

U.S. House of Representatives
Committee on Ethics

EMPLOYEE POST-TRAVEL DISCLOSURE FORM

LEGISLATIVE RESOURCE CENTER
2019 MAR -1 AM 11:00

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: Melanie Anne Egorin
2. a. Name of accompanying relative: _____ or None
 b. Relationship to Traveler: Spouse Child Other (specify): _____
3. a. Dates of departure and return: Departure: 3/13/2019 Return: 3/15/2018 2/15/19
 b. Dates at personal expense (if any): _____ or None
4. Departure city: Washington DC Destination: Orlando Return city: Washington DC
5. Sponsor(s) (who paid for the trip): Healthcare Information and Management Systems Society
6. Describe meetings and events attended: HIMSS 2019 meeting with a focus on health technology and attended a series of meetings related to my role as professional staff.
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 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 form. (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: [Signature] DATE: 1 March 19

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: Richard E. Neal DATE: 3/1/19

SIGNATURE OF SUPERVISING MEMBER: [Signature]



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): Melanie Egorin


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 | \$607.34 | \$242 | \$70 | \$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: Melanie Anne Egorin
2. Sponsor(s) who will be paying for the trip: Healthcare Information and Management Systems Society
3. Travel Destination(s): Orlando **BAC**
4. a. Date of Departure: February ~~12~~ 2019 Date of Return: February ~~18~~ 15 2019 **MAE**
- 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 professional staff with the Committee on Ways and Means, my portfolio includes telehealth and other health and technology issues.

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

Paul G. Miller

Date 1/15/19

**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: _____

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 contained 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 6, 2019

Ms. Melanie Egorin
Committee on Ways and Means
1104 Longworth House Office Building
Washington, DC 20515

Dear Ms. Egorin:

This letter supersedes the Committee's letter dated February 5, 2019. 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



ONE HUNDRED SIXTEENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON ETHICS

February 5, 2019

Ms. Melanie Egorin
Committee on Ways and Means
1104 Longworth House Office Building
Washington, DC 20515

Dear Ms. Egorin:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Orlando, Florida, scheduled for February 12 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****

Monday, February 11th, 2019

1:57pm Flight Arrives in Orlando (AA2016)

| | |
|-----------------------------------|---|
| 8:30 AM – 4:30PM | Full Day Preconference Symposia and Forums (ongoing for 8 hours): |
| Breakdown: | Chain Reaction: How Blockchain Technology Brings Value to Healthcare As blockchain continues to enable the exploration of innovative healthcare approaches not previously feasible, its adoption is growing. Gain an overview of blockchain fundamentals, and explore real-world experiences of early adopters transforming ideas to practice. This highly interactive event will provide you the opportunity to validate your blockchain hypotheses and give you a clear sense of how to participate in blockchain ecosystems. |
| 8:30-8:45am – networking | |
| 8:45-9:45am – education session | OR |
| 10:00–11:00am – education session | Innovation for Impact: “Best Practices” and “Next Practices” for the Higher-Performance Innovator Racing to innovate into the "new healthcare" but feeling challenged to keep pace with its execution? You're not alone. Discover tactical guidance, new ideas and proven practices in repeatable methods and frameworks to help address the most daunting challenges and make you a higher-performance innovator. From operational capabilities to competency metrics and approaches for scaling, funding and partnering for innovation, you'll take away shortcuts to proven strategies to take action now. |
| 11:15-12:15am – education session | |
| 12:15-1:15pm – lunch | OR |
| 1:15-2:15pm – education session | Pulse Check: Learning from Today’s Interoperability and HIE Successes and Unlocking the Potential of Tomorrow Interoperability and health data exchange are at a major pivot point as both evolving technologies and public policies drive implementation and new models of adoption. Explore a comprehensive assessment of these new drivers, including how TEFCA will shape exchange and the role of use cases in developing standards, policies and business models. Examine the intersection of established and emerging standards, open platforms and technologies, and how they play a role in advancing interoperable information exchange to enable a person-centered health system. Assess the status of exchange and integration of patient records with new stakeholder groups, including payers, providers and consumers. |
| 2:30-3:30pm – education session | |
| 3:45-4:35pm – education session | OR |
| | Healthy Aging and Technology Symposium: Building a Digital Bridge to Transform the Aging Experience As populations age, digital health technologies have the potential to bridge |

| | |
|----------------|--|
| | <p>the gap between one's dependency needs and the desire to remain independent. Addressing issues like continuity of care for chronic conditions, social isolation, loneliness and medication management through information and technology can transform health and wellness in aging while also meeting caregiver needs. Examine these trends and identify impactful solutions and opportunities as we move into the future of aging.</p> <p>OR</p> <p>Best Practices Symposium: Leveraging Information and Technology to Combat Opioid Addiction Opioid addiction is one of the most significant public health challenges in the U.S. As overdoses and deaths become commonplace, clinical leaders are looking to the thoughtful application of information and technology to reduce the utilization of opioids as treatment, identify at-risk patients and get patients the help they need. Examine technology solutions and best practices of HIMSS Davies Award of Excellence recipients for identifying at-risk patients, including standardizing care to prevent unnecessary opioid exposure, changing prescribing habits of clinicians, and getting addicts referred to rehabilitation.</p> |
| 5:00 – 7:00 PM | <p>HIMSS19 Opening Reception Join us for this year's not-to-be missed superhero-themed Opening Reception at HIMSS19 to network with your colleagues, peers and friends! Don't forget to pack your favorite superhero costume, because all guests are encouraged to come dressed up in costume! The opening reception is free to registered attendees and exhibitors of HIMSS19.</p> |
| 7:00 – 9:00 PM | <p>HIMSS19 Public Policy Leaders Dinner</p> <p><u>Location:</u> Rosen Centre</p> <p><u>Description:</u> 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.</p> |

Tuesday, February 12th, 2019

| | |
|---|---|
| 8:30 – 10:00 AM | <p>HIMSS19 Opening Keynote - Is Consumer-Directed Exchange Disrupting the Healthcare Marketplace? Opening keynote panel featuring CMS Administrator Seema Verma, Dr. Karen DeSalvo, Gov. Michael Leavitt, and Aneesh Chopra.</p> |
| 10:00 AM – 6:00 PM (When not at educational sessions or for non-scheduled time) | <p>HIMSS19 Exhibition Hall with live technology demonstrations, presentations, and education sessions</p> <p><u>Description:</u> 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> |
| 10:00 AM – 6:00 PM (When not at concurrent educational sessions or for non-scheduled time) | <p>Interoperability Showcase</p> <p><u>Description:</u> 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.</p> |

| | |
|-------------------------|---|
| <p>10:30 – 11:30 AM</p> | <p>Views from the Top: How Consumer Technology is Revolutionizing Our Daily Lives</p> <p>Description: Consumer tech is reshaping nearly every industry. The consumer – empowered by access to better information and technology – is increasingly center stage. Powered by increasingly low-cost sensors, clever algorithms, artificial intelligence, agile robots and big data, innovative new services, products and businesses are being created every day. Will the healthcare industry look the same in ten years? How must doctors rethink their practices to harness innovative health technologies? How will the patient experience change? Is HIPAA still relevant? Will consumer devices replace or supplement hospital IT needs?</p> |
| <p>10:30 – 11:30 AM</p> | <p>Congressional Forum</p> <p>Description: The Congressional Forum session provides the opportunity to hear from key Senate and House of Representatives staffers about the health information and technology policy topics being addressed in Congress and where they seek information and input from stakeholders. This session will offer an in-depth discussion on the priorities for health I&T policy-related issues on Capitol Hill in 2019 and what the agenda looks like for Congressional action.</p> |
| <p>10:30 – 11:30 AM</p> | <p>Concurrent Education Sessions:</p> <p>Leveraging Electronic Health Records to Discover Effective Care Coordination Practice Patterns Healthcare institutions are increasingly investing in patient centered care team models to encourage greater communication, collaboration and coordination among providers to improve care. However, the development of care team models is still in its infant phase. In addition, they can easily miss collaborations occurring across providers, those that occur on an ad-hoc basis or those that take place virtually, via a reading of other providers' notes in electronic format. This unique session offers a data-driven framework that relies on social network analysis along with EHRs to infer provider interaction networks, matches of patient medical needs to care teams and clinical impacts of different care team models.</p> <p>OR</p> <p>MHS CIO – Standardizing, Modernizing, Securing Health IT To achieve our IT modernization priorities, DHA needs to move to a more secure, agile, and cost effective infrastructure predominantly provided by shared services. This session will examine how, as the DHA CIO, a primary focus is driving standardization across our enterprise to improve the performance and affordability of health information technology operations and enable centralized management capabilities throughout the Military Health System. Implementing the Desktop to Datacenter – or D2D program – is a critical step in streamlining health information technology infrastructure service lines across the MHS enterprise. Cybersecurity is a huge concern, especially for DoD as a target for national security and health care information. This is a time of tremendous opportunity for improving continuity of care for our highly mobile beneficiaries who often receive care from DoD, VA and private sector health care delivery partners.</p> <p>OR</p> <p>The Real Challenges of Telehealth Adoption Telehealth continues to evolve rapidly worldwide. The technology available facilitates monitoring and examination of patients with an amazing level of</p> |

| | |
|-----------------|--|
| | <p>quality, efficiency and accuracy. Patient interest and satisfaction is high, and many large healthcare systems and payers have invested millions into their evolution into the telehealth space. Despite these advances, telehealth continues to face significant barriers. Many large professional societies have publicly expressed concerns over the widespread adoption of telehealth, many payers still restrict payment for services, and a large segment of the provider population remains skeptical or even opposed to the growth of telehealth. The speakers will draw from their extensive experience in telehealth across the clinical, academic, administrative, financial, technical and payer worlds to provide key insights and actionable solutions on enhancing reimbursement, provider adoption, and stakeholder buy-in.</p> <p>OR</p> <p>Identifying Risky Drug-Seeking Behavior at the Point of Care Brigham and Women's Hospital employed visualization techniques as well as descriptive and predictive analytics on a large longitudinal prescription dataset (PDMP - prescription drug monitoring program). A web-based tool, MeDSS, was then developed which dynamically generates charts on the patient's trajectory and does complex computations on risk predictors within seconds. A crossover study was conducted with participating physicians to determine how the inclusion of risk predictors from machine-learning models, incorporated into a tool with an improved UI design, increases comprehension of PDMP data, efficiency and recognition of high-risk factors--and thus assists with prescriber decision-making when a controlled substance is prescribed.</p> <p>OR</p> <p>Remote Monitoring Shows Significant Pop Health Benefits Patient engagement is critical to realizing outcomes and improvements necessary for healthcare systems' movement toward value-based care. However, the sickest populations are often those with the most obstacles to the kind of engagement needed to make a positive impact on their care and on costs. Telemedicine, once thought of as a fringe approach appropriate for only a small population of total patients, is now being used to significantly boost engagement among patients with chronic and costly morbidities such as congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD), along with specialized but typically very costly populations such as those with post-partum hypertension. The University of Pittsburgh Medical Center (UPMC) and the Ontario Telemedicine Network (OTN) are both influential champions for the use of telemedicine to help manage these patient populations and will discuss how their use of this platform is improving care and lowering costs.</p> |
| 12:00 – 1:00 PM | <p>Concurrent Education Sessions:</p> <p>Patient-Centric Health Information Exchange Fragmented patient records scattered about disparate healthcare providers is the major disconnect in a healthcare industry on the precipice of transformation. With a shift from Fee-For-Service (FFS) to Value-based Care and Episode-based payment fee schedules, the creation of a new model is vital to the patient and to the industry at large. Without true interoperability between health information systems from a technological, state-regulatory, and economic standpoint, the patient will continue to bear the brunt of adverse health and financial outcomes. The advent and continuous maturation of technologies like FHIR Resources and Private Blockchain Networks have provided us the infrastructural tools required to liberate Personal Health Information from closed exchanged networks. Our presentation spotlights how detrimental the lack of interoperability is to the</p> |

| | |
|-----------------|--|
| | <p>American healthcare system and proposes the concept of a Patient-Centric Health Information Exchange.</p> <p>OR</p> <p>Enabling Digital Health Innovation: A Real-World NHS Journey This session will provide results and learnings from 2.5 years of effort in kick-starting innovation at a large London hospital. Starting from a position where innovation was entirely unknown, this organization invested in supporting frontline excellence holistically, delivered multidisciplinary consultation, offered seed funding for projects and established organizational awareness to C-level. They have learned that innovation, at first, can be an opportunistic pipeline that has frontline excellence and knowledge of real world problems as its fuel. The speakers will explain key stages of organizational maturity for and methods with which innovation can grow and flourish in large acute settings.</p> <p>OR</p> <p>Colorado's Health IT Success: What's Our Secret Sauce? This session will detail how the Colorado Health IT Roadmap was developed with support from the federal level, state legislators, policy makers, technology experts, government partners, care providers and patients to drive higher consumer engagement, to help create an environment for value-based payments and to support Colorado's Triple Aim: "Best Care. Best Health. Best Value." Lessons learned will be shared that can benefit many different types of organizations hoping to change the healthcare infrastructure in their organizations, regions and states. The important role of sustainable health information exchange will be discussed, as well as ideas for gathering the right players who can share a spirit of collaboration with patients at the center.</p> <p>OR</p> <p>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 and Common Agreement as well as other critical issues in its portfolio related to standards, usability, and increasing health IT adoption and functionality.</p> |
| 12:30 – 1:00 PM | <p>Keynote: The Journey to a More Patient-Focused Sustainable Health System Rasu Shrestha, MD, MBA Chief Innovation Officer & Executive Vice President, UPMC & UPMC Enterprises</p> |
| 1:30 – 2:30 PM | <p>Concurrent Education Sessions:</p> <p>Cracking the Code to Better Quality and Financial Outcomes One of the greatest challenges facing hospitals is their increased assumption of risk as a result of the transition to value-based care. Rather than allowing providers to drive revenue by raising their volume of services, both CMS and commercial payers are now moving to base provider reimbursement on quality outcomes and scores. Since it costs more to deliver proper care to patients with more health issues, CMS introduced risk adjustment factors (RAFs) to compensate providers for this increased level of care, which brought a host of challenges around documentation accuracy. Faced with these challenges, Rush University Medical Center sought new ways to improve risk-based revenue and elevate quality scores. Among the most important was an initiative to boost premium revenues through accurate HCC</p> |

| | |
|-----------------------|---|
| | <p>code capture, which enabled Rush to take on more high-risk covered lives. The program resulted in increased revenue of \$2,300 per patient, or about \$20 million per hospital annually.</p> <p>OR</p> <p>Improving Care Coordination with Nationwide Data Exchange In a 2018 study, 50% of physicians surveyed noted they were not satisfied with their access to patient data, noting that the lack of access to patients' clinical history can impede care coordination and result in increased costs. This session will share personal clinical and operational experiences in leveraging patient-centered interoperability to connect disparate information and technology solutions, health systems and providers both locally and nationally. Bringing their unique experiences, the speakers will share how having unfettered, real-time access to relevant patient health data cannot be underestimated. It is a game changer for the industry that is ultimately resulting in better value, improved patient experience, reduced costs and decreased provider frustration.</p> <p>OR</p> <p>MHS GENESIS: Transforming the Delivery of Healthcare MHS GENESIS, the Military Health System's single electronic health record, deployed to all four final initial fielding sites in the Pacific Northwest, which served as the initial test of MHS GENESIS and its supporting operations and infrastructure. This session will take a look back and talk about the Initial Operational Capability phase, the value that's already being seen, and how the lessons learned are applied in the ongoing MHS GENESIS deployment efforts. MHS GENESIS will deploy enterprise-wide across the Military Health System using a wave deployment process beginning in late 2019.</p> <p>OR</p> <p>Changing the Culture of Data to Support Value-Based Models It is well known how difficult it has been for ACOs to accrue, manage and share data and the insights that come from advanced analytic solutions. This session will share how the right data strategy can help providers bend the cost curve while making important gains in health outcomes for different patient populations, it will enlighten attendees on an effective data strategy and motivate to deploy one.</p> |
| <p>3:00 – 4:00 PM</p> | <p>Concurrent Education Sessions:</p> <p>Artificial Intelligence vs COPD: The Fight for Patient Health Geisinger Health System is using a unique and powerful cognitive machine to drive down rates of avoidable admissions for COPD patients. Applied within the system's largest medical center, this AI solution is helping identify the sub-group of COPD patients at risk of an acute exacerbation (AECOPD). Approximately 50% of AECOPD are not reported by patients, but AECOPD drives 2.4% of acute hospitalizations. Leveraging cognitive machine technology, Geisinger is able to pin point those COPD patients at a 30x risk of an avoidable admission and the interventions that will most likely keep a patient out of the hospital. During this session, the speakers will provide an overview of the project, current and projected clinical performance/impact and key lessons learned in the application of AI to reduce complications for patients with chronic conditions.</p> <p>OR</p> |

| | |
|----------------|---|
| | <p>Telehealth 301: Beyond the Basics The smallest patients sometimes require the most attention, and for Children’s Mercy Kansas City, they are the health system’s priority. Pediatric patients in the Midwest often face extreme barriers to care because of the shortage of specialty (and sub-specialty) physicians, the vast expanse of rural topography and the region’s social determinants of health. To overcome those challenges and provide better access to a higher quality of care, Children’s Mercy saw one solution to its patients’ problems: virtualized care through telehealth solutions. As partners in healthcare delivery, the presenters will share insights to challenges, solutions and opportunities for building and implementing virtual care models to serve geographically isolated populations. The speakers will dive into best practices and share results for how their strategies have improved patient access, increased patient satisfaction, and provided opportunities for provider retention.</p> <p>OR</p> <p>Department of Veteran Affairs Session The Department of Veterans Affairs (VA) will be presenting on several significant topics in their sessions, including the health IT-focused efforts underway to deliver transformative services to its veteran population as well as the work and planning to more fully integrate VA and Department of Defense health care resources and information in support of veterans and service members.</p> |
| 3:00 – 4:00 PM | <p>Views from the Top - From Real-World Data to Digital Twins: Paving the Way for Personalized Healthcare</p> <p>Description: Prof. Okan Ekinci, Chief Medical Officer for Roche Diagnostics Information Solutions, will provide insights on Roche’s Personalized Healthcare strategy. He will discuss how data-driven Clinical Decision Support Solutions evolve and help healthcare institutions in their digitization effort to ultimately improve patient outcomes as well as clinician satisfaction - at an increased level of efficiency and quality.</p> |
| 4:15 – 5:15 PM | <p>Concurrent Education Sessions:</p> <p>Mitigating the Next Generation of Risk: Connected Devices With the significant increase in innovative, connected medical devices becoming part of patient care, Information Technology and Clinical Engineering are no longer mutually exclusive disciplines within the clinical setting; rather, they are out of necessity a fully integrated continuum in the integrated chain of patient care. Insuring the security and integrity of information and technology assets in the hospital data center is well understood; however, the practice of securing and protecting the ever-expanding range of connected medical devices that interact directly with the patient is not as well understood and is fraught with a range of additional and unique challenges. This session will describe the similarities and differences in securing information and technology and clinical assets and will outline a model to protect connected medical devices from malicious intent.</p> <p>OR</p> <p>Defeat Nation State Actors Stalking the Healthcare Sector Retired Brigadier General Greg Touhill, the first Chief Information Security Officer of the United States government and current president of the Cyxtera Federal Group, will discuss the current cyber threat environment; the tactics, techniques, and procedures used by nation state actors and cyber criminal groups to threaten organizations; why the health care environment is at high risk; and what the health care sector should do to better manage their risk.</p> |

| | |
|--|--|
| | <p>OR</p> <p>Smartphones Are Driving Clinical Transformation Hospitals and health systems surveyed are making large-scale, enterprise-wide investments in smartphones and unified communications solutions to drive clinical transformation and address mission as well as patient-critical communications requirements of clinical and non-clinical mobile workers within the hospital and across care continuum. These solutions support the achievement of the Quadruple Aim by reducing costs, improving quality and outcomes and increasing patient and provider satisfaction. The speakers, representing research, clinician and administrator standpoints, will offer compelling details of what a successful deployment looks like; how to address and overcome the associated pitfalls in operationalizing a large-scale health system-wide deployment; and explore future growth opportunities involved with integrating these solutions with evidence-based clinical pathways and care management programs including support of bedside documentation and clinical surveillance.</p> |
| | Dinner on your own |

Wednesday, February 13th, 2019

| | |
|-------------------|---|
| 7:00 – 8:15 AM | <p>HIMSS Public Policy Leaders Breakfast</p> <p>Description: Breakfast 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.</p> |
| 8:30 – 9:30 AM | <p>State Officials Panel: Smart States and the Push towards Health IT Modernization</p> <p>Description: States and local governments are on the front line of creating “smart health systems” given recent modernization efforts leveraging 21st Century digital technologies, the abundance of robust real-time health related data, and health and human services integration. This session will underscore the opportunities and trends that have prompted state legislators, governors, and county officials to reimagine how they could use health IT solutions to upgrade legacy systems and address complex health issues relating to social determinants, the impact of global health pandemics and population health outcomes. Panelists will discuss their efforts to address these issues with the help of federal agencies, partner organizations, and in collaboration with other states.</p> |
| 8:30 – 9:30 AM | <p>Views from the Top – Transparency in Prescription Drug Costs to Help Patients Save Money</p> <p>Description: In a consumer-oriented world, why are we still surprised by the out-of-pocket cost of our medications? How many of us simply leave the prescription behind and become part of the “non-adherence” statistic due to cost? Hear Casey Leonetti, Senior Vice President of PBM Innovation of CVS Health, and Tom Skelton, CEO of Surescripts, two trail-blazing innovators in pharmacy, healthcare and health information technology, talk about how making prescription drug cost and drug benefit plan information available to patients, prescribers and pharmacists can help improve health care engagement. In fact, early results show that this type of transparency is transforming the prescription decision-making process for physicians, pharmacists and patients by supporting and enabling a consumer-driven market-place that ultimately helps patients save money on their medications.</p> |
| 9:30 AM – 6:00 PM | HIMSS19 Exhibition Hall with live technology demonstrations, presentations, and sessions |

| | |
|---|--|
| (When not at concurrent educational sessions or for non-scheduled time) | 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. |
| 10:00 – 11:00 AM | <p>Concurrent Education Sessions:</p> <p>Lessons from Israel: Finding Cancers with AI and EHR Data What can the U.S. health system learn from its Israeli counterpart when it comes to leveraging existing EHR data for preventative care? Israel's digital database (the world's second largest) has collected medical records for over 98% of the population to further the development of preventative treatment and personalized care plans. In this session, the speaker goes beyond conjecture to demonstrate how U.S. health systems can learn from the Israeli model and integrate AI tools into clinical practice to identify high-risk patients and create a clinical path for effective intervention. She will reference the real-world development, validation, implementation, adoption and results of an AI-based tool designed to flag individuals at risk of harboring colorectal cancer using only existing EHR data. The clinical and ROI results of this implementation will reveal how AI can facilitate early interventions to improve patient outcomes while enabling health systems to prioritize resources..</p> <p>OR</p> <p>Blockchain Privacy, Security, Compliance and Regulation Blockchains show great potential to help healthcare reduce costs, and improve patient engagement, experience, and outcomes. Privacy expectations and risks must be successfully managed to enable healthcare to fully realize the benefits of blockchain. Concurrently, blockchains hold incredible potential to put patients and data subjects in control of their data and improve privacy. A myriad of regulations and data protection laws apply to blockchains, and must be complied with to avoid non-compliance, penalties, and other impacts. The challenges of compliance are exacerbated by the fact that blockchains can span states, countries, and regions that represent different jurisdictions with different regulations and data protection laws, and data sovereignty and trans-border data flow requirements and challenges can also emerge as blockchains grow globally.</p> <p>OR</p> <p>Digital Transformation: Uniting the Full Continuum of Care As health systems consolidate, populations age and healthcare professionals are stretched increasingly thin, how can providers deliver a continuum of care that significantly yet cost-effectively advances quality of life without compromising care standards or intensifying professional burnout? For many, including Jewish Senior Living Group (JSLG), digital transformation points the way forward. Focused on improving quality of life for residents and professionals, JSLG's San Francisco Campus for Jewish Living wanted to reduce fragmentation and unify its services for patients/residents. It developed a digital transformation strategy that integrates experiences on- and off-campus and in virtual space to deliver the right services at the right time. Fundamental to JSLG's approach is the tenet that, to succeed, digital solutions must be accessible and useful to the patients and clinicians interacting with them. This session will explore JSLG's end-to-end digital transformation journey.</p> |
| 11:00 - 11:20 AM | Staff Led VIP Tour of the Interoperability Showcase |
| 11:30 AM – 12:30 PM | Concurrent Education Sessions: |

| | |
|----------------|---|
| | <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 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

| | |
|----------------|--|
| 8:30 – 9:30 AM | <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> |
|----------------|--|