



U.S. House of Representatives COMMITTEE ON ETHICS

Employee Post-Travel Disclosure Form

Original Amendment

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, B-81 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: Samantha Satchell
2. a. Name of Accompanying Relative: _____ OR None
 b. Relationship to Traveler: Spouse Child Other (specify): _____
3. a. Dates: Departure: February 13, 2019 Return: February 15, 2019
 b. Dates at Personal Expense, if any: _____ OR None
4. Departure City: Washington, DC Destination: Orlando, FL Return City: Washington, DC
5. Sponsor(s), Who Paid for the Trip: Healthcare Information and Management Systems Society (HIMSS)
6. Describe Meetings and Events Attended: attended meetings on health information technology and cybersecurity in the health sector
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 a** tt ne **and** the *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 statement is true by checking the box:
 b. If not, explain: _____

LEGISLATIVE RESOURCE CENTER
2019 MAR -1 PM 4:00

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

Signature of Traveler: Date: March 1, 2019

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: Frank Pallone Jr Date: 3/1/19

Signature of Supervising Member:



U.S. House of Representatives

COMMITTEE ON ETHICS

Sponsor Post-Travel Disclosure Form

Original Amendment

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 ten 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): Orlando, FL

3. Date of Departure: February 13, 2019 Date of Return: February 15, 2019

4. Name(s) of Traveler(s): Samantha Satchell

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 Question 4:

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses	Total Other Expenses (dollar amount per item and description)
Traveler	\$400.66	\$242	\$162.69	\$825 - Conference registration fee
Accompanying Family Member				

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 on this form is true, complete, and correct to the best of my knowledge.

Signature:  Date: 2/25/2019

Name: Ilene Wolf Moore Title: SVP, General Counsel & Govern

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: 312-802-5932 Email: imoore@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.



U.S. House of Representatives
COMMITTEE ON ETHICS

TRAVELER FORM

1. Name of Traveler: Samantha Satchell
2. Sponsor(s) who will be paying for the trip: Healthcare Information and Management Systems Society (HIMSS)
3. Travel Destination(s): Orlando, FL
4. a. Date of Departure: February 13, 2019 Date of Return: February 15, 2019
 b. Will you be extending the trip at your personal expense? Yes No
 If yes, list dates at personal expense: _____
5. a. Will you be accompanied by a family member at the sponsor's expense? Yes No If yes:
 (1) Name of Accompanying Family Member: _____
 (2) Relationship to Traveler: Spouse Child Other (specify): _____
 (3) Accompanying Family Member is at least 18 years of age: Yes No
6. a. Did the trip sponsor answer "Yes" to Question 8(c) on the *Primary Trip Sponsor Form* (i.e., travel is sponsored by an entity that employs a registered federal lobbyist or a foreign agent)? Yes No
 b. If yes, and you are requesting lodging for two nights, explain why the second night 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.

As Senior Policy Analyst on the Democratic Staff Samantha covers a portfolio of healthcare issues including Health IT, privacy and cybersecurity.

9. Is the traveler aware of any registered federal lobbyists or foreign agents involved planning, organizing, requesting, 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.

Signature of Employing Member For Peltre j. Date 2/11/19

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: February 13, 2019 Date of return: February 15, 2019
7. a. City of departure: Washington, DC
b. Destination(s): Orlando, FL
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 advisor and thought leader supporting the transformation of health through the application of information and technology. As a mission driven non-profit, HIMSS provides community building, public policy, professional/workforce development and engaging events to bring forward the voice of our members. HIMSS encompasses more than 70,000 global individual members, 630 corporate members and over 450 non-profit partner organizations, that share this cause. HIMSS is responsible for the development, organization, and conducting of all aspects of the trip and conference, including travel, speakers, and developing education sessions and 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: Rosen Centre Hotel City: Orlando, FL Cost per night: \$121

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: _____

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:

<input type="checkbox"/> actual amounts <input checked="" type="checkbox"/> good faith estimates	Total <i>Transportation</i> Expenses per Participant	Total <i>Lodging</i> Expenses per Participant	Total <i>Meal</i> Expenses per Participant
For each Member, Officer, or employee	\$350	\$242	\$235
For each accompanying relative	N/A	N/A	N/A

	<i>Other</i> Expenses (dollar amount per item)	Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.)
For each Member, Officer, or employee	\$825; \$350(if applicable)	Conference registration fee; Pre-confer
For each accompanying relative		ence registration fee for Monday (2/11)

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 completed in this form is true, complete, and correct to the best of my knowledge.

Signature: _____



Name: Ilene I. Wolf Moore

Title: SVP, General Counsel and Government Relations

Organization: HIMSS

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

Telephone number: 312-802-5932

Email address: imoore@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)



ONE HUNDRED SIXTEENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON ETHICS

February 5, 2019

Ms. Samantha Satchell
Committee on Energy & Commerce
2322A Rayburn House Office Building
Washington, DC 20515

Dear Ms. Satchell:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Orlando, Florida, scheduled for February 13 to 15, 2019, sponsored by 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,

Theodore E. Deutch
Chairman

Kenny Marchant
Ranking Member

TED/KM:adw

Additional Information

4. List of Congressional Invites

Every congressional invitee to HIMSS19 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 that improve care, expand access, and lower healthcare costs.

House of Representatives Invitees:

- Elizabeth Allen (Rep. Burgess)
- Casey Badmington (Rep. Thompson)
- Brendan Fulmer (Rep. Kelly)
- Carla DiBlasio (House W&M Committee)
- Melanie Egorin (House W&M Committee)
- Andrew Gradison (Rep. Smith)
- Kristen Donheffner (Rep. Matsui)
- Una Lee (House E&C Committee)
- Sarah Levin (House W&M Committee)
- Isaac Loeb (Rep. Welch)
- 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)
- Bill Mallison (House VA Committee)
- Sarah Garcia (House VA Committee)
- Emily Haas (Rep. Lamb)
- Kyle Hill (Rep. DelBene)
- Jay Gulshen (Rep. Carter)
- Devin Gerzof (House W&M Committee)
- David Bond (Rep. Clark)



Congressional Staff Agenda

Location: Orange County Convention Center, Orlando, FL

February 11 – 15, 2019

Access Full Conference Information here: [HIMSS19](#)

All activities are at Orange County Convention Center unless otherwise noted.

All times are Eastern Time (EST).

****Note: All events and receptions listed on this agenda are open to all conference attendees****

Wednesday, February 13th, 2019

11:13am Flight Arrives in Orlando (tentative – JB1223)	
9:30 AM – 6:00 PM (When not at concurrent educational sessions or for non-scheduled time)	<p>HIMSS19 Exhibition Hall with live technology demonstrations, presentations, and sessions</p> <p>Description: Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS19 exhibit floor. Features the HIMSS Interoperability Showcase, the Cybersecurity Command Center, Federal Health IT Solutions Pavilion, the Personalized Health Experience, and more.</p>
11:00 - 11:20 AM	Staff Led VIP Tour of the Interoperability Showcase
11:30 AM – 12:30 PM	<p>Concurrent Education Sessions:</p> <p>Restore Human Connections with Collaboration and Technology In this session, learn how the CXO and her team of experienced coaches are designing effective approaches to improve the human experience, collaborating with clinical and information and technology leaders to help caregivers and leaders intersect their purpose, passion and skills to make a difference as well as foster more meaningful interactions with each other, patients and families, driving positive human connections and transformative change in healthcare.</p> <p>OR</p> <p>Teaming up for Change: Virtual Care Lessons The value of providing instant care and collaboration across care teams has never been higher, necessitating that everyone from doctors and care coordinators to finance and billing managers and pharmacy, find a solution that works for everyone--especially for patients in the care continuum. Forward-thinking Kaiser Permanente shares how they expanded their Chat with a Doctor program to provide secure chat and other instant services to their members all while making it easier for care teams to collaborate in a secure environment. Their results are the highest NPS score (40 in 2018) in healthcare, triple the industry average (13), over 70% remote encounter resolution rates and some of the highest member and provider retention rates.</p> <p>OR</p> <p>Optimizing Health Information Technology to Promote Opioid Stewardship In the midst of the national opioid epidemic, many organizations are still early in the development of their opioid stewardship efforts. Truman Medical Centers has empowered a leader within the Pharmacy team to expand the institutions pain management and opioid stewardship services. The pharmacist uses the EHR to</p>

	<p>review inpatient orders triggered by targeted drug reports, focusing on scheduled and long-acting opioid medications. This approach has led to safer administration of opioids and safer prescribing behaviors. Intermountain Healthcare has established a collaborative clinical/technical team focused on improving opioid safety across the organization. Multiple technical solutions have been or are being implemented. These include interventions designed to 1) identify patients at high risk of opioid induced respiratory depression, 2) reduce over-prescribing of opiates for acute pain, and 3) increase safety in ordering and administering opiates in hospital settings.</p>
1:00 – 2:00 PM	<p>Federal Health Community Lunch (OPTIONAL)</p> <p>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.</p>
1:00 – 2:00 PM	<p>Concurrent Education Sessions:</p> <p>Data-Driven Clinical Transformation in an Unhealthy Region Value-based care can be a daunting change. It's particularly true in the Southeast, ranked the least healthy U.S. area. Building on a partnership with a large Louisiana-based health plan, COSEHC leads a large practice transformation network, serving over two million people through 703 practice sites and 4,599 clinicians. Leveraging actionable information, evidence-based guidelines and training, its PTN has become a CMS top performer. It shares challenges and successes in meeting or exceeding most chronic disease targets and saving millions by transforming patient- and family-centered care; data-driven quality improvement; and creating sustainable business operations.</p> <p>OR</p> <p>Redesigning Clinical Care with Analytics With annual US Healthcare expenditures surpassing \$3 trillion, the industry is challenged with providing high-quality care at the lowest possible price. The Memorial Hermann Healthcare System is facing this challenge head-on. Through eliminating waste and increasing quality, we are changing the way care is provided. In this presentation, you will learn how Memorial Hermann Health System is using visual analytics with its Electronic Health Record (EHR), and other healthcare IT (HIT) systems to improve quality and safety of care and enhance the patient experience while reducing costs.</p> <p>OR</p> <p>Enhanced Public Health Reporting Using an HIE Network Leveraging an existing, robust health information exchange (HIE) network, we implemented a decision support intervention to facilitate awareness among primary care providers that a notifiable disease should be reported to a local public health agency. In a controlled before-and-after trial, we evaluated the impact of the intervention on notifiable disease reporting rates. In this session, the speakers describe the intervention, methods and results of the trial.</p>
2:30 – 3:30 PM	<p>Concurrent Education Sessions:</p> <p>Leveraging Technology to Improve Prior Authorization This session will describe and quantify the growing PA problem using survey statistics, review the currently available technologies for both prescription and medical services PA, discuss challenges to adoption, and discuss how grassroots web tools and social media can be effectively leveraged to address PA policy issue.</p>

	<p>OR</p> <p>Embracing the IoT: Ideas Are Easy, Execution Is Hard The speakers will paint a futuristic picture of healthcare, utilizing a standards-based, edge-computing IIoT architecture and discuss the benefits and challenges of implementation. Finally, you will be provided with the tools (reference architectures from the IIC and MD PnP) necessary to help the healthcare industry begin developing products and creating an ecosystem for a next generation of connected healthcare products.</p> <p>OR</p> <p>Medicare Reimbursement and Connected Health: Where Are We? Join this session to learn about and participate in a dialogue on: a) What is the state of play regarding reimbursement for use of connected health tools in Medicare? b) Opportunities to make your voice heard in related policy development processes c) Next steps/milestones for the uptake of connected health tech.</p>
4:00 – 5:00 PM	<p>Concurrent Education Sessions:</p> <p>Using Real-Time Analytics to Improve Patient Clinical Outcomes Learn how we combined real world clinical experiences with innovative architecture, while leveraging existing technology, to produce a near-time dashboard for nurses. This session goes beyond mere concept and shares practical applications of near and real-time reporting. We will share how we combined analytics and technology to save clinicians time while increasing the visibility of the quality of care being delivered, ultimately leading to improved outcomes.</p> <p>OR</p> <p>Adapting Guidelines for Emergencies in the Digital Age In the case of emergency preparedness, based on the redesigned process, we are developing CDS for post-exposure prophylaxis to anthrax in the event of a bioterrorism attack. The speakers will discuss the approach, issues with integrating multiple guidelines and translating them into machine-readable language, piloting the CDS, steps required for local systems integration and lessons learned for future use and iterative improvement of the redesigned clinical guidelines development process.</p> <p>OR</p> <p>Demystifying TEFCA: Ins and Outs of the Exchange Framework This session describes the ins and outs of ONC's TEFCA - the new interconnection of qualified health information networks (QHINs), to advance the establishment of an interoperable health system that: a. empowers individuals to use their electronic health information to the fullest extent, b. enables providers and communities to deliver smarter, safer and more efficient care and c. promotes innovation at all levels.</p>
5:30 – 6:30 PM	<p>Views from the Top – A U.S. Government Perspective</p> <p>Description: A special discussion with a high-level U.S. Administration Official!</p>
6:45 – 8:00 PM	<p>Federal Health Community Reception</p> <p>Description: Networking event for the Federal Health Community, a community of HIMSS members and Federal Government employees.</p>
	<p>Dinner on your own</p>

Thursday, February 14th, 2019

<p>8:30 – 9:30 AM</p>	<p>Concurrent Education Sessions:</p> <p>Implementing a Statewide School-Based Telehealth Program This session will provide an overview of a successful, statewide school-based telehealth program and include information on program development, utilizing the ITIL framework. It will include a review of the "nuts and bolts" of a successful program and a discussion of barriers and lessons learned. Recommendations to enhance the effectiveness and efficiency of a school-based telehealth program will be highlighted.</p> <p>OR</p> <p>Unifying Provider and Payer Data to Propel Value-Based Care In this session, leaders from Manifest MedEx will describe their vision for a next-generation unified care record and discuss the strategy and technology they have implemented to deliver data as a service to providers and payers. Also included will be how the platform will act as a catalyst for innovation, providing agility in the move to value-based models, including examples of how they have solved real-world problems.</p> <p>OR</p> <p>Wearable Device Data: Signal or Noise? This session will cover the broad range of data that can be collected now and in the near future, some of the technical challenges associated with managing this data, as well as the system changes that will be required in order to be able to utilize this data to improve care and outcomes.</p>
<p>9:30 AM - 4:00 PM</p> <p>(When not attending concurrent educational sessions or for non-scheduled time)</p>	<p>HIMSS19 Exhibition Hall with live technology demonstrations, presentations, and sessions</p> <p>Description: Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS19 exhibit floor. Features the HIMSS Interoperability Showcase, the Cybersecurity Command Center, Federal Health IT Solutions Pavilion, the Personalized Health Experience, and more.</p>
<p>10:00 – 11:00AM</p>	<p>Concurrent Education Sessions:</p> <p>Best Practices for Optimizing Core EHR Systems Electronic health records have developed into core multi-functional platforms for nearly every modern health provider. Yet, these core platforms can benefit from the addition of specialized applications for distinct areas like revenue cycle and more. Learn how innovative systems have integrated specialty vendors into their EHR cores with success. Attendees will learn best practices and results from these implementations as well as a playbook for how to engage with EHR teams to attain optimal and seamless integrations.</p> <p>OR</p> <p>A Business and Clinical Case for Continuous Surveillance The speakers will analyze the results of two studies on the use of continuous capnography monitoring in a medical-surgical unit at a multi-hospital health system in order to detect adverse clinical events while also mitigating artifacts related to patient movement, suspect measurements and other medical device-generated alarm signals. Combining analysis with real-time data at the point of collection creates a powerful tool for prediction and clinical decision support and</p>

	<p>has implications for achieving real-time healthcare capabilities enterprise-wide.</p> <p>OR</p> <p>Data Rich, Information Poor – Breaking Barriers and Driving Innovation Having the right information at the right time is essential in providing the best patient care. In the digital age, robust data alone will not bend the cost curve unless we have the ability to seamlessly share all the health information necessary for care among patients, providers and payers. Only if we have an interoperable health care ecosystem, will we as a society achieve the promise of value based care. Such transformation will require a vision and commitment from the leadership. During this session, you will hear from two CEOs from the Blue Cross Blue Shield plans on what they are doing to achieve this vision and mission</p>
<p>11:30 AM – 12:30 PM</p>	<p>Concurrent Education Sessions:</p> <p>How to Improve Patient Engagement with Transportation America's aging population places tremendous financial stress on the already fragile U.S. healthcare system & will only increase: By 2050, over 20% of the population will be over 65 yrs old. Medicare programs have found social determinants of health to be major contributors of poor health outcomes, social isolation, & wellness disparities. But while different segments of the healthcare ecosystem have sought to address these challenges in silos, fragmented approaches yield inconsistent results. Only recently have industry leaders identified transportation as one of the most important mechanisms for mitigating social determinants of health and enabling seniors to reconnect with their community, according to CDC. Join Gyre Renwick, to learn how health systems, payers, brokers, & EHR's address the needs of their patients with technology & transportation. He will present integrated best practices for improving patient wellbeing and operational efficiency, while increasing ROI.</p> <p>OR</p> <p>Change Management Playbook: Leading Change in Healthcare Healthcare organizations need to be more agile than ever. This shifting industry – sometimes daily – requires close collaboration among the people of your organization due to the relentlessly uncertain state. This interactive session explores how organizational change management (OCM) can drive results by identifying top OCM contributors to success. HINT: It starts with people.</p> <p>OR</p> <p>Telemedicine Fraud and Abuse Under the Microscope Discuss the intersection of the healthcare fraud and abuse laws with the practice of telemedicine; discuss the traditional fraud and abuse laws (e.g., Stark and Anti-kickback) and how they may be implicated by various telemedicine arrangements; explore fraud and abuse risk areas that may be unique to telemedicine and discuss recent enforcement actions and trends and explore what to expect next in the way of fraud and abuse enforcement of telemedicine arrangements.</p>
<p>1:00 – 2:00 PM</p>	<p>Concurrent Education Sessions:</p> <p>Data Analytics As a Population Health Compass This session will focus on the topic of participating in an ACO and how hospitals and clinics are harnessing the power of data analytics to chart their course to improve the health of the populations they serve. The session will demonstrate how hospitals and clinics participating in ACOs have access to Medicare claims data that lets them think like payers. It will also describe how data can be used to project needs and demands and identify and drive trends. Examples will be provided of how claims data paired with population health software works with</p>

	<p>electronic medical record data to help providers deliver the best care to patients and steer service development.</p> <p>OR</p> <p>Patient Engagement is Changing: Trends and Health System Successes Today's world is digital first - people expect seamless experiences. In healthcare, no experience is more important than that of a patient. In this session you'll hear about what's shaping patient experiences and re-defining engagement models, by taking a holistic look at the industry from all perspectives through the results of a recent healthcare industry survey. A large hospital system will also share how it is thinking about its transformation journey, by utilizing data and engagement methods that aim to match those of cutting edge firms who have set the bar.</p> <p>OR</p> <p>Navigating Our Way to a Digital Experience Brigham Health has implemented a comprehensive digital patient navigation ecosystem to improve the all too often, complicated and overwhelming process of visiting an AMC. From texting, to digital wayfinding, to voice assistants, Brigham Health shares our successes and lessons learned of three year journey.</p>
2:30 – 3:30 PM	<p>Concurrent Education Sessions:</p> <p>How to Close Biomedical HIPAA Compliance and Security Gaps This session will ask four simple questions to address biomed devices and will draw from their decades of experience managing security programs to provide an overview of the primary security and compliance risk categories associated with these devices. Additionally, they will introduce proven techniques for addressing the security and management gaps that attendees can leverage within their organization.</p> <p>OR</p> <p>Pediatric Population Outcomes Using Health Registries Children's National's advancement in population health registries result shows our success in increasing patient health outcomes by 10% in the following six health conditions: asthma, cardiomyopathy, epilepsy, diabetes, inflammatory bowel disease and sickle cell disease. By creating a corporate goal around population health, with collaboration from our subspecialists and business intelligence teams, Children's National positively impacted health outcomes in multiple measures in each condition-specific registry. Our provider-facing analytic tools supports our clinical teams in taking better care of our kids with data-rich information to make the best care decisions. Our 2018 corporate goal underscores data quality improvements which drives action in the areas of care coordination, clinical integration, and patient engagement to improve population health outcomes. This also reflects our shared purpose of helping kids be happy, healthy and thriving.</p> <p>OR</p> <p>Cybersecurity in a Digital Transformation World This session will review four specific areas of interest that should be considered as your organization embarks on the journey of digital transformation. This includes the evolving threat environment, enhancing cybersecurity measures at a digital speed, designing your cybersecurity approach to parallel technological innovation and building up a foundation to manage cybersecurity by improving team culture.</p>

2:30 – 4:00 PM	<p>Roundtable Discussion with Federal Agency Staff (CMS, ONC, DHA, among others)</p> <p>Location: TBD</p>
4:00 – 5:00 PM	<p>Concurrent Education Sessions:</p> <p>How to Save Costs Beyond Targeting the Most Costly Patients Half of Medicare spending goes towards caring for 5% of the most costly patients. However, little is known about these patients prior to becoming the most expensive group. To address these gaps, this session will describe how EHR and PERS (personal emergency response service) data integration can provide insight into the patient health status; analyze the differences between the characteristics of patients in the Bottom-, Middle- and Top-cost segments; and compare persistence and non-persistence in annual healthcare cost of patients, i.e. the full dynamics of patient and cost movements between the different cost segments. While most population health management programs for chronically ill patients target the Top-cost segment, there is a great opportunity to maximize cost saving and prevent avoidable hospitalizations by managing the Middle-cost segment patients.</p> <p>OR</p> <p>Developing an Internal Innovation Competency and Culture Traditionally most health care organizations have been consumers of innovative technologies in the market, not producers. However, as the role of health systems change, many are building the capabilities to develop and potentially commercialize their own unique solutions. The process of assessing and selecting externally developed innovations at scale is challenging, time consuming, and often haphazard for healthcare organizations; these struggles in creating a successful external innovation process provide little incentive for organizations to take the additional step in producing innovations of their own. Presenters will share Orlando Health's progress on this journey to create an internal innovation competency and culture, with their Foundry program, as a case example.</p> <p>OR</p> <p>Navigating Multi-Hospital, Episode-Based Care Delivery This session provides an overview of the challenges multi-hospital providers face in creating an integrated, data-driven episode-based care model and the capabilities needed to ensure financial and operational success.</p>
5:00 – 6:00 PM	<p>Education Social Hour</p> <p>Description: A social hour to meet the education session speakers "up close and personal" and network with fellow colleagues.</p>
	<p>Dinner on your own</p>

Friday, February 15th, 2019

8:30 – 10:15 AM	<p>Morning Keynote - Healing from Within: Leading Change, Inspiring Action</p> <p>Description: Susan DeVore is president and CEO of Premier Inc., a leading healthcare improvement company</p>
10:30 – 11:30 AM	<p>Concurrent Education Sessions:</p> <p>Creating SNF Preferred Provider Networks to Drive Quality Outcomes</p>

	<p>This session will outline how we leveraged technology to developed a preferred provider network with our skilled nursing facility partners. The session will outline challenges with gathering information, technology used to capture discrete metrics, how we drive a continuous improvement, measure performance and hold SNFs accountable as a care partner. Focus time will be spent on how we engage out patients with data to make informed decisions related to skilled nursing care and our preferred provider network. Finally, we will discuss the value this program has brought to our organization, patients and care providers.</p> <p>OR</p> <p>Improvement of Quality Scores After joining an Accountable Care Organization and 13 managed care contracts, we realized if we did not incorporate health information technology, we would not thrive. We needed to create better workflows, processes, polices, perform report integrity checks, and build custom databases in order to see significant movement. This presentation provides a roadmap and walks through the step-by-step Plan-Do-Study-Act (PDSA) cycle East Tennessee State University Family Medicine took to improve our quality Scores.</p> <p>OR</p> <p>Improving Pediatric Asthma Outcomes Open Door Family Medical Centers recognized Asthma as a prevalent chronic condition in the School-Based Health Centers. They saw an opportunity to improve asthma management and control by utilizing visit planning reports, order sets, templates, clinician pay-for-performance, asthma action plans and asthma care registries. As a result, Open Door Family Medical Centers was able to improve classification, treatment and percentage of patients with asthma action plans, which led to reduced missed school days, improved control and increased revenue from DSRIP projects. The organization was able to give patients and caregivers tools to better manage asthma while reducing manual tasks performed by staff and their overtime pay.</p>
12:00 – 1:00 PM	<p>Concurrent Education Sessions:</p> <p>FHIR Interoperability: Point-of-Care Healthcare Apps in the Real World While data sharing is becoming more feasible, there is practically little in the way of EHR-integrated, point of care healthcare applications (apps) utilizing FHIR that could be broadly scaled across both healthcare systems and EHRs. This session will describe Geisinger’s evolving approach to using FHIR resources to extend homegrown apps beyond our current EHR system, allowing us to share our innovation more broadly than ever before.</p> <p>OR</p> <p>Commitment to Results: The Essential Clinical Dataset Most organizations have over-designed their EHRs resulting in a lot of “noise” and non-value-added data elements. With technology changing the tides of healthcare, an evolution has taken place within the industry. Hospitals and healthcare systems are seeking ways to optimize their EHRs. For many organizations, this means looking at the roles who use the EHR most often--particularly nurses, who are the largest user group. This session focuses on the collaboration to establish an essential clinical data set standard and highlights the results, including reduced time executing admission history, reduced number of clicks and higher utilization of data elements.</p> <p>OR</p> <p>Digitally Transforming Patient and Caregiver Experiences In this session, the speakers will discuss key digitalization initiatives at the Clinic</p>

	and the learnings from a multi-year digital transformation currently under way.
1:15 – 2:30PM	Closing Keynote: Not Impossible: Pushing the Bar on Innovation with Mick Ebeling, CEO, Not Impossible Labs
6:52pm Flight Departs Orlando (tentative – JB 824)	