☐ *Original* ☐ *Amendment*

U.S. House of Representatives
Committee on Ethics

LEGISLATIVE RESOURCE CENTER
18 MAR 19 PM 5:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

EMPLOYEE POST-TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for travel taken in connection with official duties. This form does not eliminate the need to report privately-funded travel on the annual Financial Disclosure Statements of those employees required to file them. In accordance with House Rule 25, clause 5, **you must complete this form and file it with the Clerk of the House, 135 Cannon House Office Building, within 15 days after travel is completed**. Please **do not** file this form with the Committee on Ethics.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Name of Traveler: Nicholas Uehlecke

2. a. Name of accompanying relative: _____ *or* None ■
   b. Relationship to Traveler: ☐ Spouse ☐ Child ☐ Other (specify): _____

3. a. Dates of departure and return: Departure: 03.05.18 Return: 03.07.18
   b. Dates at personal expense (if any): _____ *or* None ■

4. Departure city: Washington DC Destination: Las Vegas Return city: Washington DC

5. Sponsor(s) (who paid for the trip): Health Information Management Systems Society (HIMSS)

6. Describe meetings and events attended: Meetings attended were all relevant to my portfolio regarding Health IT at the Committee on Ways and Means

7. Attached to this form are EACH of the following (*signify that each item is attached by checking the corresponding box*):
   a. ■ a completed Sponsor Post-Travel Disclosure Form;
   b. ■ the Primary Trip Sponsor Form completed by the trip sponsor prior to the trip, including all attachments and Grantmaking or Non-Grantmaking Sponsor Forms;
   c. ■ page 2 of the completed Traveler Form submitted by the employee; ***and***
   d. ■ the letter from the Committee on Ethics approving my participation on this trip.

8. a. I represent that I participated in each of the activities reflected in the attached sponsor's agenda. (*Signify that statement is true by checking box*): ■
   b. If not, explain: _____

I certify that the information contained on this form is true, complete, and correct to the best of my knowledge.

SIGNATURE OF TRAVELER: _____ DATE: 3/19/18

I authorized this travel in advance. I have determined that all of the expenses listed on the attached Sponsor Post-Travel Disclosure form were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that the employee is using public office for private gain.

NAME OF SUPERVISING MEMBER: Kevin Brady DATE: 3/19/18

SIGNATURE OF SUPERVISING MEMBER: _____

Version date 2/2015 by Committee on Ethics

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☐ *Original* ☐ *Amendment*

U.S. House of Representatives
Committee on Ethics

SPONSOR POST-TRAVEL DISCLOSURE FORM

This form must be completed by an officer of any organization that served as the primary trip sponsor in providing travel expenses or reimbursement for travel expenses to House Members, officers, or employees under House Rule 25, clause 5. ***A completed copy of the form must be provided to each House Member, officer, or employee who participated on the trip within 10 days of their return.*** You must answer all questions, and check all boxes, on this form for your submission to comply with House rules and the Committee's travel regulations. Failure to comply with this requirement may result in the denial of future requests to sponsor trips and/or subject the current traveler to disciplinary action or a requirement to repay the trip expenses.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Sponsor(s) (who paid for the trip): Healthcare Information and Management Systems Society (HIMSS)
2. Travel Destination(s): Las Vegas, NV
3. Date of Departure: March 5, 2018 Date of Return: March 7, 2018
4. Name(s) of Traveler(s): Nick Uehlecke
   (NOTE: You may list more than one traveler on a form only if all information is identical for each person listed.)
5. **Actual amount** of expenses paid on behalf of, or reimbursed to, each individual named in response to Question 4:

	Total *Transportation* Expenses	Total *Lodging* Expenses	Total *Meal* Expenses	*Other* Expenses (dollar amount per item and description)
Traveler	$322.00	$149		$795 Conference Registration Fee waive
Accompanying Relative				

6. All expenses connected to the trip were for actual costs incurred and not a *per diem* or lump sum payment. (*Signify statement is true by checking box*): ■

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: Carla Smith

Name: Carla Smith Title: Executive Vice President

Organization: HIMSS

I am an officer of the above-named organization *(signify statement is true by checking box)*: ■

Address: 33 West Monroe Street, Suite 1700, Chicago, IL, 60603

Telephone number: 734-477-0860

Email Address: csmith@himss.org

Committee staff may contact the above-named individual if additional information is required.

If you have questions regarding your completion of this form, please contact the Committee on Ethics at (202) 225-7103.

Version date 2/2013 by Committee on Ethics

U.S. House of Representatives
Committee on Ethics

TRAVELER FORM

1. Name of Traveler: Nicholas Uehlecke

2. Sponsor(s) (who will be paying for the trip): Healthcare Information and Management Systems Society

3. Travel destination(s): Las Vegas, NV

4. a. Date of departure 03.05.18 Date of return: 03.07.18
   b. Will you be extending the trip at your personal expense? ☐ Yes ■ No
   If yes, dates at personal expense: _____

5. a. Will you be accompanied by a relative at the sponsor's expense? ☐ Yes ■ No
   b. If yes:
   (1) Name of accompanying relative: _____
   (2) Relationship to traveler: ☐ Spouse ☐ Child ☐ Other (specify): _____
   (3) Accompanying relative is at least 18 years of age: ☐ Yes ☐ No

6. a. Did the trip sponsor answer "yes" to Question 9(d) on the Primary Trip Sponsor Form (*i.e.*, travel is sponsored by an entity that employs a registered federal lobbyist or foreign agent and you are requesting lodging for two nights)? ☐ Yes ■ No
   b. If yes, explain why the second night of lodging is warranted:

7. Primary Trip Sponsor Form is attached, including agenda, invitee list, and any other attachments and contributing sponsor forms: ■ Yes ☐ No
   NOTE: The agenda should show the traveler's individual schedule, including departure and arrival times and identify the specific events in which the traveler will be participating.

8. Explain why participation in the trip is connected to the traveler's individual official or representational duties. Staff should include their job title and how the activities on the itinerary relate to their duties.

   The trip and related panel / speech are in the issue areas of Health Information Technology as related to the Medicare program, which falls into my portfolio as Professional Staff at the Committee.

9. Is the traveler aware of any registered federal lobbyists or foreign agents involved in planning, organizing, requesting, and/or arranging the trip? ☐ Yes ■ No

10. **FOR STAFF TRAVELERS:**
    TO BE COMPLETED BY YOUR EMPLOYING MEMBER:

ADVANCED AUTHORIZATION OF EMPLOYEE TRAVEL

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Date: 01.30.18

Signature of Employing Member

U.S. House of Representatives
Committee on Ethics

PRIMARY TRIP SPONSOR FORM

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers, or employees under House Rule 25, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer, or employee, who will then forward it to the Committee together with a Traveler Form ***at least 30 days before the start date of the trip***. The trip sponsor should NOT submit the form directly to the Committee. The Committee Web site (ethics.house.gov) provides detailed instructions for filling out the form.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips.

1. Sponsor (who will be paying for the trip): Healthcare Information and Management Systems Society (HIMSS)

2. I represent that the trip will not be financed (in whole or in part) by a registered federal lobbyist or foreign agent (*signify that the statement is true by checking box*): ☒

3. *Check only one:* I represent that:
   a. the primary trip sponsor has not accepted from any other source funds intended directly or indirectly to finance any aspect of the trip ☐ ***or***
   b. the trip is arranged without regard to congressional participation and the primary trip sponsor has accepted funds only from entities that will receive a tangible benefit in exchange for those funds ☒ ***or***.
   c. the primary trip sponsor has accepted funds from other source(s) intended directly or indirectly to finance all or part of this trip and has enclosed disclosure forms from each of those entities. ☐
   If "c" is checked, list the names of the additional sponsors: _____

4. Provide names and titles of **ALL** House Members and employees you are inviting. **For each House invitee, provide an explanation of why the individual was invited** (include additional pages if necessary):
   Please see the attached list for Congressional Invites

5. Is travel being offered to an accompanying relative of the House invitee(s)? ☐ Yes ☒ No

6. Date of departure: March 5, 2018 Date of return: March 6, 2018

7. a. City of departure: Washington, DC
   b. Destination(s): Las Vegas, NV
   c. City of return: Washington, DC

8. I represent that (*check one of the following*):
   a. The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965: ☐ ***or***
   b. The sponsor of the trip does not retain or employ a registered federal lobbyist or foreign agent: ☒ ***or***
   c. The sponsor employs or retains a registered federal lobbyist or foreign agent, but the trip is for attendance at a one-day event *and* lobbyist/foreign agent involvement in planning, organizing, requesting, or arranging the trip was *de minimis* under the Committee's travel regulations. ☐

9. Check one of the following:
   a. I checked 8(a) or (b) above: ☒
   b. I checked 8(c) above but am not offering any lodging: ☐
   c. I checked 8(c) above and am offering lodging and meals for one night: ☐ ***or***
   d. I checked 8(c) above and am offering lodging and meals for two nights: ☐
   If "d" is checked, explain why the second night of lodging is warranted: _____

10. Attached is a detailed agenda of the activities the House invitees will be participating in during the travel (*i.e.*, an hourly description of planned activities for trip invitees) (*indicate agenda is attached by checking box*): ☒

11. Check one:
    a. I represent that a registered federal lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip (*signify that the statement is true by checking box*): ☒ ***or***
    b. N/A – trip sponsor is a U.S. institution of higher education. ☐

12. For **each** sponsor required to submit a sponsor form, describe the sponsor's interest in the subject matter of the trip **and** its role in organizing and/or conducting the trip:

    HIMSS is a global, caused-based not-for-profit focused on transforming health through information and technology. HIMSS provides thought leadership, community building, and profession development, and leads efforts to optimize health engagements and care outcomes using information and technology. HIMSS represents 70,000 individuals, 630 corporate members and 450 non-profit partners. HIMSS is responsible for the development, organization and conducting of all aspects of the trip and conference, including travel, identifying speakers, and developing sessions and panel topics.

13. *Answer parts a and b. Answer part c if necessary.*
    a. Mode of travel: Air ☒ Rail ☐ Bus ☒ Car ☒ Other ☐ (Specify: _____)
    b. Class of travel: Coach ☒ Business ☐ First ☐ Charter ☐ Other ☐ (Specify: _____)
    c. If travel will be first class or by chartered or private aircraft, explain why such travel is warranted:

    _____

    _____

14. I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). (*signify that the statement is true by checking box*): ☒

15. I represent that either (*check one of the following*):
    a. The trip involves an event that is arranged or organized *without regard* to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees: ☒ ***or***
    b. The trip involves events that are arranged specifically *with regard* to congressional participation: ☐

    If "b" is checked:

    1) Detail the cost per day of meals (approximate cost may be provided): _____

    _____

    2) Provide reason for selecting the location of the event or trip: _____

    _____

    _____

    _____

16. Name, nightly cost, and reasons for selecting each hotel or other lodging facility:

    Hotel name: The Venetian City: Las Vegas Cost per night: $149

    Reason(s) for selecting: HIMSS seeks bids from hotels and contracts based on a consideration of price, location, and accessibility to the conference

    Hotel name: The Palazzo City: Las Vegas Cost per night: $149

    Reason(s) for selecting: HIMSS seeks bids from hotels and contracts based on a consideration of price, location, and accessibility to the conference

    Hotel name: _____ City: _____ Cost per night: _____

    Reason(s) for selecting: _____

17. I represent that all expenses connected to the trip will be for actual costs incurred and not a per diem or lump sum payment. (*signify that the statement is true by checking box*): ☒

18. TOTAL EXPENSES FOR EACH PARTICIPANT:

☐ actual amounts ☒ good faith estimates	Total *Transportation* Expenses per Participant	Total *Lodging* Expenses per Participant	Total *Meal* Expenses per Participant
For each Member, Officer, or employee	$350	$149	$62
For each accompanying relative	n/a	n/a	n/a

	Other Expenses (dollar amount per item)	Identify Specific Nature of "Other" Expenses (*e.g.*, taxi, parking, registration fee, etc.)
For each Member, Officer, or employee	$795	Conference Registration Fee
For each accompanying relative	n/a	

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

19. Check one:
    a. I certify that I am an officer of the organization listed below. ☒ ***or***
    b. N/A – sponsor is an individual or a U.S. institution of higher education. ☐

20. I certify that I am not a registered federal lobbyist or foreign agent for any sponsor of this trip. ☒

21. I certify by my signature that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: Carla Smith

Name: Carla Smith

Title: Executive Vice President

Organization: HIMSS

Address: 33 West Monroe Street, Suite 1700, Chicago, IL 60603

Telephone number: 734-477-0860

Email address: csmith@himss.org

If there are any questions regarding this form please contact the Committee at the following address:

Committee on Ethics
U.S. House of Representatives
1015 Longworth House Office Building
Washington, DC 20515
(202) 225-7103 (phone)
(202) 225-7392 (general fax)

Version date 4/2013 by Committee on Ethics

Susan W. Brooks, Indiana
Chairwoman
Theodore E. Deutch, Florida
Ranking Member

Kenny Marchant, Texas
Leonard Lance, New Jersey
Mimi Walters, California
John Ratcliffe, Texas

Yvette D. Clarke, New York
Jared Polis, Colorado
Anthony Brown, Maryland
Steve Cohen, Tennessee

ONE HUNDRED FIFTEENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON ETHICS

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Daniel J. Taylor
Counsel to the Ranking Member

1015 Longworth House Office Building
Washington, D.C. 20515–6328
Telephone: (202) 225–7103
Facsimile: (202) 225–7392

February 16, 2018

Mr. Nicholas Uehlecke
Committee on Ways and Means
1104 Longworth House Office Building
Washington, DC 20515

Dear Mr. Uehlecke:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Las Vegas, Nevada, scheduled for March 5 to 7, 2018, sponsored by the Healthcare Information and Management Systems Society (HIMSS).

You must complete an Employee Post-Travel Disclosure Form (which your employing Member must also sign) and file it, together with a Sponsor Post-Travel Disclosure Form completed by the trip sponsor, with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are also required to attach a copy of this letter and both the Traveler and Primary Trip Sponsor Forms (including attachments) you previously submitted to the Committee in seeking pre-approval for this trip. If you are required to file an annual Financial Disclosure Statement, you must also report all travel expenses totaling more than $390 from a single source on the "Travel" schedule of your annual Financial Disclosure Statement covering this calendar year. Finally, Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting information provided to the Committee for three subsequent Congresses from the date of travel.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.

Sincerely,

Susan W. Brooks
Chairwoman

Theodore E. Deutch
Ranking Member

SWB/TED:adw

Additional Information

4. List of Congressional Invites

Every congressional invitee to HIMSS18 plays a pivotal role in developing healthcare and health IT policy in the House of Representatives, and we believe they stand to benefit greatly from the educational sessions and speakers presenting at our conference. In addition to the education sessions, the conference provides the opportunity to interact with, and learn about, real-world applications of healthcare technologies and hear how policy impacts the use of technologies which improve care, expand access, and lower healthcare costs.

House of Representatives Invitees:

- Elizabeth Allen (Rep. Burgess)
- Elizabeth Austin (House VA Committee)
- Chris Malen (Rep. Hurd)
- Casey Badmington (Rep. Thompson)
- Walton Chaney (Rep. Harper)
- Melanie Egorin (House W&M Committee)
- Lisa Grabert (House W&M Committee)
- Andrew Gradison (Rep. Smith)
- Daniel Harder (Rep. Bishop)
- Megan Herber (Rep. Matsui)
- Hillary Lassiter (Rep. Black)
- Una Lee (House E&C Committee)
- Sarah Levin (House W&M Committee)
- Isaac Loeb (Rep. Welch)
- Kim Osborne (House VA Committee)
- Tamara Bonzanto (House VA Committee)
- James Paluskiewicz (House E&C Committee)
- Rachel Pryor (House E&C Committee)
- Samantha Satchell (House E&C Committee)
- Steve Schultz (Rep. Payne)
- Rachel Schwegman (Rep. Latta)
- Danielle Steele (House E&C Committee)
- Nick Uehlecke (House W&M Committee)
- Tanner Warbinton (Rep. Long)
- Jessica Wilkerson (House E&C Committee)

Congressional Staff Agenda
Location: Sands Expo Center, Las Vegas, NV
March 5 – 9, 2018
Access Full Conference Information here: **HIMSS18**
All activities are at Sands Expo Center unless otherwise noted.
All times are Eastern Time (EST).

Monday, March 5th, 2018

~12pm Travel to Las Vegas	
8:00 AM – 4:30PM	**Full Day Preconference Symposia and Workshops (ongoing for 8 hours):** **Business of Healthcare Symposium: Going from Good to Great in a Value-Based World** The transition from fee-for-service to pay-for-value payment models is one of the greatest financial challenges the U.S. healthcare system faces. Realizing the full potential of these arrangements requires a level of communication, information sharing, and data integration never contemplated in our historical fee-for-service world. Explore how some of the most successful organizations are navigating these previously uncharted waters by reimagining their patient engagement strategies, contracted provider arrangements, and approach to data analytics, as well as the legal issues that must be taken into consideration when executing these new strategies. **OR** **Coordinated and Connected Care Symposium: Tackling the Challenge of Connected and Coordinated Care** Today's healthcare ecosystem is embracing a collaborative, person-centric approach to care throughout all stages and aspects of life. Care teams increasingly incorporate formal and informal members from many organizations and include family members, friends and others from outside the healthcare system. This shared decision-making is increasingly information-driven and interdependent, and ensuring coordination is challenging. Discover strategies for identifying and tackling these challenges, including leadership roles, technical skills, and IT and management strategies. **OR** **Long-Term and Post-Acute Care (LTPAC) Symposium: Digital Health in and with LTPAC Settings** Long-term and post-acute care (LTPAC) provider organizations have long played an important yet frequently overlooked role in the U.S. healthcare delivery system. Now, as LTPAC organizations are elevating in prominence in the current healthcare ecosystem via ACOs and population health initiatives, there is a renewed interest in ensuring they have a visible presence in digital health. Following the Certified Associate in Healthcare Information and Management Systems (CAHIMS) certification roadmap, explore issues that LTPAC organizations should consider in leveraging digital health technologies to support their internal and external clinical data needs, and how hospitals, consultants and vendors can best address the specific digital health concerns

	and challenges of LTPAC organizations. **OR** **Precision Medicine Symposium: Journey to the Summit Using Clinical and Business Intelligence** Precision medicine is a fast-evolving field of healthcare that is approaching the mainstream tipping point. Clinical and business intelligence (C&BI) is instrumental in transitioning precision medicine to routine care by delivering analytics, data interoperability and data sharing among the ecosystems' stakeholders (laboratories, health systems, pharma, EMR vendors, research and payers) to inform decision-making in the provider workflow. Explore the precision medicine journey to the summit using C&BI, including the current landscape, future vision, and stakeholder challenges and perspectives.
5:00 – 6:30 PM	**HIMSS18 Opening Keynote** **Technology for a Healthier Future: Modernization, Machine Learning, and Moonshots with Eric Schmidt, Executive Chairman of Alphabet Inc. (parent company of Google**
6:30 – 8:00 PM	**HIMSS18 Opening Reception** Come celebrate to kick off our conference! Network your way through an evening with live music, food, and friendly conversation. Connect with industry leaders and colleagues alike at this special event open to all registered HIMSS18 conference attendees.
7:00 – 9:00 PM	**HIMSS18 Public Policy Leaders Dinner** **Location:** TBD **Description:** Join policy leaders within HIMSS, as well as state and federal officials, for dinner to discuss policy matters including the health IT policy, legislative, and regulatory landscape in Washington, DC and the states.

Tuesday, March 6th, 2018

9:30 AM – 6:00 PM (When not attending concurrent educational sessions or for non-scheduled time)	**HIMSS18 Exhibition Hall with live technology demonstrations, presentations, and sessions** **Description:** Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS18 exhibit floor. Features the Meaningful Use Experience — a special live demonstration area that lets the viewer experience proven, certified EHR solutions. Also experience firsthand the Social Media Center, HIMSS Interoperability Showcase, The Intelligent Hospital Pavilion and more.
9:30 AM – 6:00 PM (When not attending concurrent educational sessions or for non-scheduled time)	**Interoperability Showcase** **Description:** Explore a health ecosystem where standards-based health IT enables individuals to securely access, contribute to and analyze their own health data. Learn how current health IT products in the market deliver standards-based interoperability and health information exchange with an interactive learning experience.
8:30 – 9:30 AM	**Views from the Top – How CMS is Leveraging Information and Technology in Medicare and Medicaid CMS Administrator Seema Verma**

	Description: Administrator Verma is excited to discuss her efforts to advance interoperability and patient ownership of healthcare data, to most effectively leverage the latest technologies for patients in Medicare and Medicaid..
8:30 – 9:30 AM	**Concurrent Education Sessions:** **Advancing Digital Health in Canada** This session will share the Canadian experience to develop and implement a strategy to integrate clinical informatics competencies into the academic faculty curricula for Medicine, Nursing and Pharmacy. Canada has invested in the building of the electronic health record infrastructure since 2001, and in 2007, it was recognized that to build sustainable change in healthcare, the preparation of clinicians needed to be addressed as well. This award winning 10 year program began by establishing a governance and leadership structure for each faculty then building upon that to create a collaborative among all the faculties. In the course of developing discipline specific clinical informatics competencies, it was discovered that much of the content could be leveraged across the clinical faculties. A Peer to Peer learning approach was implemented, with Faculty Peer Leaders taking responsibility to disseminate the competencies into curriculum and into clinical practice. **OR** **Managing Medical Device Cybersecurity Vulnerabilities** Medical device cybersecurity continues to evolve. Multiple initiatives are working to improve device cybersecurity, to include development of a Common Vulnerability Scoring System (CVSS) rubric to assess device vulnerability impact and severity; the use of Information Sharing and Analysis Organizations (ISAOs) to help broker medical device vulnerability management; maturing coordinated disclosure processes; device cybersecurity criteria development and testing; and table top exercises to validate vulnerability handling procedures. This session will characterize these initiatives, as well as the relevant FDA and community roles, in helping to realize safer, more secure device clinical operation and use. **OR** **A Framework to Support Measure Development for Telehealth** Telehealth offers tremendous potential to transform the healthcare delivery system by overcoming geographical distance, enhancing access to care, and building efficiencies. The Health Resources and Services Administration (HRSA) defines telehealth as "the use of electronic information and telecommunications technologies to support and promote long-distance clinical healthcare, patient and professional health-related education, public health and health administration". The U.S. Department of Health and Human Services (HHS) called upon the National Quality Forum (NQF) to convene a multistakeholder Telehealth Committee to recommend various methods to measure the use of telehealth as a means of providing care. The Committee was charged to develop a measurement framework that identifies measures and measure concepts and serves as a conceptual foundation for new measures, where needed, to assess the quality of care provided using telehealth modalities. **OR** **Beyond the Pilot: Value-Driven Innovation** Many institutions experience "death by 1000 pilots," where cutting-edge technologies are implemented for a few months in a few departments, but lasting changes in workflow and culture are never realized. MD Anderson's

	first Chief Innovation Officer will explore ways to overcome the proverbial "wall of no" and "we've tried that before" attitudes that stifle innovation. Attendees will learn how to scope problems appropriately, which stakeholders to engage at each step of the innovation process, and how to differentiate true pilots from long-term solutions.
9:30 – 10:30 AM	**HIMSS Staff Led Tour of the HIMSS18 Exhibition Hall** **Description:** To help familiarize attendees with layout of Exhibition Hall and key specialty areas, including Interoperability Showcase, Cybersecurity Command Center, Connected Health Experience, and Intelligent Health Pavilion
10:00 – 11:00 AM	**Concurrent Education Sessions:** **Enabling a Stronger, More Skilled Global eHealth Workforce** Discover how you can become part of the ongoing transatlantic initiative that is making eHealth work! Find out how the EU*US eHealth Work Project has been collaborating over the span of 18 months to measure, inform, educate and advance health information technology, digital skills and interprofessional healthcare education on a global level. See the results of what the project has accomplished and hear how we will continue this important work on an ongoing basis through the HIMSS TIGER Initiative. Learn how you can become involved in this groundbreaking and innovative effort to empower the healthcare workforce with digital skills. Bring best practices, tools and resources developed through the project to your institutions. Hear how you and your organization can help educate and train staff, assist interdisciplinary professionals as they progress throughout their careers, and provide management and administration with valuable workforce development benefits now and in the future. **OR** **Care Pathways and Data Analytics for Advancement of Healthcare** This session will discuss the intelligent automation and clinical workflow optimization that has allowed for the precise execution of what we already know to systematically marshal our people, processes and technologies which have made a profound difference in how to approach improving clinical and financial outcomes. **OR** **Federal Health Community Forum Session** Government policymaking directly impacts healthcare transformation and health IT, and you need to know what to expect. Participate in the three focused sessions of the Federal Health Community Forum that are specifically designed for special audiences interested in discussing government health IT programs. Gain insight into key government health IT initiatives, plans, priorities, and opportunities. **OR** **Office of the National Coordinator for Health IT (ONC) Session** The Office of the National Coordinator for Health IT (ONC) will be presenting on the work it is undertaking related to implementing the 21st Century Cures Act, including interoperability, information blocking, and the trusted exchange framework/common agreement as well as other critical issues in its portfolio related to standards, usability, and increasing health IT adoption and functionality.

	OR **Optimizing Care Transitions Across the Continuum** Implementing a strategy to address transitions of care across a large integrated health network presents many challenges. Increased pressure to improve utilization rates along with new Transitional Care Management billing opportunities has incentivized health systems to find innovative, cost-efficient ways to ensure transitions occur safely and effectively. One large teaching hospital and health system prioritized a strategy to improve care provided to patients after being discharged. This session will discuss a two-fold approach to a cost-efficient model to address this strategy. First, a centralized Transition of Care call center was developed employing Registered Nurses and Medical Assistants who place calls to patients post-discharge; this model works on behalf of the primary care providers (PCPs). Secondly, the workflow for this process was streamlined using various functions within the EHR allowing for an increase in staff productivity.
11:30 – 12:30 PM	**Concurrent Education Sessions:** **Centers for Medicare & Medicaid Services (CMS) Session** The Centers for Medicare & Medicaid Services (CMS) will be presenting on several critical topics in their sessions, including: the agency's quality and innovation work related to its health IT-related Medicare payment policies, including the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), Quality Payment Program (QPP), and the Medicaid funding opportunities that exist for providers as well as states in terms of interoperability and Medicaid modernization and modularization. **OR** **The Impact of Smartphone Technology in Clinical Practice** This session will discuss study findings and demonstrate how implementing a smartphone solution into clinical practice significantly improved physician response times, increased efficiency and transformed care team communication. **OR** **Virtual Reality Gets Real in Healthcare** Recent, real-world case studies in virtual reality (VR) hold promise for medical training as well as operational support. Organizations like the US Army, VA, medical schools, and private hospital systems are exploring new uses. VR is an umbrella term for other areas including augmented reality ("AR") and 3-D. VR and AR technology have advanced to the point where consumer facing immersive VR experiences are accessible at reasonable price points. So far, VR has gotten traction in healthcare mainly as a training and education device, but industry-wide it's a green field for innovation. We've only scratched the surface of VR's potential to disrupt healthcare delivery. New revenue, cost savings and quality gains can be captured from VR across multiple verticals–health system, provider, pharma, payer and consumer. VR can leverage techniques to weave itself into the fabric of healthcare delivery-gamification, social media, narrative, visioning, goal setting and rewards. **OR** **Engaging and Empowering Patients: Redesigning Patient Care** This session will discuss how we transformed care coordination and the

	patient experience in our Maryland-based health system by implementing a patient engagement and care coordination platform supported by a fully enabled virtual care team. The program streamlined communication, collaboration and coordination among hospitalists, specialists and PCP's and implemented a well-defined patient engagement strategy. By sharing actionable health information, providing 24/7 access to virtual care teams and managing transitions of care, we achieved a 350% reduction in in-patient transfers, 100% completion of discharge follow ups within 48 hours, more than 50% reduction in readmission and 15% reduction in no-shows. Feedback indicates a vastly enhanced patient experience, improved quality of care and better outcomes. We will also discuss how remote patient monitoring using intelligent medical devices demonstrates significant potential to further these goals.
12:00 – 1:00 PM	**Federal Health Community Lunch** **Description:** A community of HIMSS members and Federal Government employees, coming together for cross-agency information sharing and networking, and to share new ideas on how health IT can be used to improve healthcare delivery by the federal government.
1:00 – 2:00 PM	**Concurrent Education Sessions:** **Human Factors and Workforce Solutions to Connected Care** The speakers will examine the enablers of, and barriers to, maximizing health IT work force and human factors in achieving progress as the nation moves toward a more distributed healthcare system by 2025. The speakers will provide an update on cross- sectoral discussions held as part of NEHI's "Healthcare Without Walls" project to identify work force and human factor challenges resulting from increased availability and utilization of digital health, telehealth, remote monitoring, artificial intelligence, and cognitive computing technologies. The speakers will also engage the participants in a discussion around possible solutions, model best practices and tools to address the challenges to enable future progress today. **OR** **Closing the Gap: Risk Insights at the Point of Care** Steward Health Care Network is an accountable care organization with 3,500 physicians, 18 hospital campuses, and 25 affiliated urgent care provider locations. Headquartered in Boston, Steward is community-based and physician-led with more than 23,000 employees across four states. With their participation in the Next Generation ACO program, the MassHealth Medicaid ACO and a growing Medicare Advantage footprint, Steward needs to accurately understand patient risk to develop appropriate care programs and ensure appropriate reimbursement to fund those programs. As documentation requirements for continually increase, Steward's investment in a centralized data infrastructure supported a significant financial return and now helps alleviate provider frustration stemming from having to manage patient details in multiple technology platforms. By pushing HCC coding gaps directly to the EHR for provider review, Steward has entered the next phase of a successful risk program. **OR** **Safer Transition from the ER Using Asynchronous Virtual Care** Patients leaving the ED lack available post-acute care options, including care coordination. They're at risk to return to the hospital at significant cost, impacting patient safety, care quality, satisfaction with service and re-

	admissions. Emergency Medicine Consultants sought a solution to engage with patients after discharge which would result in higher levels of patient satisfaction, lower readmissions, and lower system leakage. EMC launched Safe Transitions virtual care in Sept 2016. The post-ED safety program leverages text-first telemedicine to offer no barrier, physician access for patient continuity of care inquiries and ongoing treatment. Broadening the traditional ED visit into a patient-centric, acute care episode improves reliability and builds loyalty between patient and system. This session will describe service adoption and care metrics for this unique post-acute ED telehealth application, as well as future service line plans. **OR** **Sutter Health: A Health Data Sharing Case Study** Whether they have sought treatment across the street or across the country, they expect their health data to be available to their physicians and themselves. Sutter Health, a non-profit health system in California, is pioneering health data sharing by leveraging national-level interoperability initiatives like Carequality. They will share best practices in implementing the leading interoperability framework and other health data sharing initiatives, and insights for the future of health data sharing among and between providers, payers, and patients.
2:30 – 3:30 PM	**Concurrent Education Sessions:** **Optimizing EHR Governance to Improve the User Experience** After the go live is over, the work of EHR optimization begins. In 2014, Dignity Health initiated a standardized approach to EHR governance with the goal of optimizing the User Experience. The results have been phenomenal. Increased throughput, decreased turn-around-time along with greater provider engagement and satisfaction. This session will share processes and key lessons learned. **OR** **Inappropriate Opioids, Adverse Outcomes and IT Solutions** Little information exists on the appropriateness of opioid prescriptions and how opioid prescribing practices influence health outcomes and medical costs. Using a nationwide database, we linked pharmaceutical and inpatient/outpatient records for individuals with a medical disability due to carpal tunnel release surgery. We found that 29% of cases were prescribed opioids contrary to evidence-based guideline recommendations. Further, patients prescribed an opioid contrary to guidelines had disability durations 2 days longer and medical costs $422 higher than patients prescribed an opioid according to guidelines. Inappropriate opioid prescriptions for carpal tunnel release may cost the U.S. $71 million in medical costs and 124,000 disability days. IT solutions are available to prevent inappropriate prescriptions including drug formularies. This session will discuss the integration of opioid guidelines and a drug formulary within Kaiser Permanente's EHR including physician perspectives of the tool. **OR** **Creating a Population Health Strategy that Scales** Attendees will learn how UMass Memorial collects data from diverse sources, integrates it, then analyzes it to create a clear picture of population health needs and value-based care performance. They will also learn how UMass Memorial's office of clinical integration managed the cultural change

	necessary to move from fee-for-service medicine to value-based care.
4:00 – 5:00 PM	**Concurrent Education Sessions:** **Behavioral Health: A Launchpad for Enterprise Telehealth** As telemedicine continues to change how providers interact with their patients, organizations are expanding already existing telehealth programs or are investing in telehealth technology. Introducing Behavioral Health services via telemedicine can have an immediate impact on a wellbeing of the patient population. Focusing on one service line, Behavioral Health, this session will walk through how Mass General Hospital (MGH) has successfully implemented and continues to grow their telehealth program - beginning with building a strategy through to growing the patient population. Due to the ever-changing regulatory telemedicine landscape, a special focus will be placed on the necessary legal considerations when developing a program. Presenters will also touch on a recent expansion of the program to reach island residents and a tourist population off the coast of Massachusetts as well as the new NQF guidelines and how MGH has embarked on implementing the new measures. **OR** **Using Simulation Training to Speed EHR Adoption** Successful EHR implementation hinges on several factors with user training in the top rank. Classroom training, while standard, is perceived as high cost and low value by many medical professionals. While time in the classroom is a component of an overall learning strategy, simulation training is playing an increasing role in higher medical education. MD Anderson, faced with a single go-live to launch our EHR, used simulation training to augment classroom work. We created a simulation environment for our physician faculty, advanced practice providers and fellows. We used simulation to augment classroom instruction for over 2000 providers. This approach was well accepted by our faculty and in post go-live evaluation was seen as an extremely valuable experience. This session will include specific examples of the how this training platform can be used at scale to deliver an enhanced training experience and actionable insight into provider preparation. **OR** **Five Pillars of a Best-In-Class Cybersecurity Program** This session will detail the five vital pillars of building and running an effective cybersecurity program, touching on key best practices undertaking this implementation, barriers you may encounter and how to overcome them, and expected successes. This speaker's expertise combined with more than 25 years of experience will guide audience members from all companies – whether big or small – on the best way to develop and implement a cost-effective, fully functional and adaptable security program.
4:00 – 5:00 PM	**Views from the Top – Leveraging Information and Technology to Minimize Health's Economic Challenges with HIMSS CEO Hal Wolf** **Description:** Economic pressures and demands on the healthcare industry are poised to intensify in the coming decade. The impending silver tsunami partnered with a shrinking economic base are challenging hospitals and providers to continue to deliver services while maintaining quality of care. In facing this full-fledged economic emergency, the health community needs to decide quickly where and how to innovate, invest and implement impactful technologies. Hal Wolf III, President and CEO of HIMSS, will discuss how organizations can leverage the value of HIMSS to address the information and technologies needed to face the next decade of economic uncertainty.

	Attendees will have the ability to participate in a Q&A session at the end of the session.
4:00 – 5:00 PM	**Congressional Forum** **Description:** The Congressional Forum session provides the opportunity to hear from key Senate and House of Representatives staffers about the health IT public policy topics that they are addressing as well as the issues where they seek more information and input from constituents.
5:30 – 6:30 PM	**HIMSS Communities Carnival** HIMSS membership include a broad range of professional roles. Take this in-person opportunity to build your peer network, and mingle with volunteers and leaders from HIMSS communities, chapters, committees, task forces, career development, and more.
7:00 – 8:00 PM	**HIMSS Public Policy Reception** **Location: TBD** **Description:** Reception with HIMSS public policy leaders, winners of the HIMSS Nichols E. Davies Award for Excellence in Health Information Technology, and the HIMSS Public Policy Committee.
~11pm	**Depart Las Vegas**