is part of the Value-Based Care Collaborative.*

November 4, 10-11 am CT

Study: Robust T-Cell Immunity Found in Those with Asymptomatic, Mild COVID-19

Marcus Buggert, PhD, Assistant Professor, Department of Medicine Huddinge, Karolinska Institute, Sweden. Dr. Buggert is a viral immunologist that has focused his career on T cells in the context of HIV infection. During this teleconference, Dr. Buggert describes the most recent data on T cell immunity in COVID-19 patients. Additionally, he provides an update on the "knowns" and "unknowns" of T cells in cross-reactive immunity, disease severity, vaccines and other aspects of immunity to SARS-CoV-2 infection. *This teleconference is part of the Clinical Decision Support Collaborative.*

November 5, 1-2 pm CT

Successful Legacy Data Management at University Hospitals

Robert Eardley, CIO, Bryan McDowell, CISO, University Hospitals, and Shaman Akhtar, Senior Advisor, Impact Advisors. University Hospitals (UH) in Cleveland grew substantially in 2014 with the addition of five hospitals and their associated ambulatory care practices. Transitioning these facilities to the standardized UH core platform was critical to achieve the benefits of this market expansion strategy. As a result, an enterprise-wide transition of the data from these legacy systems needed to be accomplished as seamlessly as possible while sunsetting the non-core systems. Robert, Bryan and Shaman share their "lessons learned" from planning and executing this multi-phased journey, from setting up governance, identifying scope, vendor selection, contract management, program setup and implementation.

November 10, 1-2 pm CT

Integrating Patient-Reported Outcomes into Clinical Workflow

Ida Sim, MD, PhD, Professor of Medicine, UCSF. Recording patient reported outcomes (PROs) in real time between visits, versus by patient recall during visits, allows patients to monitor and self-manage their health and capture a more comprehensive picture of their health status and overall health experience. Despite the value of this clinical information, PRO use in primary care is limited by challenges in PRO collection, patient engagement, and clinical workflow integration. Newer standards-based technologies such as SMART-on-FHIR enable seamless integration of externally collected PROs into frontline care. Dr. Sim discusses how PROs are being used at UCSF. *This teleconference is part of the Value-Based Care Collaborative.*

November 11, 1-2 pm CT

Using Self-Insured Data as a Foundation for Value-based Payment Strategy at Adventist Health

John Beaman, Chief Business Officer, Adventist Health, and Allen Miller, Principal, COPE Health Solutions. As CMS and employers continue to push for more premium risk contracts and value-based payment, a key to success is accurate data on the total cost of care for attributed or assigned membership. There is a growing understanding that building the capabilities to understand and better manage health for a health system's own self-insured employees and families is highly translatable to other populations and payers, for direct-to-employer strategies. Using employee utilization, cost, and outcomes data, health systems can optimize their network for specific provider and service types, understand patterns of care to improve convenience and employee satisfaction scores, and improve quality and health outcomes. Health systems can use their self-insured plan as a key "payer" to understand how to analyze claims and related data, and develop and launch population health management infrastructure. John and Allen discuss how Adventist Health has leveraged the claims data for its employee health plan as a foundation for a larger value-based payment strategy. *This teleconference is part of the Value-Based Care Collaborative.*

November 12, 1-2 pm CT

Navigating Interoperability in Today's Healthcare Landscape

Ken Gendrich, Manager of Interoperability, Methodist LeBonheur Healthcare; Michael Seda, Senior Director Regional Operations, Tiger Institute, University of Missouri Health Care; and Hans Buitendijk, Director of Interoperability Strategy, Cerner. In today's evolving interoperability landscape, organizations are looking to prioritize efforts. New sources of data and regulatory demands continue to emerge and having a strong strategy is key to navigating these challenges. In this teleconference, we examine how TEFCA, FHIR and APIs impact increased network capabilities across providers. We discuss the variety of emerging data sources and what your organization can be doing to take advantage of these sources whether in normal conditions or preparing for emergency conditions. Ken, Michael and Hans share their approaches to developing and executing interoperability strategies, and discuss the challenges and opportunities of this next phase of healthcare interoperability.

November 17, 1-2 pm CT

The Journey to Ambient Clinical Intelligence at Rush University Medical Center

Jordan Dale, MD, Acting CMIO, Rush University Medical Center; and Jared Pelo, MD, CMIO, Nuance. In 2018, Rush University Medical Center was one of the first medical centers to adopt AI-powered virtual assistant solutions as a stepping stone toward ambient clinical intelligence. Today, amid the shift to new hybrid in-person and virtual care delivery models, Rush is rapidly expanding ambient clinical intelligence to automate documentation in the physician-patient encounter. Dr. Dale will share how Rush is scaling ambient technology across 20 clinical areas, and the impact it is having on documentation workflows, physician satisfaction, and patient engagement.

November 24, 1-2 pm CT

Addressing Inequity in COVID-19 Outcomes

Kenneth J. Fawcett Jr., MD, Vice President, Healthier Communities, Spectrum Health. Dr. Fawcett asks and attempts to answer how we can create equitable outcomes among disadvantaged populations in the context of an active pandemic. He describes strategies to reduce COVID-19 infections, explains how to proactively reach out to patients who are at greatest risk outside of a medical model, and discusses the impact of a value-based world on health inequities and disparities. *This teleconference is part of the Value-Based Care Collaborative.*

December 1, 1-2 pm CT

WEBINAR | Implementation of Virtual Urgent Care Across an Entire Health System at Advocate Aurora Health

Michael Ries, MD, MBA, FCCM, FCCP, FACP, Medical Director System Critical Care, Tele-ICU, Patient Command Center, and Advocate Intensivist Partners, and Cindy Welsh, RN, MBA, FACHE, VP System Adult Critical Care, TeleICU, VPMS, Advocate Intensivist Partners, Central Telemetry-IL, Advocate Aurora Health. The COVID pandemic has transformed Advocate Aurora Health's employment of tele-Critical Care and allowed us to exercise its adaptability to address new needs as they arise. Any high reliability organization needs to be able to mitigate external risks such as political, economic, or geographic risks. As the COVID-19 pandemic threatened to overwhelm our hospitals, Advocate Aurora Health seized the opportunity to leverage their 17 years of experience in delivering remote Tele-Critical Care. By deploying mobile carts and adjusting workflows and criteria, AAH was able to deliver ICU level monitoring to patients in many alternative care settings. Join Dr Ries and Cindy as they discuss how they employed the tactics of a high reliability organization to deploy critical care monitoring to unlikely hospital ICU locations and then leveraged the technology in other care scenarios.

December 2, 1-2 pm CT

Top 10 Factors to Consider when Developing Your Growth Strategy: The role IT can play in 2021

Leslie Schatz, Director of Client Services, Danny Fell, Director of Client Services, Nick Fromell, Subject Matter Expert, Optum and Carol Chouinard, Vice President, Optum Advisory Services. As hospital leaders begin to prepare for 2021, it is important to balance long term growth plans, while also working to recover from revenue losses. It will be equally important to continue to provide services and offerings to meet today's consumers demand—especially as some patients are reluctant to return for routine care. Join Leslie, Danny, Nick and Carol for a panel conversation to explore how to navigate these changes and prepare for a strong 2021.

December 9, 2-3 pm CT

WEBINAR | Retail COVID Vaccine Distribution Strategy Update

Troyen Brennan, MD, MPH, EVP & CMO, CVS Health. The U.S. Department of Health and Human Services (HHS) has been working with national retail pharmacy chains CVS Health and Walgreens to

provide COVID-19 vaccines once the inoculations are approved by the Food and Drug Administration (FDA), and distributed in coordination with the Centers for Disease Control and Prevention (CDC). These businesses are part of “Operation Warp Speed,” which also includes drugmakers, medical distributors and federal agencies. Dr. Brennan provides an update on CVS Health’s vaccine distribution planning, including coordination with government agencies across the country, providing cold-storage capacity for vaccines that need to be kept at low temperatures, staff training, and online tools for scheduling and pre-screening.

December 10, 1-2 pm CT

Leverage a Digital Practice to Advance Consumer Engagement amid COVID-19 and Beyond

Tom Pacek, CIO, Inspira Health, and David Harse, VP and GM, Consumer Engagement, Cerner. As the healthcare industry undergoes a shift in consumer behavior patterns, providers are challenged with finding new opportunities to meet consumer expectations in delivering quality care. Rising healthcare costs, a desire for more transparent health data, and the influence of digital and mobile technology – fueled most recently by the COVID-19 pandemic – has challenged organizations to provide more personalized, digital consumer engagement experiences. Join Tom and David as they discuss the future of consumer engagement and the digital practice.

December 15, 1-2 pm CT

A Pharmacy Tech-Driven Telemedicine Medication History Service

Amy Pouillon, PharmD, Medication History Supervisor, Joel West, PharmD, Pharmacy Manager, and Becca Edema, Telemedicine Specialist, Spectrum Health. This teleconference shares the methodology used to create a highly reliable medication history process, consistent across a multi-hospital system. Find out how the service uses telemedicine and a shared EHR to improve the quality of medication histories on admission, patient experience, and provider satisfaction.

December 16, 1-2 pm CT

Journey to Clinical Documentation Excellence at Centura Health

Shelley Clyne, MD, Enterprise Physician Advisor, Centura Health, Karen Simonenko, VP & GM, Clinical Quality and Revenue Integrity, and Lisa Baris Schweppe, RHIT, CCS, CCDS, Director, Health Information Management, Nuance. In 2018, Centura Health analyzed their Case Mix Index (CMI) data and found the clinical documentation process was among the functions most ripe for performance improvement. The high-quality care that providers were delivering to patients wasn’t adequately captured in the documentation. As part of an organizational initiative, Dr. Clyne combined her clinical skills with an understanding of the importance of Clinical Documentation Improvement to transform the program, educate providers, and re-invigorate the team. Through this transformation, a focus on quality and analytics evolved, leading to improvements in Patient Safety Indicators (PSI) and quality ratings. Dr. Clyne, Karen and Lisa share the journey, and the lessons learned along the way.

TBD

Successful Strategies for Transforming Quality and Performance

Jon Russell, former SVP & CIO, John Muir Health. Healthcare organizations are under tremendous pressure to cut costs while continuing to deliver quality care, meet new expectations of consumers, and serve a growing aging population. They must prioritize scarce resources on competing needs while maintaining their core mission - serving patients and the community. This session explores how providers can take bold forward-looking measures through IT & Revenue Cycle functions to significantly reduce operational inefficiencies and free up resources for investment in transformational patient-centric care and innovation. Join this session to hear how organizations can tackle the challenge of reducing administrative and operational waste while also improving quality and experience for patients by discussing how tight collaboration between healthcare finance, revenue cycle and IT leadership can drive positive change, and analyzing the ROI for new technology investments with enterprise-wide impact in light of total cost of ownership. *This teleconference is part of the Value-Based Care Collaborative.*

TBD (Cerner)

The Market for FHIR Application Development

Robert Murphy, MD, Associate Professor and Associate Dean, Applied Informatics School of Biomedical Informatics, and Deevakar Rogith, MD, Assistant Professor, University of Texas Health Science Center at Houston.

TBD

Universal EMR Consent Form at Northwestern, Part II

Thomas Moran, MD, VP & Chief Medical Information Executive, and Rayan Venkatesh, Program Director, Corporate Compliance & Integrity, Northwestern Medicine. Interoperability, information exchange, data analytics and the ability to use and share information is critical to patient care. Healthcare providers and patients need this data exchange process to work seamlessly but face many challenges presented by data subject to more protective measures than HIPAA (“sensitive information”). In this follow-up session, Dr. Moran and Rayan share Northwestern Medicine’s approach to addressing these issues, with a specific focus on consent-driven solutions that balance patient rights in an era of information analytics and exchange. (*Part I was [May 10, 2018](#), and can be accessed via our teleconference library.*) *This teleconference is part of the Clinical Decision Support Collaborative.*

TBD

Adopting a Virtual Process for Provider EMR Optimization Training at Kaiser Permanente

Ken Robinson, MD, Physician Lead, Systems Solutions and Deployment, and Melody Boehm, Director, Business Optimization, Kaiser Permanente. In an effort to create a more iterative and scalable provider optimization training program, Kaiser Permanente Southern California created a virtual program focused on working through single pain points in the EHR based on provider feedback. Dr. Robinson and Melody discuss how they created a monthly program across their region with over 96% of provider participants recommending it to their peers. *This teleconference is part of the Clinical Decision Support Collaborative.*

TBD

Personal Health Engagement at Intermountain

Lonny Northrup, Senior Medical Informaticist, Intermountain Healthcare. Improving communications between patients and their care teams once the patient leaves the hospital, clinic or emergency department is resulting in dramatically improved patient satisfaction, better clinical outcomes, fewer readmissions and reduced clinical utilization. This teleconference highlights results achieved at Intermountain and other healthcare systems using a variety of digital solutions for improved patient engagement. *This teleconference is part of the Value-Based Care Collaborative.*

TBD

Data Intelligence and the Framework to Build the Autonomous Pharmacy

Allen Flynn, PhD, PharmD, Assistant Professor, Department of Learning Health Science, University of Michigan Medical School and James G. Stevenson, PharmD, FASHP, FFIP, Vice President, Medication Systems Strategy, Omnicell. Reliance on manual processes and siloed technology in pharmacy operations is one of the major challenges facing healthcare systems today. The lack of robust data collection and integration at the enterprise level poses serious safety and financial risks; for instance, published studies show that mid-size health systems that dispense more than 5 million doses per year will experience 25,000 errors, causing patients to face additional complications and hospital readmissions. This teleconference presents a framework and vision in which medication management processes become highly automated using interoperable technology, and data intelligence to provide actionable information - maximizing safety, efficiency and human potential, ensuring compliance and meeting desired financial outcomes. *This teleconference is part of the Value-Based Care Collaborative.*

TBD

Simplifying Consumer Price Transparency at CommonSpirit

P. Douglas J. Watson, CPA, CFO, CommonSpirit Health.

TBD

Clinician Incentive and Feedback Design at Stanford

Stacie Vilendrer, MD, MBA, Research Fellow, Stanford Medicine.

TBD

IT Strategy at Providence

BJ Moore, CIO, Providence St. Joseph Health.

TBD

Activity-based Costing at Michigan Med

Migdalia Musler, Michigan Medicine.