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The Center for Business Innovation
Presents

The Inaugural
Digital Medical Office of the Future:
Driving Toward Meaningful Use
Conference & Exhibition

Featuring Three Educational Tracks:

-Electronic Health Records

-Health Information Exchange

-Clinical Platforms & Applications

September 9 -10, 2010

Green Valley Ranch Resort, Spa & Casino
Las Vegas, Nevada

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KEYNOTE SPEAKERS & CHAIRPERSONS

Steve Adams, Executive Vice President, Collaborative Care, Alere & President, Clinical Groupware Collaborative

Mark R. Anderson, FHIMSS, CPHIMS, CEO & Healthcare IT Futurist, AC Group, Inc.

Proteus Duxbury, Managing Consultant, PA Consulting Group

Andrew Ganti, MSIE, Principal, Workflow IT Solutions

Arthur Gasch, Founder, Medical Strategic Planning, Inc. & Author of *Successfully Choosing Your EMR: 15 Crucial Decisions* (Wiley Press)

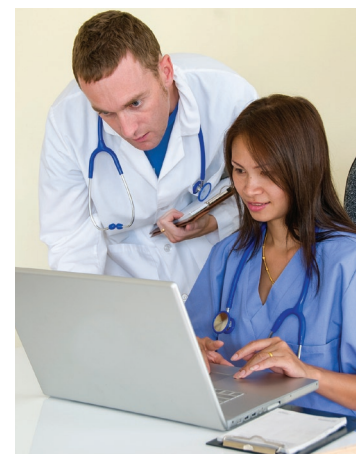**Arien Malec,** Coordinator, NHIN Direct, Office of the National Coordinator for Health Information Technology

WHO SHOULD ATTEND

✦ *Executives, physicians and IT staff from medical practices, physician organizations (PHOs, IPAs, etc), health information exchanges, hospitals and integrated delivery networks; also other healthcare providers and disease/health management companies*

✦ *IT vendors, consultants, financiers, payers, medical societies, trade associations, pharmaceutical companies, medical device companies, regional extension centers and government agencies*

Please note that we are not offering Continuing Medical Education credits for this program.

ABOUT THE CONFERENCE ORGANIZER

The Center for Business Innovation (TCBI) organizes conferences and exhibitions for the U.S. and international markets. TCBI is an independent company that is well-positioned to provide objective, balanced information and analysis on a wide range of topics. TCBI currently focuses on organizing programs that offer detailed and practical instruction on clinical, technological, financial, strategic and regulatory aspects of healthcare. These programs are carefully designed to meet the information needs of executives, clinicians and IT staff from hospitals, managed care organizations, physician groups, long-term care facilities, postacute care providers, pharmaceutical/biotechnology companies, medical device companies, information technology vendors and other players in the rapidly evolving healthcare industry. For additional information, please visit **www.tcbi.org**.

ABOUT THE CONFERENCE

Healthcare providers face critical choices in selecting and implementing Electronic Health Records (EHRs). In addition, hospitals and physicians will need to develop the capacity to exchange clinical information in order to meet Meaningful Use requirements. This program offers detailed and practical information on EHR selection and implementation, as well as strategies for creating a sustainable health information exchange (HIE). The program also features an intensive optional workshop on optimizing workflow to accelerate clinical transformation. Our faculty includes nationally recognized healthcare IT experts and practitioners. Key topics to be covered include:

- Final Meaningful Use definitions and standards and the implications for healthcare providers and for technology companies

- National trends and case studies highlighting the creation of sustainable value propositions for community-based EHRs and HIEs

- How the NHIN Direct project impacts the digital medical office

- Timely information on certification options and requirements for EHRs

- A survey of the currently available EHR options and information resources that inform EHR selection

- Available tools for integrating quality measures into EHRs

- How to minimize risk and liability in EHR projects

- Security and privacy considerations related to the use of EHRs

- In the wake of Meaningful Use, how will Internet-based EHR technologies change the way patients and clinicians connect with each other?

- How to reduce the high failure rate of deployed EHRs

- How to successfully implement EHRs and HIEs

- How hospitals can assist physicians with the purchase and implementation of EHRs

- Using EHRs and practice management systems to facilitate the implementation of patient centered medical homes

- Innovative applications of EHRs

- The evolving role of HIEs and a look at different models from across the US

- Lessons learned from HIE in other countries

- Best practices for using HIEs to deliver the interoperability and workflow improvements that serve as the framework for clinical integration, which is necessary for providers to evolve toward Accountable Care Organizations

- Key considerations in creating a sustainable HIE, including functional requirements, technical capabilities, financing options and legal considerations

- How HIEs can obtain funding from pharmaceutical companies and collaborate with them on clinical trials through the secondary use of patient and clinical data.

- How to develop clinical analytics capabilities to improve outcomes and reach population-based performance goals

- Strategies for clinical and operational transformation

- How to optimize workflow to accelerate clinical transformation

- Clinical groupware defined; why it matters for patient care

- Opportunities for collaborations between physicians and health/disease management companies

- Calculating the ROI of technology purchases

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Sponsorship and exhibition are effective ways to promote your products and services to key decision makers at healthcare provider organizations as well as technology vendors. Benefits include space to exhibit at the Conference, passes for staff and clients / potential clients, an advance listing of attendees and exposure on the Conference website. For additional information, please contact TCBI: Tel: (310) 265-2570   Email: info@tcbi.org

Tcbi

INAUGURAL DIGITAL MEDICAL OFFICE
OF THE FUTURE CONFERENCE & EXHIBITION AGENDA

DAY ONE: THURSDAY
SEPTEMBER 9, 2010

Please visit www.tcbi.org for agenda updates

7:00 *REGISTRATION / SPONSOR / EXHIBITOR SHOWCASE & CONTINENTAL BREAKFAST SPONSORED BY:*
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8:00 **CONFERENCE CHAIRPERSON'S INTRODUCTION & OPENING REMARKS**
Mark R. Anderson, FHIMSS, CPHIMS, CEO & Healthcare IT Futurist, AC Group, Inc.

8:15 **KEYNOTE ADDRESS: NATIONAL SPECIFICATIONS FOR DIRECTED INFORMATION EXCHANGE: A REPORT FROM THE NHIN DIRECT PROJECT**
To fulfill the requirements to establish meaningful use of certified EHR technology, providers and hospitals need the technology means to securely transport health information. The Office of the National Coordinator for Health Information Technology (ONC) within the U.S. Department of Health and Human Services (HHS), with the guidance of a Federal Advisory Committee (the HIT Policy Committee) established to advise HHS, formed the Direct project. This project is an open government initiative to facilitate public/private collaboration toward the development of transport standards allowing for health information to be pushed and routed to addressed endpoints.

This presentation will describe the collaboration framework established for the Direct project, including the participation architecture that provides for both an open community and a group of motivated stakeholders who have committed to deploy the resulting specifications in real-world implementations. The session will describe both the successes and challenges in creating this sort of facilitated collaboration framework as a model. The presentation will also describe the specifications being developed and the open source community implementing the specifications. Mr. Malec will describe the implications of the specifications for the digital office of the future, both directly related to the specifications, and related to an ecosystem of projects and products that can exploit the specifications.
Mr. Malec has a long and varied career applying technology and informatics to solve problems in healthcare and life sciences. He currently coordinates the activities of a multi-stakeholder public-private group to develop specifications and service descriptions to enable secure, scalable transport between known participates in support of meaningful use. Prior to that role he was VP, Product Management & Strategy, Relay Health (a division of McKesson), leading a team to develop strategy and requirements for a software as a service health information exchange, electronic health record, and patient connectivity platform. Earlier, he worked at Fast Track Corporation, applying clinical informatics and analytics to clinical trials processes for clinical practices and pharmaceutical companies. Before that, he had leadership positions in product management and business development in software and services companies focusing on pharmaceutical drug development. He is a graduate of The American University, where he studied international relations.
Arien Malec, Coordinator, NHIN Direct, Office of the National Coordinator for Health Information Technology

9:00 **KEYNOTE ADDRESS: NATIONAL UPDATE ON THE EHR & HIE MARKETPLACE: HITECH, MEANINGFUL USE & COLLABORATIVE CARE**
Mr. Anderson will cover national trends and case studies regarding the creation of community-based EHR and HIE solutions designed to create sustainability by providing real value to both provider and patients. The presentation will highlight advancements in community-based healthcare technology designed to improve quality of care while reducing costs. The advancements will concentrate on the national approach of creating one clinical record for each patient no matter where the patient is treated and no matter what technology is used.

Mr. Anderson will also discuss the three main components of a community based EHR and Health Information Exchange (HIE). First, a community hub where data is exchanged via a national (HIE) protocol; second, products for capture of patient specific clinical data including EHRs, eRx, lab reporting, imaging centers and hospital systems; and third, a Patient Health Record (PHR) application which consolidates patient specific demographics and clinical information into a common patient portal for viewing and updating.

Mark. Anderson is one of the nation's premier healthcare IT research futurists. He is one of the leading national speakers on healthcare and has spoken at > 700 conferences and meetings since 2000. He has spent the last 38+ years focusing on healthcare – not just technology questions, but also strategic, policy, and organizational considerations. Mr. Anderson specializes in the evaluation, selection, and ranking of vendors in the PMS/EMR/EHR healthcare marketplace. Twice per year, he publishes a detailed report on vendor PMS/EHR functional, usability, and company viability. This evaluation decision tool has been used by more than 50,000 physicians since 2002. Additionally, Mr. Anderson has conducted more than 300 PMS/EHR searches, selections, and contract negotiations for small physician offices to large IPA since 2003. Prior to joining AC Group, Inc., Mr. Anderson was the head of healthcare research for META Group and the CIO for five different healthcare systems along with a 2,300 provider IPA. Mr. Anderson received his BS in Business and is a Fellow with HIMSS.

Mark R. Anderson, FHIMSS, CPHIMS, CEO & Healthcare IT Futurist, AC Group, Inc.

9:45   KEYNOTE ADDRESS: WHAT IS CLINICAL GROUPWARE? WHY DOES IT MATTER IN PATIENT CARE?
- Clinical Groupware is a new and evolving model for the development and deployment of health information and health information technology platforms. What is it and how is it changing the HIT marketplace?
- In the wake of the Meaningful Use final rule, how will Internet-based EHR technologies change the way patients and clinicians connect with each other?
- How will modular architectures enhance patient engagement and care coordination?
- What is the Clinical Groupware Collaborative?

Steve Adams is a leader in the development and management of products and information systems in the converging Internet and healthcare industries. Steve has been founder and Chief Executive of four companies. He founded Webb Interactive Services and served as CEO and Chairman from 1993 until 2000 and took the company public with a successful IPO in 1996. Steve founded ReachMyDoctor and RMD Networks in the fall of 2000. RMD provides Collaborative Care Solutions™ that enhance healthcare communications and coordination of care among multiple providers and patients with complex health issues. Steve has been instrumental in the development of the Clinical Groupware Collaborative, a non-profit trade organization for Clinical Groupware Companies where Steve serves as Chairman and President. RMD Networks was acquired by Alere in early 2010, where Steve currently services as EVP of Collaborative Care.

Steve Adams, Executive Vice President, Collaborative Care, Alere & President, Clinical Groupware Collaborative

10:20   *SPONSOR / EXHIBITOR SHOWCASE & REFRESHMENTS SPONSORED BY:*
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Choose From Track A, B or C

TRACK A – ELECTRONIC HEALTH RECORDS

Track Chairperson:
Mark R. Anderson, FHIMSS, CPHIMS, CEO & Healthcare IT Futurist, AC Group, Inc.

10:50A   EHR FUNCTIONAL REQUIREMENTS DESIGNED TO IMPROVE WORKFLOW
This presentation begins with discussion of the need for urgent implementation of EHR, key stakeholders, different settings, and benefits. It elaborates on EHR requirements, critical success factors, current state assessment relative to the 8 stage EMR Adoption Model, selection criteria, and implementation steps with due consideration to workflows, change management, and tools. Metrics to enhance a high rate of adoption by various end users and realization of ROI to ensure long term sustainability are also covered. The presentation will also cover the scalability and applicability of the requirements development process to various sizes of user organizations along with best practices to consider and pitfalls to avoid.
Susan Acevedo, MD, MBA, Consultant
Andrew Ganti, MSIE, Principal, Workflow IT Solutions

11:25A   INFORMATION RESOURCES THAT INFORM EHR SELECTION
With 600 EHR resources to consider, where's a physician, EHR consultant or Regional Extension Center (REC) to look for the right EHR? What information resources are both complete and reliable, and timely? Are physician interests best served by offering only 5-7 products to choose from? If so, who determines the products and on what basis? This session explores information sources that may be of assistance to practitioners and their advisors.
Arthur Gasch, Founder, Medical Strategic Planning, Inc. & Author of *Successfully Choosing Your EMR: 15 Crucial Decisions* (Wiley Press)

12:10   *SPONSOR / EXHIBITOR SHOWCASE & LUNCHEON*

1:30A   WHERE ARE THE REAL BENEFITS AND IS THERE A TRUE ROI ?
Key topics to be covered include:
- Understanding the tangible and intangible components of ROI
- Developing the metrics for ROI based on the vendor defined benefits
- Designing a dashboard to measure and monitor the anticipated benefits
- Corrective and preventive actions to stay on course to implement and realize ROI

• Dos and Don'ts of ROI metrics, measurements and communications
Soma Bulusu, MS, CIO, Marin General Hospital
David Cox, Chief Financial Officer, Marin General Hospital
Andrew Ganti, MSIE, Principal, Workflow IT Solutions

2:00A **INTEGRATING QUALITY MEASURES INTO EHRS: AVAILABLE TOOLS AND LESSONS LEARNED**

Learn the key questions your organization needs to answer to become a quality reporting driven organization. Understand what data stewardship is and how it lays the foundation for quality reporting. Know how you can organize yourselves for leveraging data collection that can be used in quality reporting. Get familiar with how you can get started and how you know you are capturing what it is needed for stage 1.

Case study: Hear how Licking Memorial Health Professionals physician office network leveraged a single EHR database to implement a quality measurement program. Providers learned how to use a portal to mine data to facilitate care delivery improvements. Understand how the implementation of infrastructure was utilized to analyze quality measures and continual maintenance and improvement of the program.
Beverly Bell, RN, MHA, CPHIMS, FHIMSS, Partner, Clinical Implementation Practice Director, CSC Healthcare Group
Debbie Newman, MBA, CPHIMS, Director of Process Improvement, Licking Memorial Health Systems

3:00 *SPONSOR / EXHIBITOR SHOWCASE & REFRESHMENTS SPONSORED BY:*
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3:30A **CASE STUDY: CERNER AMBULATORY: THE PHYSICIAN'S PERSPECTIVE**

Assess, document, prescribe and monitor-all are important steps in a provider's workflow. The question that information technology has yet to be answered is, ―What is the ideal workflow? The answer, it seems, may be that there isn't one.

Carlos Vigil, DO, internal medicine physician and CEO of United Hospitalist Group, implemented Cerner Ambulatory in the fall 2008. He will discuss with the audience the process he and his practice went through, any lessons learned as well as the benefits he has seen. He'll discuss the EMR workflow that works best for him and his patients.

The presentation will open with a brief introduction on the current and future state of Cerner Ambulatory, followed by Dr. Vigil's experience. Participants will learn the steps his practice has taken to meet their needs and provide improved patient care.

Carlos Vigil, DO, Internal Medicine Physician & CEO, United Hospitalist Group

4:00A **CASE STUDY: CLINICAL AND OPERATIONAL TRANSFORMATION**

Key topics to be covered include:
• Developing the metrics for the transformation based on strategic initiatives
• Designing a dashboard to measure and monitor progress
• Corrective and preventive actions to stay on course to reach the goals and objectives
• Dos and Don'ts of developing the metrics, measurements and communications
Deborah Smith, PhD, Chief Strategic Planning and Quality Officer, Alaska Native Tribal Health Consortium
Andrew Ganti, MSIE, Principal, Workflow IT Solutions

4:30A **AVOIDING RISK AND MALPRACTICE IN EHR PROJECTS.**

Health care providers have opportunities to make dramatic improvements in the quality of care and also the economics of practice in relation to effective EHR implementations. There are, however, also several opportunities for missteps that can result in liability along the way. This session will include a discussion of risk avoidance suggestions in the following contexts:
• Planning
• Contracting
• Securing data
• Using the technology
• Understanding technology's limitations
Larry Vernaglia, Partner and Chair, Health Care Industry Team, Foley & Lardner LLP
Arthur Gasch, Founder, Medical Strategic Planning, Inc.

5:00 *SPONSOR/EXHIBITOR SHOWCASE & NETWORKING RECEPTION*

7:00 **DAY ONE CONCLUDES**

TRACK B – HEALTH INFORMATION EXCHANGE

Track Chairperson:
Proteus Duxbury, Managing Consultant, PA Consulting Group

10:50B **BUILDING A BLUEPRINT FOR HEALTH INFORMATION EXCHANGES FROM THE GROUND UP: ONE STATE'S EXPERIENCE IN FUNCTIONAL REQUIREMENTS AND MODELS IN THE HITECH ERA**

Health information exchanges (HIEs) have become one of the most important building blocks of connected, interoperable health information technology systems. HIEs facilitate connectivity of multiple electronic health records systems in both inpatient and ambulatory healthcare delivery environments. Building an HIE

from the ground up is a daunting task. Key issues in building the technical specifications for an HIE are defining functional requirements, the network topology, governance and financial sustainability. As part of a multi-pillared approach, the Office of the National Coordinator has very specifically outlined not only the need and use of electronic health records (through the Meaningful Use criteria for reimbursement through CMS) but also how data is to be exchanged. This presentation is a close look at one state's journey through defining HIEs in terms of functional requirements, model building, governance building and evolving plan for financial sustainability. The focus will be on historical analysis leading to lessons so far learned.
Kennedy Ganti, MD, Virtua Lumberton Family Physicians & Chair, New Jersey Health Information Technology Commission

11:25B   CREATING FINANCIAL VIABILITY
The HITECH provision of the American Recovery and Reinvestment Act of 2009, has resulted in an unprecedented influx of Federal money to the states for implementation of health information exchanges. In addition to creating a business model and a governance model for the health information exchange, building a business plan that would result in financial self-sustainability of the HIE, is a daunting task. This presentation will look at factors that affect financial viability and self-sustainability of an HIE, approaches for identifying and realizing sources of income, and possible effects of future developments on the financial viability of an HIE
Kennedy Ganti, MD, Virtua Lumberton Family Physicians & Chair, New Jersey, Health Information Technology Commission

12:10   SPONSOR / EXHIBITOR SHOWCASE & LUNCHEON

1:30B   ASSESSING THE TECHNICAL CAPABILITY OF AN HIE ORGANIZATION
The success of HIE depends on how effectively an HIE can move clinical information among disparate health care information systems while retaining the integrity of the information exchanged. The goal is to facilitate access to and retrieval of clinical data to provide safer, timely, efficient, effective, equitable, patient centered care. Assessment of the technical capabilities of an HIE organization starts with identifying the key stakeholders, readiness of their organization expressed as commitment, determining the technical, and financial needs to effectively meet the Meaningful Use requirements, assessing the gap between current and future states, a plan to bridge the gap, and ends with transition to the future state. The implied challenge is to be able to accomplish all of this in time to leverage the financial incentives of the ARRA.
Kennedy Ganti, MD, Virtua Lumberton Family Physicians & Chair, New Jersey Health Information Technology Commission

2:00B   BENEFITS OF COMMUNITY HEALTH INFORMATION EXCHANGE (HIE): HOSPITALS, PHYSICIANS, PAYERS, EMPLOYERS AND PATIENTS
Small to medium sized outpatient practices provide healthcare to a large percentage of our country's population. Current legislation (the ARRA/HITECH Act) actively promotes the adoption and use of Health Information Technology (HIT), with the assistance of the newly formed not-for-profit Regional Extension Centers (RECs). HIT is comprised of Electronic Health Record systems (EHRs), which will increasingly extend to internet-based Patient Portals and Personal Health Records) and Health Information Exchanges (HIE). RECs are supporting outpatient practices in achieving Meaningful Use of HIT. Central to achieving Meaningful Use (i.e., recording, using, and transmitting queryable structured alphanumeric clinical data) is developing a deep understanding of HIT as a critical tool supporting ongoing physician/patient interaction resulting in continually improved quality outcomes. Significant benefits include a larger HIT systems approach that encompasses multi-directional HIT connectivity between key stakeholders, such as inpatient and outpatient settings, payers, employers, public health agencies, and patients.
Keith Parker, Regional Extension Center, Nevada

2:30B   CREATING COLLABORATIVE CARE
Healthcare delivery is undergoing a fundamental transformation, with Accountable Care Organizations emerging as an alternative to the current fee-for-service delivery model and driving providers to collaborate and coordinate their care around single patients more effectively while managing the health status of the populations they serve. Learn best practices for using a health information exchange to deliver the interoperability and workflow improvements that go beyond Meaningful Use of an EHR and serve as the framework for the clinical integration necessary to assist a provider community in evolving toward an Accountable Care Organization.
Jim Rossiter, Vice President, Health Information Exchange, NextGen Healthcare

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3:30B   PANEL DISCUSSION: CREATING A SUSTAINABLE HIE
Addressing the issue of sustainability is critical in planning the way ahead and is often cited as a major challenge for Health Information Exchange. Stimulus funding is one-time only and is unlikely to be sufficient to develop a sustainable system over the long-term. Financial models need to be built that include who will fund HIE, what their individual incentives are for doing so, and what is the mechanism for apportioning the cost between them. There are a number of potential funding mechanisms that have been investigated for HIE. This

discussion will focus on:
- Who are the players that have most to gain from HIE?
- What are the potential funding models?
- What models have successfully been implemented in the US and elsewhere?
- What further discussion is needed?
- What are some approaches to overcoming challenges related to Governance, Technical Infrastructure, Business & Technical Operations, and Legal/Policy?

Moderator:
Proteus Duxbury, Managing Consultant, PA Consulting Group

Panelists:
David W. Sayen, Regional Administrator, Centers for Medicare and Medicaid Services, San Francisco Regional Office
Jim Rossiter, Vice President, Health Information Exchange, NextGen Healthcare
Keith Parker, Regional Extension Center, Nevada
Kennedy Ganti, MD, Virtua Lumberton Family Physicians & Chair, New Jersey Health Information Technology Commission

5:00 *SPONSOR/EXHIBITOR SHOWCASE & NETWORKING RECEPTION*

7:00 **DAY ONE CONCLUDES**

TRACK C – CLINICAL PLATFORMS & APPLICATIONS

Track Chairperson:
Steve Adams, Executive Vice President, Collaborative Care, Alere & President, Clinical Groupware Collaborative

10:50C **NAVIGATING THE LEGAL AND REGULATORY TERRAIN ASSOCIATED WITH MEANINGFUL USE**

DISSECTING MEANINGFUL USE: A DEEP DIVE INTO OBJECTIVES AND TIMING
- What does it mean to health systems and health care practitioners?
- What is required to comply with the Core Set and Menu set of Meaningful Use objectives in Stages One and Two?
- Can all EHRs handle this burden?
- How can health care practitioners use EHRs and modular EHR technology in tandem to address the demand of Meaningful Use?
- What do we know today about the MU certification process?

David C. Kibbe, MD MBA, Senior Advisor, American Academy of Family Physicians & Chair, ASTM International E31Technical Committee on Healthcare Informatics & Principal, The Kibbe Group LLC

PLAYING IT SAFE WITH PHYSICIAN/HOSPITAL EMR IMPLEMENTATION PROGRAMS: COMPLIANCE WITH THE STARK LAW AND ANTI-KICKBACK STATUTE
- Understanding the Stark Law and Anti-kickback Statute
- How does Stark apply to donation/subsidy programs for EHR systems?
- How can a health system and its physician organization implement such programs successfully?
- What kind of business planning is relevant for potential reimbursements under Meaningful Use?

Larry Vernaglia, Partner and Chair, Health Care Industry Team, Foley & Lardner LLP

12:10 *SPONSOR / EXHIBITOR SHOWCASE & LUNCHEON*

1:30C **LEVERAGING WEB-BASED MODULAR TECHNOLOGIES TO ENHANCE MEANINGFUL USE OF EHRs**
- Applying new modular health information technology to current workflows to measure outcomes in cancer patients in an academic medical center
- The implications for the use of modular technologies in other Meaningful Use data sets
- What are the perceived benefits and physician adoption rates associated with patient-centered data collection and communication?
- Coordinating care team responses with meaningful analysis of outcomes data

Jatinder R. Palta, PhD, Professor and Chief of Physics, Department of Radiation Oncology University of Florida Shands Cancer Center, Gainesville, FL., IHE-RO Task Force Co-Chair
Martin Pellinat, CEO, VisionTree Software

2:30C **MEET AND GREET WITH THE BOARD OF THE CLINICAL GROUPWARE COLLABORATIVE**

3:00 *SPONSOR / EXHIBITOR SHOWCASE & REFRESHMENTS SPONSORED BY:*
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3:30C **PANEL DISCUSSION: IS HITECH WORKING— SEVEN OBSERVATIONS THAT MOM COULD UNDERSTAND (SORRY, MOM)**
Most people understand the importance of the ARRA HITECH stimulus legislation, yet are confused by the complexity and volume of the details. This panel session will summarize and discuss seven straightforward observations about HITECH progress:
- Hospitals are grumbling but are playing in the game; success is not guaranteed
- Key physicians will sit on the sidelines (at least for now)
- ONC got it right on the 3 major policy issues: Meaningful Use, Certification and Standards
- The supply (vendor) side of HIT is already transforming
- "Gimme my damn data!" The stage is being set to enable patient-driven disruptive innovation
- HITECH and health care reform are mutually reinforcing
- Where's Plan B? Congress and ONC need to address major flaws in HITECH

Moderator:
Vince Kuraitis, JD, MBA, Principal, Better Health Technologies, LLC
Panelists:
David C. Kibbe, MD MBA, Senior Advisor, American Academy of Family Physicians & Chair, ASTM International E31Technical Committee on Healthcare Informatics & Principal, The Kibbe Group LLC
Keith Toussaint, Industry Technology Strategist, Microsoft Health and Life Sciences
Thomas G. Morrison, Co-Founder & Chief Strategy Officer, Navinet, Inc.

5:00   *SPONSOR/EXHIBITOR SHOWCASE & NETWORKING RECEPTION*

7:00   **DAY ONE CONCLUDES**
DAY TWO AGENDA BEGINS ON THE NEXT PAGE

INAUGURAL DIGITAL MEDICAL OFFICE
OF THE FUTURE CONFERENCE & EXHIBITION AGENDA

DAY TWO: FRIDAY
SEPTEMBER 10, 2010

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7:30 *SPONSOR / EXHIBITOR SHOWCASE & CONTINENTAL BREAKFAST*

Choose from Track A, B or C

TRACK A – ELECTRONIC HEALTH RECORDS

8:40A TRACK CHAIRPERSON INTRODUCTION
Arthur Gasch, Founder, Medical Strategic Planning, Inc. & Author of *Successfully Choosing Your EMR: 15 Crucial Decisions* (Wiley Press)

9:00A THE IMPACT ON PROVIDERS AND ENHANCEMENT OF PATIENT CARE THROUGH EMR TECHNOLOGY ADOPTION: THE PHYSICIAN'S PERSPECTIVE
Physicians have three fundamental goals in their professional endeavors: to provide excellent and constantly improving patient care, to generate revenue to support their practice and livelihood, and to effectively drive the governance of healthcare delivery transformation in our country. The critical common element in these goals is accurate and efficient measurement of the quality of patient care. The various technologies that are available through EMR's all have the capacity to both positively and negatively impact the physician's ability to measure and report on quality. To promote EMR adoption the federal government has made significant stimulus dollars available to physicians contingent on their ability to prove they have achieved Meaningful Use. The purpose of this session will be to discuss how the July 2010 Meaningful Use Criteria are rooted in valid and reliable quality of patient care indicators and how EMRs can seamlessly provide physicians with the information they need to drive healthcare transformation.
Tom Darr, MD, CMO, Physician Solutions, Ingenix

9:30A REDUCING THE HIGH FAILURE RATE OF DEPLOYED EHRS
Less than a year ago, AMA News cited EHR failure (or abandonment) rates at 30% less than 2 years from deployment. If this holds true, as much as $8 billion dollars of ARRA money could be wasted and up to 30,000 physicians who set out to achieve MU may fail. The sessions explore ease-of-use and workflow customization capabilities that can reduce the post-deployment failure rate, and how they vary by EHR deployment approach and product design.
Arthur Gasch, Founder, Medical Strategic Planning, Inc.

10:00A EVALUATING IN-OFFICE VS. WEB BASED SaaS EHR APPROACHES - PROS AND CONS
Of the three approaches to deploying EHR solutions, the web-based, software-as-a-service (SaaS) approach is being emphasized by Regional Extension Centers for primary care practices of up to 10 providers. However, no one deployment approach is right for all practices. This session explores the downsides of the web-based SaaS approach, planning for it limitations and the benefits of the office-deployed EHR application and blended office-deployed/web-server SaaS approaches.
Arthur Gasch, Founder, Medical Strategic Planning, Inc.

10:45 *SPONSOR / EXHIBITOR SHOWCASE & REFRESHMENTS*

11:15A SECURITY & PRIVACY ISSUES
Public confidence in the Electronic Healthcare Systems being created is essential to their long-term adoption. The continuing series of breaches of medical and personal data threaten to undermine that confidence. This presentation provides an overview of the issue and what you can do to secure your 'link' in the medical information security chain of trust.
R. Michael Scarano, Jr., Partner, Foley & Lardner LLP
Arthur Gasch, Founder, Medical Strategic Planning, Inc.

12:00 *CONFERENCE CONCLUDES*

8:40B **TRACK CHAIRPERSON INTRODUCTION**
Proteus Duxbury, Managing Consultant, PA
Consulting Group

9:00B **STATE COOPERATIVE HIE SUMMARY**
The HITECH Act authorized the establishment of
the State Health Information Exchange Cooperative
Agreement Program to advance appropriate and secure
Health Information Exchanges (HIE) across the health
care system. 40 states have now received funding for
the program to the tune of $564 million. In order to
gauge the level of readiness of program participants,
we met with lead representatives for the program from
12 states. Recognizing that states started from different
points in terms of the infrastructure already in place,
the states we spoke with are making good progress as
evidenced by the status of their planning and the early
engagement of important stakeholders. However, most
states cited similar challenges. In this talk we describe
those challenges across the five domains defined by
ONC – Governance, Finance, Technical Infrastructure,
Business &Technical Operations, and Legal/Policy. We
also discuss approaches being taken to address those
challenges and include recommendations from our
experience elsewhere.
Proteus Duxbury, Managing Consultant, PA
Consulting Group

9:30B **PARTNERSHIP TO ACCELERATE CLINICAL
ELECTRONIC RESEARCH (PACeR) PROJECT**
A new clinical information technology initiative has
been launched in New York state that will transform
clinical evidence-based research within three to five
years. It is named: the Partnership to Accelerate Clinical
Electronic Research (PACeR). This landmark project -
which is a collaboration between leading pharmaceutical
companies, hospitals, physicians and patients across
NY State will connect hospitals, physicians, patients'
homes and pharmaceutical scientists. Building upon
the implementation of the EHRs and Meaningful Use
requirements, PACeR will work with HIT vendors,
hospitals, and physicians to build an electronic platform
to capture basic data elements required to determine
the eligibility of patient populations for clinical trials
within organizations and across all health care settings.
The window-of-opportunity presented through ARRA
and EMR implementation has provided health care
organizations the incentive to invest in both clinical and
research data platforms. Sponsored by the Healthcare
Association of New York State (HANYS), PACeR will
dramatically increase the speed, quality and efficacy of
clinical studies, providing patients with quicker access to
new, life-saving medicines. The research network that
is being created will provide physicians and research
scientists across the state with new tools to research drug
development and evidence-based medicine.

John Murphy, DrPH, Vice President & Head, Clinical
Analytics, Quintiles & Co-Director, PACeR

10:00B **EXPLOITING SECONDARY USE OF HIE DATA**
Proving the long term financial sustainability of Health
Information Exchange is challenging. One potential
source of funding could come from the pharma
community, an important but often overlooked system
participant. Pharma companies are actively looking at
ways to leverage the exchange of health information
through the secondary use of patient and clinical data.
Secondary data can be used within the clinical trial
process for a variety if purposes including 1) trial
modeling 2) recruitment of principal investigators
and patients 3) post-market safety surveillance
(pharmacovigilance and pharmacosurveillance).
Mark Dente, MD, Chief Medical Informatics Officer,
GE Healthcare IT

10:45 *SPONSOR / EXHIBITOR SHOWCASE &
REFRESHMENTS*

Track B concludes at 10:45 am.
Attendees have the option of attending one of the other
two educational tracks for the session from 11:15 am to
12:00 noon.

12:00 *CONFERENCE CONCLUDES*

TRACK C – CLINICAL PLATFORMS & APPLICATIONS

8:40C **TRACK CHAIRPERSON INTRODUCTION**
Steve Adams, Executive Vice President, Collaborative
Care, Alere & President, Clinical Groupware
Collaborative

9:00C **NEW MODELS OF HEALTH SYSTEM CARE
COORDINATION: IS THE MEDICAL HOME
MODEL HERE TO STAY?**

**A SURVEY OF PATIENT CENTERED MEDICAL
HOME INITIATIVES**
• The landscape of PCMH initiatives completed and
  underway across the country
• What were the successes and challenges encountered by
  patients, physicians, and other care providers?
• What were the clinical and financial outcomes observed?
• What can we learn from these initiatives and what are
  the implications for a wider application of the medical
  home model?
Darren Schulte, MD, MPP, EVP, Collaborative Care,
Alere

THE TECHNOLOGY FRAMEWORK FOR THE MEDICAL HOME

The Medical Home concept aims to achieve better health outcomes through patient-centered care that involves a team of physicians and staff who communicate effectively among themselves, and with their patients. Because the chronically ill population often sees multiple providers, it can be challenging to coordinate the many aspects of care that accompany this complexity.

- In a medical home environment, there must be the ability to obtain and manage large amounts of disparate data, including personal health information, population performance metrics, and communication between various individuals. Technology can be important by offering tools to better manage these priorities.
- What are the primary functions required in the PCMH Model?
- What technology can support those requirements?
- In this session, these requirements and the functional workflows will be discussed along with technology that is available to satisfy PCMH requirements.

Steve Adams, Executive Vice President, Collaborative Care, Alere & President, Clinical Groupware Collaborative

10:00C DISEASE MANAGEMENT COMPANIES AND PHYSICIANS: NEW ALLIES AND ALLIANCES

- Health reform brings soaring expectations of physicians, new delivery models, and novel payment schemes to dramatically improve health care value through enhanced clinical outcomes and greater efficiency
- Meanwhile, primary care shortages are growing and many of those who will form the foundation of reformed health care are feeling beleaguered and ill-equipped to succeed in this new environment
- The health/disease management industry shares the goals of health reform and has spent 20 years refining successful approaches and capabilities for improving health care outcomes and cost at the population level, which can complement the clinician's role in achieving these goals
- With suitably aligned goals and incentives, physicians and their expanded team-based care models can collaborate with experienced health/disease management entities to achieve more "health reform" than either can hope to accomplish working independently

Gordon Norman, MD, MBA, EVP & Chief Innovation Officer, Alere

10:45 *SPONSOR / EXHIBITOR SHOWCASE & REFRESHMENTS*

11:15C CLOUD COMPUTING IN HEALTH

The potential benefits of emerging cloud computing services to address the challenges in health care information and communications technology (Health Care ICT) are great. However, there exist major challenges to 'crossing the chasm' from those innovators and early adopters who have already embraced cloud computing

to the majority who have not yet been persuaded. This presentation will discuss the benefits of cloud computing broadly as well as provide examples of how cloud computing is being applied today to meet the challenges in health care.

- What is the Cloud: Definition of cloud computing, segmentation of the major types of cloud services and discussion of its broad benefits
- Applying the Cloud to Health: Examples of how existing health care applications may be deployed into the cloud
- Cloud Services Overview: Overview of available cloud products and services
- Case Studies: Three case studies that demonstrate the value of our cloud offerings as they directly apply to health care

Keith Toussaint, Industry Technology Strategist, Microsoft Health and Life Sciences

12:00   *CONFERENCE CONCLUDES*

UPCOMING TCBI EVENT

Second Annual Medical Device

Connectivity Conference & Exhibition

September 28-29, 2010, San Diego, CA

This event focuses on connecting medical devices to people, workflow and information systems. The target audience includes IT, biomedical engineering, clinical engineering and administrative staff at hospitals and other provider organizations as well as medical connectivity / IT companies and consultants. This year's conference will offer a unique opportunity to get immersed into every aspect of connectivity, workflow automation and enabling technologies. The program offers an outstanding agenda featuring early adopters and innovators in medical device connectivity. For additional information, please visit www.tcbi.org or contact TCBI:
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Medical Strategic Planning (MSP) is a NJ-based medical business intelligence firm, founded in 1992 that focused on helping physicians, Regional Extension Centers, consultants, hospital CIOs and other stakeholders to learn about and find the right EHR product to move from paper-based to electronic health record (EHR)-based, decision-support empowered medical practices across 46 practice specialties and care settings. MSP conducts an annual MSP/Andrew EHR Benchmark, now in its 13th edition, and hosts the MSP EHR Selector, a tool used by ACC, AGA, HIMSS and other stakeholders, as well as individual physicians. MSP tracks medical device (monitoring, wireless, defibrillator, ventilator, etc.) and information system markets in the U.S. and Canada, and publishes the Industry Alert newsletter, now in its 12th year of circulation. Watch for articles also published in Health Management Technology magazine. Mr. Gasch is author of: Successfully Choosing Your EMR: 15 Crucial Decisions, Wiley Press, Released 4/2010.

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SUPPORTING ORGANIZATIONS

www.aahcp.org
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www.clinicalgroupwarecollaborative.org
The Clinical Groupware Collaborative (CGC) is a diverse industry organization whose mission is to promote the development, acquisition and use of affordable, easy-to-use and interoperable EHR technology by health systems, physician organizations, managed care plans, regional HIE's and other strategic consumers of technology to support the Meaningful Use of health care data.

Clinical Groupware can be added to existing EHR and "Cloud" computing platforms to reinforce their capabilities, used as individual modules or combined with other modules into solution suites to address specific health information technology (HIT) and health information exchange (HIE) problems. These innovative solutions share the following characteristics:
• Use of the Internet and the Web for EHR technology.
• Explicit design for information sharing and online communication among providers and patients/consumers.
• A modular or component architecture upon which applications can be aggregated to meet specific clinical and workflow tasks.

- Patient/consumer engagement tools that facilitate ongoing health management and care coordination.
- Interface and data exchange standards for information sharing that emerge in a market-driven manner.
- An orientation to solving the practical challenges associated with the exchange, aggregation and analysis of data in connection with Meaningful Use objectives.

CGC's members offer applications that include registry, portal, data security, content management, virtual health record and data analysis solutions, among others. Advocates of the clinical groupware approach are not limited to software developers and HIT innovators, but also include practicing physicians, and leaders in health care services, managed care and disease management, telehealth, and other e-health and m-health organizations. Website: www.clinicalgroupwarecollaborative.org

www.dmaa.org
DMAA: The Care Continuum Alliance convenes all stakeholders providing services along the continuum of care for population health improvement, including health and wellness promotion, disease management and care coordination. Through advocacy, research and promotion of best practices, DMAA advances population-based strategies to improve care quality and outcomes and reduce preventable costs for individuals with and at risk of chronic conditions. DMAA represents more than 200 corporate and individual stakeholders, including wellness, disease and care management organizations, pharmaceutical manufacturers and benefit managers, health information technology innovators, biotechnology innovators, employers, physicians, nurses and other health care professionals, and researchers and academicians. Learn more at www.dmaa.org.

www.ehrnevada.com
EHR NEVADA is a non-profit joint initiative of the Southern Nevada Medical Industry Coalition, Nevada HIMSS, Nevada MGMA and Clark County Medical Society to educate the healthcare community about Electronic Health Records (EHR) and other health information technologies. For more information on EHR NEVADA, visit www.ehrnevada.com and contact Russell Suzuki, co-chair of EHR NEVADA, at (702) 479-5614 x7000 or russell.suzuki@getemr.com.

Phone Registration Hours: 9 am to 4 pm Pacific Time
For information on registration fees, please see the next page (back cover of brochure)

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TCBI is offering a $100 supporting organization discount on the applicable conference registration fee for members of the American Academy of Home Care Physicians (AAHCP) and DMAA: The Care Continuum Alliance. Members of the following associations that comprise EHR Nevada are also eligible to receive the $100 supporting organization discount: Clark County Medical Society, Nevada HIMSS, Nevada MGMA and the Southern Nevada Medical Industry Coalition. In addition, both members and contacts of the Clinical Groupware Collaborative are eligible to receive the $100 supporting organization discount (discount code required to receive the discount). Please note that supporting organization discounts cannot be combined (the full discount available is $100). However, the supporting organization discount may be combined with the earlybird discount.

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