Launching New Business Models

September 25-26 | Chicago
Executive Summary

The Scottsdale Institute convened 23 innovation and digital-health executives in Chicago for the 2019 Innovation & Digital Health Summit on September 25-26. Participants represented large academic medical centers, multi-regional health systems, rural hospitals and clinics from across the nation.

These leaders gathered to discuss “Launching New Business Models,” including how innovation and digital health are structured, emerging business models, internal and external partners, key challenges and lessons learned. Executive titles represented strategy, marketing, innovation, digital-health, consumer experience and IT, all dedicated to transforming healthcare into a consumer-centered model, supported by an integrated, digital-health platform.

Summit Participants

Camila Altman, R&D Architect, Northwestern Medicine
Marcee Chmait, VP, Business Development Digital Strategy, Providence St. Joseph Health
Salvatore LoGrasso, Program Manager, Innovation & Digital Health, Northwestern Medicine
Sharon Markman, Admin Director, Center for Healthcare, University of Chicago Medicine
Jodi Rosen, Director Innovation, Northwestern Medicine
Craig Anderson, Director of Innovation, BayCare Health System
Deborah Fullerton, (former) Chief Marketing Officer, AMITA Health
John Long, VP, Enterprise Analytics, UW Health
Nick Nell, Manager, Solution Development, Memorial Health System
Amy Ross, VP, Strategic Planning, University of Chicago Medicine
Lisa Brandt, MBA, RDH, VP Population Health, IU Health
Mark Lantzy, CIO, IU Health
Dave Lundal, CIO, ITS, Children's Minnesota
Jeremy Rogers, Executive Director, Digital Marketing & Experience, IU Health
Christopher (Topher) Sharp, MD, Chief Medical Information Officer, Stanford Health Care
Summit Participants continued

Brad Shaink, Director of Innovation & Digital Transformation, Houston Methodist

Kevin Smith, AVP, Digital Engagement, Baptist Health

Michelle Stansbury, VP, IT Center for Innovation, Houston Methodist

Stephen Strong, Director of Digital, Northwestern Medicine

Jim Whitfill, MD, SVP, Chief Transformation Officer, HonorHealth

Stavroula Xinos, Program Manager, Northwestern Medicine

Melissa Stalets, Manager, Innovation, Memorial Health System

Craig Umscheid, MD, Chief Quality and Innovation Officer, University of Chicago Medicine

Organizer:
Scottsdale Institute: Janet Guptill, FACHE, CPHIMS; Cindy Mendel; Gordon Rohweder; Cynthia Schroers; M. Michael Shabot, MD; Shelli Williamson

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Writer: Cammie Gunnell
Moderators: David Bradshaw; John Glase, PhD
Innovation defined

Innovation can be defined many ways: meeting an unmet need, speed of deployment, tech-enabled, agile, process improvement, a new way of thinking, adding value and making the lives of clinicians and consumers easier. Innovation can be technology-driven or non-technical, ranging from artificial intelligence (AI) and new medical devices to new patient-access programs.

“For us, innovation means focusing on creating frictionless access, whether for consumers or providers, and speed is of the essence.”
– Amy Ross, VP, Strategic Planning, University of Chicago Medicine

There is no single definition for innovation in healthcare—and innovations vary health system to health system.

“Everyone’s definition of innovation is different; everyone has their own—even within their own organizations.”
– Camila Altman, R&D Architect, Northwestern Medicine

INNOVATION PRIORITIES

Though innovation can be defined differently, a common theme has emerged: before you can prioritize your innovations, you first must define your organization’s strategy and then identify the potential innovations to support it.

“For innovation you need strategy, process and culture. Innovations must match your strategic plan and priorities—that’s the real transformational piece. It’s really about innovation that supports your organization.”
– Jodi Rosen, Director Innovation, Northwestern Medicine

Participants’ priorities depended heavily on where they were in the digital and innovation journey; some were early and others further along depending on a particular health system’s purpose. Priorities ranged from budget pressures and the need for new revenue streams to meeting consumer needs through consumer-focused digital innovations.

“Some organizations have a financial motive, some a branding motive and others an academic motive. We are guided by our mission to improve the health of our patients and community, and very focused on innovations that enhance patient care and the referral experience.”
– Mark Lantzy, CIO, IU Health

BUSINESS MODELS DRIVING INNOVATION

Consumers, employers, payers, clinicians, government and market disruptors all play a role in driving health systems to develop new business models, all of which shape innovations. Top-of-the-list drivers include the rise of consumerism, market disruption, value-based care, clinician recruitment and satisfaction, and cost.
CONSUMERISM. A big factor in the move toward new business models is the rise in consumerism, fueled by high-deductible health plans (individuals are now more focused on cost) and rising expectations based on highly personalized experience offered by other industries. Health systems recognize they need to shift from a provider-centric model to a consumer-centric one to duplicate that experience in healthcare.

“Consumers have come to expect the same level of service from healthcare as they experience across other industries like retail and finance and we need to focus on people not as patients, but as customers.”
– Craig Anderson, Director of Innovation, BayCare Health System

MARKET DISRUPTION. The same organizations that have set the bar for consumer experience in retail and other commercial space are beginning to disrupt healthcare.

“If we as the health systems don’t drive change, other businesses will. Our organization has a five-year plan for virtual health, both outpatient and inpatient. Who would have thought three years ago virtual health would have been a priority? That’s a shift in business models—consumers want to manage their healthcare from their mobile devices.”
– Michelle Stansbury, VP, IT Center for Innovation, Houston Methodist

Market disruptors that offer primary care services also play into other drivers, like value-based care. Primary care is not merely a referral source to other health-system business lines, it’s key to success in value-based care because of its quarterbacking role in prevention, wellness and coordinating patient care across the continuum. The good news: consumers highly value the primary care provided by an integrated health system. People use retail sites for care because it’s cheap and fast, not because they consider it the best care. In a focus group conducted by AMITA Health, most people said they want to see a physician when they receive care, noted Deborah Fullerton, (former) Chief Marketing Officer, AMITA Health.

Health systems realize consumer trust is critical.

“We have to build trust—if we lose the ground battle of access, people won’t have trust in where they are being referred.”
– Brad Shaink, Director of Innovation & Digital Transformation, Houston Methodist

“We need to put ourselves as the first-and-last place people go.”
– Dave Lundal, CIO, ITS, Children’s Minnesota

VALUE-BASED CARE. While still a priority for organizations, the shift from volume to value is not the top driver of innovation. If anything, it’s created a dilemma for providers as they try to juggle fee-for-service-based innovations with value-based care innovations. The reality: the market hasn’t progressed as quickly as anticipated, and while the shift away from fee-for-service adds pressure, not everyone is convinced the model has changed enough.
“We haven’t fully shifted to value, because we are waiting for it to happen to us versus leading the change. Why aren’t we as health systems the ones making the shift?”

– Marcee Chmait, VP, Business Development Digital Strategy, Providence St. Joseph Health

For some, it’s such a big shift in models that it’s difficult to obtain enough stakeholder buy-in.

“Physicians can sometimes view technology as making their lives harder. A lot of markets are staying in fee-for-service models.”

– Dave Lundal, CIO, ITS, Children’s Minnesota

**CLINICIAN RECRUITMENT.** Another major driver of innovation is clinical faculty recruiting, retention and satisfaction.

“We will not be successful in recruiting and retention without innovation.”

– John Long, VP, Enterprise Analytics, UW Health

Others agreed that clinicians want an easy-to-navigate yet digitally sophisticated system to practice the highest quality care.

**COST DRIVERS.** Other drivers include the need for market growth and expansion, new revenue streams and reducing costs. Return on investment (ROI) must be considered when it comes to innovating.

“Everything we are doing must have a clear ROI.”

– Michelle Stansbury, VP, IT Center for Innovation, Houston Methodist

**STRATEGIES FOR DEVELOPING INNOVATION**

How will health systems innovate to support new business models and address market pressures? There’s no single formula or strategy for innovation; it comes down to culture. Are you an academic health system with a strong research capability or an integrated multi-regional health system willing to take on risk? Organizational culture and philosophy determine whether innovation is generated internally, externally from third parties or a hybrid.

“You must know your culture and have a clear vision. Are you an outside-in or inside-out organization when it comes to innovation? Establishing your vision can help you decide if you want to build within, invest in a start-up technology or partner with tenured IT companies that have more experience in what they do.”

– Jodi Rosen, Director Innovation, Northwestern Medicine

Other strategies include partnering with other health systems.

“We have joined up with other systems; we have been able to put the resources together. Now, we can put the money into innovation pilots that we haven’t been able to do before.”

– Jim Whitfill, MD, SVP, Chief Transformation Officer, HonorHealth
INTERNAL INNOVATION. Taking an “inside-out” approach to innovation by partnering with internal staff is another strategy.

“We believe innovation is a responsibility of everyone, and we’ve developed a pathway to help us build our culture of innovation. We’ve implemented a program and steering committee to help employees with their ideas. For example, with the support of the steering committee, one of our staff members built an app to help improve operating room time.”

– Michelle Stansbury, VP, IT Center for Innovation, Houston Methodist

To help ensure success, Houston Methodist requires staff to develop a business case that includes goals, projected ROI and required funding. It empowers staff by placing ownership on the department or service line in which the innovation will be implemented, which also enables the innovations team to focus on the next project. In some cases, innovations are marketed externally to create new revenue streams for the organization.

Many organizations encourage internal innovation by creating a hub to link employees to funding, resources and accelerators.

“A lot of innovation stems from creating connections—we try to leverage relationships with our school of medicine, as well as innovation incubators, to connect interested faculty to various initiatives.”

– Craig Umscheid, MD, Chief Quality and Innovation Officer, University of Chicago Medicine

MATTER is a Chicago-based healthcare-startup incubator and corporate innovation accelerator. Other such organizations include Plug and Play, AVIA, TMCX, Dreamit, Healthbox and MassChallenge, all of which can offer health systems a completely external path to innovation if they so choose.

EXTERNAL INNOVATION. Outside partnerships are the key to growth for some health systems, whether it’s partnering with engineers at universities or investing in technology companies.

“We work with local communities and a lot of universities when looking for technology. We are a buy, not a build, shop, often looking for young, new technology solutions.”

– Craig Anderson, Director of Innovation, BayCare Health System

Still, even that external approach requires internal domain experts to both vet and take ownership of a successful innovation.

“You must get the right people in the right room to help you evaluate. If we find an innovation we think is valuable, before we operationalize it, we identify a pilot sponsor to test it, then it goes to a committee to evaluate if we should take it to scale.”

– Craig Anderson, Director of Innovation, BayCare Health System
University of Chicago Medicine takes a similar approach.

“We bring in trainees, nurses, respiratory therapists and other key subject matter experts to do ‘shark tanks’ with early startups.”
-- Sharon Markman, Admin Director, Center for Healthcare, University of Chicago Medicine

“Partnerships are an essential part of our growth strategy.”
-- John Long, VP, Enterprise Analytics, UW Health

Others choose a more moderate partnership strategy by collaborating with more mature vendors and implementing more market-seasoned technologies.

**STRUCTURE AND RESPONSIBILITIES OF THE INNOVATION TEAM**

A key component of a successful innovation strategy is to think through how internal teams are structured and managed. Whether you develop innovations within or partner, you must establish an internal team to facilitate funding, administer governance, operationalize the innovation and measure its success.

**STRUCTURE.** Innovation teams can be centralized or decentralized. Some health systems create a dedicated team that resides outside operations; others add innovation on top of other responsibilities like quality and IT. Team structure can range from an innovations council to a separate research & innovations center. Reporting structures also vary widely, with some innovation teams reporting to a research institute, and others reporting to the Chief Information Officer, Chief Operations Officer, Chief Physician Executive or even Chief Legal Officer.

“We recently created a division of quality and innovation, led by our CIO.”
-- Melissa Stalets, Manager, Innovation, Memorial Health System

**TEAM MEMBERS.** Whatever the structure, there’s no consensus on what role or title should take leadership. Multiple roles and stakeholders are required to succeed at innovation.

“We’ve been on our innovation journey for six years and have structured ourselves into the digital office, which reports to our COO. The team consists of marketing, digital marketing and digital strategy, including production development and ventures.”
-- Marcee Chmait, VP, Business Development Digital Strategy, Providence St. Joseph Health

Other roles vying for a stake: analytics, operations, research and population health. Involving the clinical team in the innovation process is increasingly popular.

“Our Innovation team reports to our chief innovation executive, who is also a practicing internal medicine physician. Additionally, we have physicians who commit a percent of their time to the department as clinical directors.”
-- Salvatore LoGrasso, Program Manager, Innovation & Digital Health, Northwestern Medicine
“With so many areas of the organization that can benefit from innovation, it really should be everyone’s job.”

– David Bradshaw, SVP, Consumer and Employer Solutions, Cerner

RESPONSIBILITIES. Organizations focused on internal innovation use their innovations teams to raise funds and serve as connectors to employees.

“We are early in our journey but are working to put together a team to help promote bottom-up innovations across the organization to inspire an innovation culture. We want to connect like-minded people. We are not looking to build a shadow organization to build innovations.”

– Jeremy Rogers, Executive Director, Digital Marketing & Experience, IU Health

Health systems taking the external-partnership path to innovation rely on their innovation teams to identify potential partners and evaluate if those innovator firms offer a good fit with the health system. Those internal teams also play critical roles in operationalizing innovations by identifying an outside owner to help scale the innovation. For others, their innovations team isn’t solely technology focused, but includes the broader patient and provider experience.

“Our innovations team spends more time focusing on social determinants of health innovations.”

– Lisa Brandt, MBA, RDH, VP, Population Health, IU Health

“Sometimes innovations aren’t technology at all.”

– John Glaser, PhD, SVP, Population Health, Cerner

PUTTING INNOVATIONS INTO PRACTICE

Again, whether internal or external, health systems tend to implement innovations by piloting the top innovation priorities. Once proven, they work hard to scale these innovations across the enterprise. Part of the process of prioritizing involves the convening of domain experts to help narrow down which innovations to pilot. One method: set up on-site demonstrations to provide experts a hands-on experience.

Once selected to pilot, to have a chance at success the innovation requires unequivocal support from leadership and stakeholders.

“You have to get buy-in from the beginning, and as the innovation director, I turn into a salesman. I have to sell change internally.”

– Craig Anderson, Director of Innovation, BayCare Health System

Buy-in comes from not only putative innovation users, but other stakeholders as well. When roadblocks occurred with a BayCare pilot’s contracting process:

“I partnered with legal and now we have a small, one and a half-page contract for all pilots, plus a dedicated legal person.”

– Craig Anderson, Director of Innovation, BayCare Health System
Establishing a process and timeline for pilots can help determine whether to move forward. One organization shared its process: the pilots are 90 days each, two vendor innovations are piloted at the same time, and testing is conducted by two different teams simultaneously to do a side-by-side comparison.

Once a pilot is ready to scale, most participants agreed it should be handed off to the business-line owners to operationalize and roll out to their teams. The innovations team typically shares their learnings and hands over documentation to help with the innovation’s on-going success. When BayCare replaced its antiquated nursing phone system with iPhones, for example, the nursing team assumed complete governance of the new system.

**CHALLENGES TO CONSIDER**

Some of the biggest challenges facing any innovation strategy are time constraints, lack of resources, effective change-management processes, available technology, governance and funding.

**TIME AND RESOURCES.** Too often an innovation suffers from lack of dedicated staff. Many innovation staff wear two hats: balancing their traditional job responsibilities while trailblazing new innovations. Some felt they are faced with performing many years’ work in just a few months’ time, which places a heavy burden on their time and resource management even with an excellent strategy.

**CHANGE MANAGEMENT.** Adoption, culture and willingness to change play huge factors in success or failure. While innovations can lead to transformation, it’s not always embraced by the people using it. Part of innovating means challenging the status quo.

**GOVERNANCE.** Another challenge to innovation is the governance process.

“We must be creative in how we get things moving; sometimes it’s starting on small pilots with maybe 100 patients and a few doctors. If we don’t, we get stuck. Rather, we need to either fail fast and move on to new projects or provide positive outcomes and spread learnings. Innovative patient care models are not being advanced while we are waiting to check all the boxes internally.”

– Lisa Brandt, MBA, RDH, VP Population Health, IU Health

**FUNDING.** For many health systems, the challenge to innovation is finding enough financial resources. On the other hand, some organizations have enough funding but cannot find expertise to lead pilots, noting it’s not easy to pull people away from their day jobs.

**AVAILABLE TECHNOLOGY.** Some health systems choose to only use technology from their EMR vendor with whom they have a close relationship. These organizations may even act as a beta site for what will become their EMR vendor’s innovation to market.
MEASURING RESULTS
As in any major initiative, ensuring measurement of results is critical. The two primary ways to consider in measuring results: one, in relation to the overall innovation strategy; and two, as it relates to the results of the innovation itself.

MEASURING YOUR INNOVATION STRATEGY. A good starting place for the overall-innovation strategy perspective, is to measure how many innovations were identified compared to how many were operationalized. Also important: Did the ones in place help to solve the overarching business challenges laid out in the strategic organizational plan?

In measurement it's important to accept there will be projects that aren't effective. Many organizations have adopted a “fail fast” strategy to help quickly end projects that aren't achieving the desired results.

“You must be willing to realize something is a failure. If you look at any successful, innovative organization you will see more failures than successes. You must be empowered to end it quickly or rethink its execution.”

– Michelle Stansbury, VP, IT Center for Innovation, Houston Methodist

It's difficult to accept failure, especially in a significant technology investment that's not easy to turn off.

“Fail fast really could be phrased as fail thoughtfully—you can end the project and still learn from it.”

– John Glaser, PhD, SVP, Population Health, Cerner

MEASURING INDIVIDUAL PILOT PROJECTS. At the individual project level, metrics measured will vary.

“Every pilot has its own success metrics—whether its patients served, better HCAPS scores or closing gaps in care.”

– Marcee Chmait, VP, Business Development Digital Strategy, Providence St. Joseph Health

Other success measures shared include seeing an ROI, reducing readmissions, increasing patient satisfaction, and web engagement and patient portal enrollment for consumer-facing innovations.

At the end of the day, for many organizations the measure of success isn't a metric at all but rather the story.

“In our labor and delivery department, we had one patient who kept showing at-risk on the pilot technology (eCART) we were testing, even though she said she felt fine. The nurses put a pulse oximeter on the patient, which immediately showed she was headed for heart failure. The data was so powerful we rolled it out across the entire health system.”

– Deborah Fullerton, (former) Chief Marketing Officer, AMITA Health
Successful innovations in action

Participants shared real-world examples of successful innovations that have come to fruition as part of their strategies and processes:

Consumer-focused technology

» **Fully-integrated, online platform (Memorial Health System).** The technology takes a person-centric approach, leveraging voice technology and linking to virtual care technology. The platform also includes an online scheduling component integrated within the EHR. “*We took a lot of time developing the product so we could ensure it met both consumer and provider needs and made it faster for the consumer than picking up the phone to interact and schedule appointments,*” said Nick Nell, Manager, Solution Development, Memorial Health System.

» **Patient reminders (Houston Methodist).** Leveraging a third-party organization, Houston Methodist implemented a solution to enable patients the ability to respond to their provider via text. That solution now serves as its primary communication hub. “*We had a patient appointment reminder system that was sending notices 24 hours after the appointment. When we went to look for a replacement, we were open to new solutions that could offer more capabilities. We were intentional, kept it simple by using SMS technology and made it feel personal,*” said Houston Methodist’s Shaink.

» **Smart patient rooms (BayCare).** BayCare partnered with Aiva Health to implement Alexa devices in patient rooms at one of its locations. Patients can use the device to tell nurses, for example, if they’re cold or in pain, which then enables the right staff member to address their issues in a timely fashion. As a result, BayCare’s HCAPS scores increased significantly and it is now rolling the innovation out to another of its hospitals.

» **Patient satisfaction survey (IU Health).** IU Health was looking to better measure the loyalty of its patients, finding its HCAPS surveys were not the right avenue. IU Health began sending a six-question survey to patients within 48 hours of discharge via a text or email to capture its net promoter score. One of the final questions of the survey is, “Would you recommend your provider’s practice?” “*Though it seems trivial, the results have been massive. We now receive hundreds of thousands of responses each year and use it everywhere, even down to the individual physician level’s rating reviews,*” said IU Health’s Rogers. IU Health leverages a third-party (Loyal) to help translate the survey results for publishing online.

Clinical-focused technology

» **Oncology infusion center scheduling (University of Chicago Medicine).** The University of Chicago Medicine Oncology Infusion Center needed a better solution for patient scheduling, but nothing in the market was meeting its needs. As a result, the organization-built innovation has worked so well the organization plans to modify it for other clinical lines and is considering commercializing it.

» **Documentation (Northwestern Medicine).** Partnering with Computer Vision, Northwestern is helping to make it easier for people to do their day-to-day jobs. With Computer Vision, the computer handles some of the tedious tasks clinicians are required to perform—for example, documenting operating room times. Though early in the process, Northwestern has already received positive feedback.

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Successful innovations in action continued

Operational technology

» **Dashboard performance measures (UW Health).** Several people in the organization requested dashboards to be built on the organization’s platform to help improve their businesses. However, they lacked standards on how to implement the dashboards from an architectural and metric standpoint. As a result, information systems and operations leaders collaborated to implement performance-measurement standards for anyone requesting a new dashboard. “There’s been enough success promoted by the senior leaders that this has worked and people have adopted the process, which is very important when it comes to scalability and implementation rollout,” said UW Health’s Long.

» **Alerts in the telemetry unit (Stanford Medicine).** Stemming from an internal initiative to reduce costs that could be shared back to that specific department, a group of Stanford hospitalists identified an innovation to reduce the length of telemetry days. The Stanford improvements team helped seed the initiative and engaged IT to help build some basic alerts and an intervention plan. “We were able to reduce telemetry days by 30 percent in the active group versus the non-active group. It wasn’t very complex but was very meaningful value brought in a rapid fashion. In only five months, we had changed the way we do things,” said Christopher (Topher) Sharp, MD, Chief Medical Information Officer, Stanford Health Care.

Tech-enabled new business models

» **Retail clinics (Providence St. Joseph Health).** People were experiencing a four-to-six-week wait time to see primary care providers in several of its markets. To fix the problem, Providence St. Joseph stood up virtual care, home care and retail clinic locations. Providence enabled the services with technology so people could find, book and access everything in one system. By giving people convenience, along with price transparency, Providence St. Joseph was able to gain market share with a 30 percent increase in commercial patients.

» **Readmissions (HonorHealth).** HonorHealth worked for 18 months on a technical solution to help lower readmissions but saw minimal results. As an alternative, it partnered with a local hospice, leveraging their call-center operations to ensure every patient received a phone call after discharge. The result was a reduction in hospital readmissions and an increase in patient satisfaction.

**INNOVATION PROJECT LESSONS LEARNED**

A significant number of innovations put into practice do not achieve desired results. Even when you have met all the criteria of your innovation plan, projects can still derail. Most often, it’s not due to the technology itself. Other factors like lack of resources, cumbersome processes and bureaucracy, and overcoming legal and contracting hurdles can cause an innovation project to fail, with possibly the biggest one being change management.

> We developed a readmissions algorithm, but the end users didn’t know what contributed to the score. Add some turnover in the department, and the next person didn’t even know about the functionality. The algorithm itself was great, but the operations and lack of change-management support caused it to fail. We learned a lot to support future implementations.”

– Stavroula Xinos, Program Manager, Northwestern Medicine
Conclusion and key takeaways

There is no single way to define innovation across the healthcare industry. It is defined based on an organization’s culture and strategic plan. Once a health system understands its culture, defines and embraces its strategy, it can define an innovation-development strategy including whether the focus is internal or leveraging outside third parties.

Even when an innovative solution to a problem is identified, there are many collateral issues to consider that can make or break the effort.

“If you have a pilot running, you have to think about it beyond the innovation. For example, maybe you need to replace the front-line staff who may be working on a project.”

– Kevin Smith, AVP, Digital Engagement, Baptist Health

Participants agreed a key takeaway from the Summit was that, to be at the forefront of innovation, the individual innovator and the innovations team must be willing to assume risk and challenge the status quo.

“I’m here because I want to be the agitator that helps get things built.”

– Melissa Stalets, Manager, Innovation, Memorial Health System

“Innovation makes some people uncomfortable. To me, I feel uncomfortable that we haven’t implemented certain technologies yet. As a consumer myself, I want innovation.”

– Stavroula Xinos, Program Manager, Northwestern Medicine
About the sponsors

The **Scottsdale Institute (SI)** is a not-for-profit membership organization of prominent healthcare systems whose goal is to support our members as they strive to achieve clinical integration and transformation through information technology (IT). SI facilitates knowledge sharing by providing intimate and informal forums that embrace SI’s “Three Pillars:”

> Collaboration
> Education
> Networking.

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