



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, by email at gifttravelreports@mail.house.gov, 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: Matthew Horowitz
2. a. Name of Accompanying Relative: _____ **OR** None
- b. Relationship to Traveler: Spouse Child Other (specify): _____
3. a. Dates: Departure: 8/8/21 Return: 8/12/21
- b. Dates at Personal Expense, if any: _____ **OR** None
4. Departure City: Washington, DC Destination: Las Vegas, NV Return City: Washington, DC
5. Sponsor(s), Who Paid for the Trip: Health Information and Management Systems Society (HIMSS)
6. Describe Meetings and Events Attended:
HIMSS Conference and educational sessions; Participated in Congressional forum with staff from House and Senate; Discussions of healthcare delivery for veterans, cyber-security, healthcare data, pandemic response, etc.
7. Attached to this form are **each** of the following, *signify that each item is attached by checking the corresponding box*:
 - a. a completed *Sponsor Post-Travel Disclosure Form*;
 - b. the *Primary Trip Sponsor Form* completed by the trip sponsor **prior** to the trip, **including all** attachments **and** the *Additional Sponsor Form(s)*;
 - 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:

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

Signature of Traveler: Matthew Horowitz Digitally signed by Matthew Horowitz Date: 2021.08.26 18:45:16 -04'00' Date: 08/26/2021

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: Mark Takano Date: 8/27/21

Signature of Supervising Member: Mark Takano



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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 website (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:
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):
5. Yes No Is travel being offered to an accompanying family member of the House invitee(s)?
6. Date of departure: _____ Date of return: _____
7. a. City of departure: _____
b. Destination(s): _____
c. City of return: _____
8. **Check only one.** I represent that:
 - 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 only one of the following:**
 - a. I checked 8(a) or (b) above; **OR**
 - b. I checked 8(c) above but am not offering any lodging; **OR**
 - 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 you checked this box, explain why the second night of lodging is warranted:



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10. Attached is a detailed agenda of the activities 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 only one of the following:**
- 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. *Not Applicable.* 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:
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 the box.*
15. **Check only one.** I represent that either:
- 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 the 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: _____ City: _____ Cost Per Night: _____
- Reason(s) for Selecting: _____
- 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 the box.*



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18. Total Expenses for each Participant:

<input type="checkbox"/> Actual Amounts <input type="checkbox"/> Good Faith Estimates	Total Transportation Expenses per Participant	Total Lodging Expenses per Participant	Total Meal Expenses per Participant
For each Member, Officer, or Employee			
For each Accompanying Family Member			

	Other Expenses (dollar amount per item)	Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.)
For each Member, Officer, or Employee		
For each Accompanying Family Member		

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

19. Check only one:

- a. I certify that I am an officer of the organization listed below; **OR**
- b. *Not Applicable*. Trip sponsor is an individual or a U.S. institution of higher education.

20. I certify by my signature that

- a. I read and understand the Committee's Travel Regulations;
- b. I am not a registered federal lobbyist or registered foreign agent; and
- c. The information on this form is true, complete, and correct to the best of my knowledge.

Signature: Thomas M. Leary Date: _____

Name: _____ Title: _____

Organization: _____

Address: _____

Email: _____ Telephone: _____

INSTRUCTIONS

Complete the *Primary Trip Sponsor Form* and submit the agenda, invitation list, any attachments, and any *Additional Trip Sponsor Forms* directly to the Travelers.

Written approval from the Committee on Ethics is required before traveling on this trip. The Committee on Ethics will notify the House invitees directly and will not notify the trip sponsors.

Willful or knowing misrepresentation on this form may be subject to criminal prosecution under 18 U.S.C. § 1001. Signatures must comply with section 104(bb) of the Travel Regulations.

For questions, please contact the Committee on Ethics at:

1015 Longworth House Office Building
Washington, D.C. 20515

ethicscommittee@mail.house.gov | 202-225-7103
More information and forms available at ethics.house.gov



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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: _____
2. Travel Destination(s): _____
3. Date of Departure: _____ Date of Return: _____
4. Name(s) of Traveler(s): _____

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

Signature: _____ *Thomas M. Leary* _____ Date: _____

Name: _____ Title: _____

Organization: _____

- I am an officer of the above-named organization. Signify statement is true by checking box.

Address: _____

Email: _____ Telephone: _____

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.



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TRAVELER FORM

This form should be completed by House Members, officers, or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule 25, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer, or employee, together with the completed and signed trip sponsor form(s) and any attachments. A copy of this form, minus this initial page, will be made available for public inspection. **This form and any attachments may be delivered to the Committee at 1015 Longworth or e-mailed to travel.requests@mail.house.gov.**

Your completed request must be submitted to the Committee no less than 30 days before your proposed departure date. Absent exceptional circumstances, permission will not be granted for requests received less than 30 days before the trip commences. **You must receive explicit approval from the Committee before you depart on this trip.**

Name of Traveler: Matthew J Horowitz

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

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

Signature: 

Name of Signatory (if other than traveler): _____

For Staff (name of employing Member or Committee): House Committee on Veterans Affairs

Office Address: 364 Canon HOB

Telephone Number: 202-578-7047

Email Address of Contact Person: matt.horowitz@mail.house.gov

Check this box if the sponsoring entity is a media outlet, the purpose of the trip is to make a media appearance sponsored by that entity, *and* these forms are being submitted to the Committee less than 30 days before the trip departure date.

NOTE: You must complete all of the contact information fields above, as Committee staff may need to contact you if additional information is required.

KEEP A COPY OF THIS FORM. Page 2 (but not this page) must be submitted to the Clerk as part of the post-travel disclosure required by House Rule 25. Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting paperwork for three subsequent Congresses from the date of travel.

If there are any questions regarding this form, please contact the Committee on Ethics at 202-225-7103 or via e-mail: travel.requests@mail.house.gov.



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COMMITTEE ON ETHICS

TRAVELER FORM

1. Name of Traveler: Matthew J Horowitz

2. Sponsor(s) who will be paying or providing in-kind support for the trip:
HIMSS: Healthcare Information and Management Systems

3. City and State **OR** Foreign Country of Travel: Las Vegas, NV

4. a. Date of Departure: August 8 Date of Return: Aug 11

b. Yes No Will you be extending the trip at your personal expense?

If yes, list dates at personal expense: Aug 12, Aug 13, Aug 14

5. a. Yes No Will you be accompanied by a family member at the sponsor's expense? **If yes:**

(1) Name of Accompanying Family Member: _____

(2) Relationship to Traveler: Spouse Child Other (specify): _____

(3) Yes No Accompanying Family Member is at least 18 years of age:

6. a. Yes No 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)?

b. **If yes**, and you are requesting lodging for two nights, explain why the second night is warranted:

7. Yes No *Primary Trip Sponsor Form* is attached, including agenda, invitee list, and any other attachments and Additional Sponsor Forms.

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 Professional Staff, I have oversight responsibility over the Electronic Health Modernization Program including cybersecurity and information management. HIMSS is a leader in these areas and the conference gives me the opportunity to learn about these issues first-hand and speak to industry leaders in the area.

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

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  Date 7/7/21

Theodore E. Deutch, Florida
Chairman
Jackie Walorski, Indiana
Ranking Member

Susan Wild, Pennsylvania
Dean Phillips, Minnesota
Veronica Escobar, Texas
Mondaire Jones, New York

Michael Guest, Mississippi
Dave Joyce, Ohio
John H. Rutherford, Florida
Kelly Armstrong, North Dakota



ONE HUNDRED SEVENTEENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON ETHICS

Thomas A. Rust
Staff Director and Chief Counsel

David W. Arrojo
Counsel to the Chairman

Kelle A. Strickland
Counsel to the Ranking Member

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

July 28, 2021

Mr. Matthew Horowitz
Committee on Veterans' Affairs
B234 Longworth House Office Building
Washington, DC 20515

Dear Mr. Horowitz:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Las Vegas, Nevada, scheduled for August 8 to 14, 2021, sponsored by Healthcare Information and Management Systems Society (HIMSS). We note that this trip includes three days at your personal expense.

This approval represents the Committee's determination that the proposed trip complies with relevant House rules, federal laws, and Travel Regulations promulgated by the Committee. You should engage in your own assessment of the risks and implications of engaging in travel during the current COVID-19 pandemic.

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 \$415 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,

A handwritten signature in blue ink, appearing to read "Theodore E. Deutch". The signature is stylized with a large, sweeping initial "T" and "D".

Theodore E. Deutch
Chairman

A handwritten signature in blue ink, appearing to read "Jackie Walorski". The signature is written in a cursive style.

Jackie Walorski
Ranking Member

TED/JW:adw



Congressional Staff Agenda

Location: Wynn meeting space, the Venetian-Sands Expo Center and Caesars Forum Conference Center

August 9 – 13, 2021

Access Full Conference Information here: [HIMSS21](#)

All times are Eastern Time (PST).

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

MATT HOROWITZ ARRIVES 08/08/21 at 8:05pm

Monday, August 9th, 2021

8:45 – 9:45 AM	<p>Global Health Equity - The Time is Now Description: Health equity is a global crisis and it is time for action. The COVID-19 pandemic magnified the health disparities many communities around the world face on a daily basis. Limited access to basic needs such as housing, food, clean water, broadband, transportation, and barriers such as digital literacy need to be addressed to improve healthcare across the globe. We must also acknowledge and address the dangerous impact of systemic racism has had on communities of color. Hear how you can start to impact change in your organization or community.</p>
<p>CHAD MICHAELS ARRIVES 08/09/21 at 9:55AM</p>	
<p>10:00 AM – 6:00 PM (When not at educational sessions or for non-scheduled time)</p>	<p>HIMSS21 Exhibition Hall with live technology demonstrations, presentations, and education sessions Description: Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS21 exhibit floor. Features the HIMSS Interoperability Showcase, the Cybersecurity Command Center, Intelligent Health Pavilion, the Healthcare of the Future, and more.</p>
<p>10:00 AM – 6:00 PM (When not at concurrent educational sessions or for non-scheduled time)</p>	<p>Interoperability Showcase Description: Explore a health ecosystem where standards-based health IT enables individuals to securely access, contribute to and analyze their own health data. Learn how current health IT products in the market deliver standards-based interoperability and health information exchange with an interactive learning experience.</p>
<p>10:00 – 11:00 AM</p>	<p>Assessing IT Maturity Measures and Quality in U.S. Nursing Homes Description: The world's older population continues to grow at an unprecedented rate. Currently, 8.5% of the people worldwide are aged 65 and over, with this number projected to reach 17% by 2050. Meeting the healthcare needs of this growing populace is straining resources across the globe, especially in the U.S., where nursing homes (NHs) provide care for over 1.7 million Americans. Understanding the impact of emerging technologies on quality of care and safety of NH residents has been under studied. Currently, there is no national NH information technology (IT) maturity model linking maturation of health IT with quality measures. This gap is important because understanding health IT's full impact on clinical work and NH quality requires that we identify how quality changes as technology matures, and which technologies make a difference. Our preliminary work</p>

	demonstrates that as NH IT adoption increases, quality improves. In a recent study assessing national trends in NH IT maturity and quality performance over a three-year period, significant relationships were found to exist between increasing IT maturity and select quality measures, for instance, fewer urinary tract infections and reduced antipsychotic medication use in long-stay NH residents. In this session, we will describe the development of the NH IT Maturity and Staging Model and results of a national study of over 815 U.S. NHs that participated in the study.
11:40 – 12:20 pM	<p>Panel: Social Determinants and It's Impact on Patient Experience</p> <p>Description: If ever social determinants of health (SDOH) became more tangible than ever it has been during the past 18 months. Add to this the spotlight on health equity and diversity as a subset of SDOH. While there is surely a qualitative side of social determinants, patients are demanding a better understanding of how others in similar social, economic and cultural environments may be more susceptible than others to disease and mental health challenges. Social determinants and health literacy go hand in hand. Building a culture where clinicians are sensitive to the effect of social determinants on the delivery of care will be a key factor in patient experience and satisfaction. In this panel, our esteemed panelists will discuss how SDOH plays a role in how technology improves the care experience and how we can ensure that all populations have equal access to that care.</p>
12:35 – 1:35PM	<p>Redefining Prenatal Care: Pre- and Post-Pandemic Lessons from Novel Applications of Telemedicine to Transform Women's Pregnancy Experience</p> <p>Description: Propelled by the pandemic, virtual care is revolutionizing healthcare. Obstetrics provides a unique opportunity for application given visit burden within the traditional prenatal care schedule. However, in order for virtual care to be accepted, healthcare systems must provide not only high-quality care, but also exceptional patient experience. Recognizing this, we surveyed pregnant women in our hybrid prenatal care model with up to 6 virtual encounters and remote monitoring. Of 165 respondents (95% response), almost all (90%) would make another virtual appointment. Over two-thirds (69%) agreed that their virtual appointment was as good as in-person and few (13%) disagreed. Consumer Assessment of Healthcare Providers and Systems data revealed no statistically significant difference in satisfaction after virtual vs. in-person visits. Using our findings from both before and during the pandemic as a case study, we discuss how to engage stakeholders in developing virtual models of care, share data-driven methods of continuous improvement, highlight best practices to maintain the human connection within virtual settings, and evaluate future virtual care applications in obstetrics and other clinical domains. Virtual visits provide a patient-centered alternative to standard in-person models of care. During and beyond the pandemic, providers should utilize virtual visits to improve access while maintaining quality and excellent patient experience.</p>
1:15– 2:15 PM	<p>Equity by Design: HIMSS Past, Present and Future Perspectives</p> <p>Description: Diversity and inclusion expert Verna Myers once said "diversity is being invited to the party; inclusion is being asked to dance." As organizations, we must be held accountable. At HIMSS, we are continuously learning and prioritizing equity. But what does success look like and are we moving the needle? How do we evaluate it? Join us for a panel discussion with representatives from three separate HIMSS equity-related committees to hear their perspectives.</p>
2:30 – 3:30 PM	<p>Advancing Equity through Primary Care and Digital Health Tools</p> <p>Description: Digital health tools (DHT) have tremendous potential to reduce</p>

	<p>existing health disparities within racial and ethnic minority populations and rural communities. Many patients gain access to DHTs through their primary care clinicians, but primary care clinicians, especially those serving underserved communities, have adopted DHTs at slower rates than others. The Digital Health Tools Study is assessing clinician, practice and policy-level barriers and facilitators to adoption and use of DHTs by primary care clinicians. More than 1,100 clinicians participated in a survey and focus groups. Of those surveyed, 99% had used DHTs in the previous 5 years. Respondents used the following DHTs: telehealth (65%), electronic health records (65%), patient portal (50%), health information exchange (45%), prescription drug monitoring program (40%), remote/home monitoring (30%) and wearable devices (20%). Workflow integration was a significant facilitator (50%), but also a barrier (40%) to adoption and use of DHTs. Likewise, cost a barrier (50%), with 30% reporting that government incentive payments facilitated adoption. Approximately 30% reported lack of reimbursement as barriers, while 20% reported reimbursement as a facilitator. The COVID-19 pandemic increased use, with 90% used DHTs due to the pandemic and 54% reported their first use of telehealth. The survey and focus group results highlight important policy implications and opportunities for policy improvement.</p>
<p>3:45 – 4:30 PM</p>	<p>Embracing Community Health and Health Equity in an Integrated Healthcare System</p> <p>Description: Caring for the community is a priority for at the Cleveland Clinic. Our goal is to create the healthiest community for everyone by listening to our neighbors, responding to their needs, partnering with trusted stakeholders, and investing in our neighborhoods. We want to move outside of the hospital's walls and do more to help our community by addressing the social determinants of health, like food, housing, employment, education, and family these other factors that play a significant role in our health. The Cleveland Clinic Community Health Strategy is a proactive, outcomes-based plan to HEAL, HIRE, and INVEST in our patients and the neighborhoods around our hospitals and health centers. Our objective is to partner in our communities to attain the highest levels of health, wellbeing, and health equity utilizing an anchor institution approach. In addition to sharing out approach to community health, we will also embed our community health response to COVID-19, including the use of patient portals and registries to reach vulnerable patients and provide proactive care to reduce preventable admissions. We will also discuss the role of role of community health and regional partnerships to intentionally address the digital inclusion and equity by tracking and responding to digital needs around affordable connectivity, equipment, digital skills training, and consideration for digital health spaces (ie, libraries) to support virtual health approaches.</p>
<p>5:00 – 6:30 PM</p>	<p>Keynote: Preserving the Health of a Population - Early Lessons from a Global Pandemic</p> <p>Description: Preserving the health of a population, particularly a global population during a pandemic, requires a true sense of collaboration and cooperation among nations, their people, their leadership, and, decisions grounded in scientific facts. With the speed in which COVID-19 spread, a pandemic was declared in less than three months from the onset of the disease. Every aspect of population health was affected: routine care was no longer routine, and in many cases, no longer available; the use of telemedicine exploded exponentially; care delivered to the underserved was compromised; and uptake of available vaccinations varied.</p> <p>Today, as industry stakeholders grapple with delivering care in the midst of the spreading of multiple variants and healthcare crises in nations of all sizes, our esteemed panel, moderated by Hal Wolf, President and CEO of HIMSS, of internationally-recognized, multi-disciplinary experts will share their insights</p>

	to address concerns across multi-faceted healthcare stakeholders.
	Dinner on your own

DEVIN GERZOF ARRIVES 08/09/21 at 9:09PM

Tuesday, August 10th, 2021

8:30 – 9:30 AM	<p>Keynote: Healthcare Cybersecurity Resilience in the Face of Adversity Description: Cybersecurity incidents are unfolding at unprecedented levels across the globe, with virtually no industry left unaffected. With cybersecurity as the backbone to normal and safe operations at all healthcare organizations globally, it is critical that healthcare professionals have the latest knowledge to ensure risks and exposures to incidents like ransomware and others are minimized. Our panel of esteemed experts—led by Admiral Mike Rodgers, former National Security Agency director under President Obama—will provide an in-depth review of the cybersecurity challenges healthcare organizations are facing today. Get the latest information on how to lead your organization to not only survive these turbulent cybersecurity times but also be more resilient against aggressive cyberattacks and well positioned to protect your patients.</p>
10: AM – 6:00 PM (When not at educational sessions or for non-scheduled time)	<p>HIMSS21 Exhibition Hall with live technology demonstrations, presentations, and education sessions Description: Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS21 exhibit floor. Features the HIMSS Interoperability Showcase, the Cybersecurity Command Center, Intelligent Health Pavilion, the Healthcare of the Future, and more.</p>
10:00 AM – 6:00 PM (When not at concurrent educational sessions or for non-scheduled time)	<p>Interoperability Showcase Description: Explore a health ecosystem where standards-based health IT enables individuals to securely access, contribute to and analyze their own health data. Learn how current health IT products in the market deliver standards-based interoperability and health information exchange with an interactive learning experience.</p>
10:15 – 11:15 AM	<p>Concurrent Sessions</p> <p>COVID-19 Lessons Learned: The Invaluable Need for Virtual Care Description: The pandemic has changed how healthcare is delivered all over the country and the world. For the Department of Veterans Affairs (VA), the nation's largest and most geographically diverse healthcare system, rapidly expanding virtual care required new policies, approaches, tools, training and ongoing support to clinicians and patients alike. This session will explore lessons learned across that rapid expansion as well as what worked and did not work for engaging clinicians and patients around the virtual care experience. Attendees will take away tangible tools and approaches to embracing a clinical future with more telehealth and a seamless virtual patient experience.</p> <p>OR</p> <p>How the Pandemic Unmasked the Power of Supply Chain</p>

	<p>Description: Why did the healthcare supply chain fail so dramatically during the Covid-19 pandemic? What could have been done to minimize the impact of the surging product demands? Is a geographically diversified sourcing strategy enough? What are the sources for disruption – technology? Process? More robust SC methodology? How does a clinically integrated supply chain reinforce and actualize the power of the supply chain? The pandemic is having ongoing and lasting reverberations on healthcare supply chain. Join us as we explore these topics with a global perspective.</p> <p>OR</p> <p>Keynote: Big Data Matters in Big Pharma: A look at Regulations, Ethics, and Innovation</p> <p>Description: Abbvie vice president Chris Boone discusses the pharmaceutical industry’s efforts to use new types of real-world data on patients—from insurance claims to lab tests to molecular profiles to data from wearable health sensor—to speed up drug discovery, development, and testing. Along the way, Chris will review the regulations and ethical issues that guide pharma’s use of big data; innovation trends; how analytics will transform research and development across the industry; and the power of artificial intelligence and predictive modeling to improve clinical discovery.</p>
<p>11:45 – 12:45 PM</p> <p>12:00 – 1:00 PM</p>	<p>Advancing and Measuring Interoperability Together</p> <p>Description: How do you measure interoperability from a product or an outcome? How do you quantify the ability to exchange essential health information in an age where our personal health intimately impacts our collective health? In 2020, the Office of the National Coordinator for Health Information Technology (ONC) launched an initiative to study how healthcare stakeholders measure their ability to exchange and use information to drive improved health outcomes and the personal and population level while preserving existing investments. As part of this multi-year initiative, the ONC seeks to understand how health IT developers (vendors) measure their product’s interoperability and communicate that interoperability to their clients so they can leverage those features to improve health outcomes within the populations in their care. Don’t miss this once-in-a-generation opportunity to add your voice to a conversation about how to establish a national framework for interoperability measurement.</p> <p>OR</p> <p>REACH Maternal Health and Wellness Influencers’ Luncheon</p> <p>Description: This luncheon hosted by REACH is a networking opportunity for any technologists, healthcare professionals, entrepreneurs, startups, patient advocates and policy makers. Our goal is to convene those who are interested in ensuring the overall quality of healthcare for the safety and wellbeing of mothers and their families. Join us for a dynamic event full of diverse perspectives and meaningful connections.</p>
<p>1:00 – 2:00 PM</p>	<p>Concurrent Education Sessions:</p> <p>Distributed Blockchain Platform for Secure Health Information Exchange Forum Ballroom</p> <p>Description: To improve healthcare, reduce cost, detect fraud, waste and abuse, improve clinical outcomes, promote interoperability, protect data and remove information blocking challenges, CTO for Health and Human Services</p>

Programs at Leidos will discuss a hybrid blockchain software and hardware platform to cost-effectively implement a secure exchange for heterogeneous health data. Chetan Paul will present a complete end-to-end solution for a secure patient-centric Health Information Exchange. If you are a healthcare provider/hospital, payer, regulator, or research entity, you won't want to miss this discussion.

OR

Healthcare Executives Panel on Ransomware Threats

Description: Health Systems continue to be exposed to ransomware attacks during the global pandemic with increased impact to patient care and exposure to large global integrated health delivery systems. Patients have recognized significant patient care impacts such as rescheduled surgeries, increased patient wait times, delayed COVID-19 test results, and challenges filling prescription medications. This presentation will provide healthcare executives a guide to understanding how their organization is positioned to protect against emerging ransomware threats.

Learning Objectives

- Provide thought leadership to current cyber security events
- Share industry experience and how they have impacted health systems.
- Educate leaders on what core security program elements should be foundationally in place.

OR

Taking Medical Device Cybersecurity to the Next Level

Description: The Food and Drug Administration (FDA) has proactively reached out to medical device cybersecurity stakeholders across the ecosystem to encourage the industry to adopt a “whole of community” approach to medical device cybersecurity. The FDA, in partnership with MITRE, MDIC, and other stakeholders, has championed initiatives to bring medical device cybersecurity to the next level, to include harmonizing international cybersecurity principles and practices, promoting the use of threat modeling in medical device design and development, improving medical device vulnerability assessment and communication, and addressing the challenges of legacy devices.

OR

Using Technologies and Data to Drive Telehealth Excellence

Description: Virtual care aligns with strategic imperatives to improve health outcomes, patient safety, and optimize the patient experience for populations with medical complexity and high healthcare needs. This session will describe the rapid deployment of multidisciplinary telehealth services during the pandemic, including best practices, facilitators and challenges. The session will highlight the technology road map, telehealth platform enhancements, interoperability and integration with the EHR. The speakers will describe the continuous process improvement journey to understand, streamline and automate, using Lean methodologies and tools, to streamline workflows. Improvement efforts incorporated state-of-the art technologies such as machine learning, natural language processing, application programming interfaces and business intelligence data analytics. Use cases and outcomes will be shared in how telehealth enhances access and continuity of care, transforming healthcare delivery into the future.

JAY GULSHEN ARRIVES 08/10/21 at 1:00PM

<p>2:30 – 3:30 PM</p>	<p>Concurrent Education Sessions:</p> <p>Population Health Perspectives: Improving the Health of Children beyond the Hospital Setting Description: We already have monitoring and improving quality, patient safety and outcomes in the hospital setting very well developed as demonstrated in our first Davies Award. While we provide excellent ambulatory care as well, and do monitor that care, its not nearly as visible to the organization. In this presentation, I will describe how the application of population health registries to the ambulatory care of pediatric conditions, such as asthma, not only to improve quality and outcomes of care, but to enhance their visibility to the organization as a whole. Our current outcome measures are fairly limited, such as ED utilization and hospital admission, but If we can obtain data from schools on our pediatric population, this will help us better assess outcomes by measuring school absences and academic and physical performance. As we add more detailed social determinate data, we will also be able to improve the predictive power of our data science algorithms that we apply to care.</p> <p>OR</p> <p>Response to COVID-19 and Next Steps to Recovery Description: BayCare Health System was challenged to keep the local community informed and develop a strategy to provide the right care to the right patient at the right time when the COVID-19 pandemic struck. BayCare leadership and key stakeholders worked with their suppliers for a successful rapid rollout of enhanced workflows; virtual visits and online screening tools; utilizing a statewide dashboard for surveillance; compiling information regarding community assistance; the development of an intubation tool to protect providers; and mass workforce realignment. This session will discuss the challenges of an agile implementation of technologies, workflows and workforce realignment. The BayCare healthcare team has compiled their lessons learned in the rapidly changing day-to-day operations and have created a path to the next steps to health and financial recovery.</p> <p>OR</p> <p>The Trust Factor: Privacy Framework Adoption in Healthcare Description: The voluntary NIST Privacy Framework promises to help organizations identify and manage privacy risk and optimize beneficial uses of data while protecting individuals' privacy. Organizations have been putting this flexible tool into action to meet their unique needs and build trust. A report from the International Association of Privacy Professionals found that more than a quarter of those surveyed have adopted the NIST Privacy Framework less than a year after its release. It also found that organizations with mature privacy programs, such as many in the healthcare industry, tend to be leveraging the NIST Privacy Framework and Cybersecurity Framework. In this session, led by the National Institute of Standards and Technology (NIST), discover how and why healthcare organizations are implementing the NIST Privacy Framework, as well as the benefits they're seeing and the lessons learned along the way. Plus, consider whether the NIST Privacy Framework is the missing piece to maturing and scaling up your organization's privacy program.</p> <p>OR</p> <p>What Drives the Post-Pandemic Health System Description: In this session, Ochsner Health will shine a light on the critical</p>
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	<p>role of transformational analytics in successfully navigating and responding to the COVID-19 pandemic to support the health and wellness of the communities they serve. When the COVID-19 pandemic first hit, it became abundantly clear that a pandemic data management strategy was needed. Learn how Ochsner led statewide initiatives by mobilizing and analyzing data to address and serve communities facing the greatest risk, and explore how to help the most at-risk parts of their communities to keep them well and out of the hospital. Attendees will gain real-world examples and tips on how to build a transformational foundation, to approach future public health crises in a more effective, collaborative fashion and understand the benefits realized from proactive care delivery as opposed to reactive care.</p>
4:00 – 5:00 PM	<p>A Low-Cost Concept for Telemedicine in EMS in Giessen Description: In Germany, the amount of calls for EMS are steadily on the rise, resulting in a growing demand and workload for emergency physicians and advanced paramedics. While at the same time, the number of general practitioners and smaller hospitals are steadily decreasing. Furthermore, an aging population, with an increasingly complex medical history, leads to situations and emergencies in which a more detailed assessment and therapies are urgently needed. Therefore, common EMS systems need to find a solution to handle these situations. Technische Hochschule Mittelhessen has developed a holistic telemedical concept to connect in-hospital clinical emergency physicians and paramedics on the scene. By implementing and connecting systems that are already partially being used in common EMS in Germany, live audio and video communication, including vital signs between the two, can be established by keeping costs low, affordable, and at the same time protecting patient data in line with General Data Protection Regulation.</p>
6:30-8:30 PM	<p>Opening Reception *No alcohol will be served to House staff</p>
	<p>Dinner on your own</p>

BILL MALLISON ARRIVES 08/10/21 at 11:20PM

Wednesday, August 11th, 2021

7:00 – 8:30 AM	<p>HIMSS Global Public Policy Breakfast</p> <p>Description: This event brings together health information and technology thought leaders, policy advocates and members of the HIMSS leadership team for a networking breakfast.</p>
8:30 – 9:30 AM	<p>Keynote: A Bias Toward Action - A Young Innovator’s Message</p> <p>Description: Since second grade, Gitanjali Rao has been thinking of ways to use science and technology to make the world a better place. She has developed innovative tech solutions for some of the world's most pressing issues, including access to clean water and early diagnosis of prescription opioid addiction. As the inventor of the Kindly app, which uses AI to detect and prevent cyberbullying and protect students, Gitanjali is an inspiring voice of good. At only 15, Gitanjali has been honored as Time magazine’s “Top Young Innovator” and “Kid of the Year,” as well as one of Forbes magazine’s “30 Under 30 in Science.” Her take on innovation, problem solving and being a role model will leave attendees inspired and full of hope.</p>
10:00 – 11:00 AM	<p>Concurrent Education Sessions:</p> <p>“Aftershocks”: Addressing the rise of substance use disorder and COVID-19 Description: Pandemics are like earthquakes. How? They both have aftershocks. And the aftershocks of COVID-19 are increased substance use disorder (SUD), behavioral health diagnoses, and drug overdoses. With the extended social</p>

	<p>distancing, isolation, financial pressures, unemployment and subsequent evictions brought about by COVID-19, rates of substance use disorder and overdoses continue to skyrocket. Attendees will learn about the factors contributing to the rise in SUD, what can be done to effectively address the epidemic that has taken place alongside the COVID-19 pandemic and strategies for managing both...today and moving forward.</p> <p>OR</p> <p>Behavioral Health Disparities: The Unsung Epidemic</p> <p>Description: Driven by COVID-19, millions of patients are suffering from behavioral health problems. According to the National Center for Health Statistics, in 2019, 11% of U.S. adults reported experiencing symptoms of anxiety or depression, skyrocketing to 42% by December 2020. Globally, underserved communities face severe health equity challenges when accessing necessary behavioral health care. Esperanza Health Centers, a Federally Qualified Health Center in Chicago, worked with the city’s patient populations with the greatest exposure to COVID-19 and highest mortality rates. As instances of domestic violence, suicidal thoughts, depression, anxiety, and drug abuse increased, it was critical these patients received necessary care. This session examines the factors contributing to the rise in behavioral health diagnoses, what Esperanza did to effectively bridge community care gaps, and provides strategic recommendations for organizations to help address health equity.</p> <p>OR</p> <p>Person Matching for Interoperability: A Case Study for Payer</p> <p>Description: The floodgates are opening with solutions on how to recognize and match someone with their healthcare data, otherwise known as “person matching.” Person matching emphasizes the scope of the healthcare consumer experience. Consumer data is created over time as patients seek care and pay claims, and that data becomes part of a consumer’s health history. The Blue Cross Blue Shield Association (BCBSA) is a microcosm of health payer systems where person matching challenges were experienced before the implementation of the matching algorithm—the Member Matching Index (MMI). The MMI links data from BCBS companies where individuals were members of more than one BCBS health plan. The BCBSA 99.5% match rate using the MMI solution was validated through an external study, which will be discussed in this presentation. In collaboration with The Sequoia Project, this presentation will discuss how person matching is foundational to the broader health data exchange environment.</p>
11:00 - 11:20 AM	<p>HIMSS Staff Led Tour of the Interoperability Showcase on areas of interest to federal policymakers</p>
11:30 AM – 12:30 PM	<p>Concurrent Education Sessions:</p> <p>HIEs As Critical Infrastructure During COVID-19 Pandemic</p> <p>Description: As Nebraska’s health information exchange (HIE), NEHII connects to facilities across the state and is recognized as a health data utility for Nebraska. NEHII developed the COVID-19 Data Monitoring Platform that combines real-time data into a single set of dashboards for consistent information for planning and decision-making purposes by local and state health officials. The dashboards include bed management, labs and patient tracking, and ventilator and PPE tracking information, as well as forecasting of capacity and resource utilization. The need for data and information that NEHII was able to quickly provide during COVID-19 highlights the value and ability of HIEs as part of the critical infrastructure for addressing public health crises. Furthermore, there remains unanswered questions around the impacts of COVID-19, such as potential long-term effects, mental health, healthcare utilization, and quality. Thus, actionable</p>

	<p>insights can be leveraged through HIEs to address rising issues.</p> <p>OR</p> <p>Panel: Designing the Next Phase of Healthcare Together Description: How do we ensure the novelty and excitement of implementing technology doesn't overcome the true needs of the patients and the providers who will use and experience them? Including patient voices and other stakeholders in the design process will not only save time and money, but ultimately, make a more meaningful impact on patients' lives. Hear from our panel of experts as they discuss what every innovator, healthcare organization, and investor should consider before they design and implement new technology.</p>
1:00 – 2:00 PM	<p>Concurrent Education Sessions:</p> <p>Building a Case for Medical Device Security Description: Medical device security is an emerging topic for healthcare IT, with a lot of gray area on who is responsible for shoring up vulnerabilities that come along with the segment. This session will help leadership understand how to bridge this gap and develop plans, processes, and policies to help remediate and continue to keep these devices secure.</p> <p>OR</p> <p>Leveraging Telehealth to Achieve Health Equity Description: Telehealth use has exploded dramatically during the pandemic, presenting a new opportunity to tackle health inequalities at scale. Rapid deployment of video consultations and remote monitoring has been key to maintaining access to care and protecting vulnerable populations during Covid-19. This session will look beyond the pandemic to explore how to leverage telehealth's benefits for an even greater purpose: to achieve health equity. How can telehealth be used to level-up care for patients with chronic disease, those living in rural areas, in poverty, or on the margins of society? What steps should be taken to ensure telehealth does not widen the health inequalities gap for the elderly and disabled, the digitally illiterate, and for communities without access to fast, reliable broadband? Our international panel will confront these issues and share inspiring ways in which telehealth is starting to close the health equity gap.</p>
2:30 – 3:30 PM	<p>Concurrent Education Sessions:</p> <p>Information Blocking Rules and Health Privacy Impacts Description: Finalized in June 2020, the U.S. Department of Health and Human Services' Office of the National Coordinator for Health Information Technology's (ONC) information blocking rules require organizations that hold patient data to take steps intended to make the information more portable and useful for individuals. On the eve of a key compliance date, the ONC extended deadlines for entities working in health information technology, giving organizations until 2021 and 2022 to comply with key provisions of the 21st Century Cures Act. As organizations move to implement privacy and data-related provisions of the 21st Century Cures Act final rule, they are weighing key privacy considerations, including privacy exceptions around information blocking; privacy and security transparency attestation criteria; and the appropriate means of disclosing patient data, among others. What lessons can be learned from implementations to date, and what should organizations be doing to prepare for the new effective dates for these?</p> <p>OR</p>

	<p>Virtual Care in the Age of COVID-19 and Beyond</p> <p>Description: Avera Health has been at the forefront of virtual care since the mid-1990s. But with the arrival of COVID-19, the organization was challenged with revisiting their telehealth strategy to reduce virus spread while still providing essential care services to their rural communities. This session discusses how Avera undertook a multifaceted approach to safer coronavirus diagnosis and treatment through telehealth, including a COVID-19 hotline, virtual visits, and their hospital-at-home program. Their internationally recognized eCARE model helped to protect clinicians and staff in the ED, even when performing high-risk procedures.</p>
4:00 – 5:00 PM	<p>Concurrent Education Sessions:</p> <p>Infrastructure and Incentives: Advancing HIE Innovation Description: This session will explore how, without a state mandate, a state can build partnerships to form a foundation for advanced health information exchange (HIE). We will use Michigan’s story as a case study: Michigan Health Information Network (MiHIN), the state-designated entity for HIE, partnered with the state’s largest payer, Blue Cross Blue Shield of Michigan, to facilitate participation in the statewide HIE network by leveraging the collaborative foundation of Blue Cross’ Physician Group Incentive Program. By combining payer incentives with MiHIN’s Use Case Factory™ process and legal framework, the state was able to achieve increased participation, increased data exchange, and better-quality data, which have led to numerous opportunities, from advanced HIE to telehealth, to innovate across the state. While every state’s landscape is unique, and Michigan’s model is not a one-size-fits-all blueprint, this presentation will offer actionable, applicable how-tos and takeaways that can be implemented in myriad HIE landscapes.</p> <p>OR</p> <p>Telehealth Cybersecurity: Secure Remote Patient Monitoring Ecosystem Description: The National Cybersecurity Center of Excellence (NCCoE) published a draft practice guide discussing approaches in applying privacy and cybersecurity measures in safeguarding a telehealth remote patient monitoring (RPM) solution. As the NCCoE developed approaches that were based on the NIST frameworks, they collaborated with several solutions providers that included healthcare delivery organizations, telehealth platform providers, and technology manufacturers. Collectively, the group evolved an understanding of the challenges associated with RPM. Healthcare technology practitioners will learn about the complexities associated with deploying RPM solutions and take away concepts that may apply to their own RPM deployments. NCCoE presenters will explain thoughts on privacy and cybersecurity risk, approaches needed to understand those risks, and a means to mitigate risk in serving their remote patient community.</p>
6:30-8:30 PM	<p>Women in Health IT Networking Reception Description: The industry’s most powerful gathering of women innovators, leaders and entrepreneurs transforming health through technology today. Share stories, recognize and celebrate your peers, and form valuable connections that will last a lifetime. *No alcohol will be served to House staff</p>
	<p>Dinner on your own</p>

CHAD MICHAELS DEPARTS 08/11/21 at 10:10PM

Thursday, August 12th, 2021

DEVIN GERZOF DEPARTS 08/12/21 at 8:50 AM

MATT HOROWITZ DEPARTS 08/12/21 in the morning (extending trip at committee cost)

9:30 – 10:00 AM	<p>Panel: Unlocking the Potential of Care: Genomics & Personalized Data</p> <p>Description: Generalized prescriptions and blanket diagnoses based on physical examinations could become a thing of the past as healthcare becomes increasingly able to and comfortable with gathering precise patient information to offer targeted medical treatments with pharma and IT playing huge roles. Patients already generate reams of data unknowingly on their phones and laptops daily. Patients are also becoming more willing to use their genes examined and identified. For healthcare this means medications and therapies can be more targeted to a patient's particular habits, be it nutrition, exercise, sleep or particular genetic dispositions. It's not here yet but the potential is gathering, healthcare and patients are ready.</p>
10:00 – 11:00 AM	<p>Mass Vaccination: The Use of Technology for the Road Ahead</p> <p>Description: HonorHealth administered over 800 doses in just two days. Since then, we've expanded and rolled out to a variety of settings. With over 95,000 doses now administered, this session will discuss our ongoing adventure utilizing available technology tools to create, deploy and reproduce a successful mass vaccination workflow in drive-through clinics, walk-in clinics, and mobile settings..</p>
11:30 – 12:30 PM	<p>Concurrent Education Sessions:</p> <p>Information Blocking One Year Later: Key Challenges Description: On May 1, 2020, the Office of the National Coordinator of Health Information Technology (ONC) issued its Information Blocking Rule, which requires a fundamental shift in how healthcare providers and health IT companies think about health data. Providers may not interfere with any third party's access to their health data, unless one of the rule's limited exceptions apply. As organizations scrambled to come into compliance, ONC extended the compliance date for the rule to April 5, 2021. The rule generally prohibits healthcare providers, health IT developers, and health information exchanges from knowingly interfering with the access, exchange, or use of electronic health information. It includes limited exceptions for certain practices, but with strict and complicated conditions that must be met. Veteran health IT and regulatory lawyers will discuss what we have learned in the first months of implementation of the rule, dispel common misconceptions, and identify practical steps you can take to bring your organization into compliance.</p> <p>OR</p> <p>Improving Mental Health With Digital Tools Description: National Institute of Mental Health data shows that more than 17.3 million U.S. adults have suffered from an episode of major depression in the past year, and one in three are afflicted by an anxiety disorder. Mental health conditions often go underdiagnosed and undertreated. People are also facing added pressures from COVID-19, which is causing isolation, fear of the virus and financial pressures. When the Froedtert & MCW health network instituted routine depression screenings with its patients, it needed options for providers to meet patients' mental health needs. It expanded its ability to deliver behavioral health services by implementing a digital health app and platform that its primary care and behavioral health caregivers can prescribe as part of a treatment program directly from their EHR workflow. This digital health approach gives deeper insight into patient enrollment and severity. It has resulted in significant improvements in patient depression and anxiety markers.</p>

<p>1:00 PM – 2:00 PM</p>	<p>Concurrent Education Sessions:</p> <p>Advancing Cyber Risk Management Processes Description: The University of Rochester Medical Center (URMC) filed breach reports with the Office of the National Coordinator for Health Information Technology (OCR) in 2013 and 2017 following its discovery that protected health information (PHI) had been impermissibly disclosed through the loss of an unencrypted flash drive and theft of an unencrypted laptop. OCR's subsequent investigation revealed that URMC failed to conduct an enterprisewide risk analysis; implement security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level; and employ a mechanism to encrypt and decrypt e-PHI when it was reasonable and appropriate to do so. In addition to a significant monetary settlement, URMC has undertaken a corrective action plan (CAP) that includes the performance of several identified compliance activities requiring OCR approval and two years of monitoring of its general compliance with HIPAA rules. One year into the CAP, the speakers will share several lessons learned from the experience to help other senior leaders prevent the same type of regulatory repercussions.</p> <p>OR</p> <p>Using Technology to Reach the Vulnerable in Mobile Testing Description: During a pandemic, vulnerable communities are at risk without access to testing to help prevent the spread of COVID-19. In 2020, Atrium Health partnered with county health officials and established mobile coronavirus testing centers. Using geographic information systems and data analytics, testing centers changed locations daily to meet the needs of vulnerable communities. To date, more than 20,000 persons have been screened and tested, with a 25% positivity rate. While many testing strategies in North Carolina and around the U.S. have relied on paper processes for COVID-19 testing sites, Atrium Health developed a fully electronic process for the centers, using rapid cycle PDSA (plan-do-study-act) to improve throughput to achieve a process that takes less than 10 minutes per patient. In this session, the lead clinical informaticist and clinical nurse practitioner lead will describe the evolutionary journey, moving from paper to electronic, describing challenges, lessons learned and how you can help your organization replicate.</p> <p>OR</p> <p>Virtual Care Technical Strategy in a Pandemic Description: As more health systems begin to build out their virtual care portfolios, they're quickly finding that integrating with their EHR is an essential piece to providing an experience that delights patients and doesn't disrupt your care providers. If your health system is considering expanding your virtual care program, or if you're considering integrating your current platforms with your EHR, this session is for you. The speaker will share recent experiences on how Mass General Brigham (formerly Partners Healthcare) approached a virtual care technology strategy in the midst of a pandemic and the lessons learned along the way.</p> <p>OR</p> <p>Virtual Health inside the Military – Connectivity and Beyond Description: Join us to learn about telehealth capability implementation within the Military Health System (MHS). Starting with video connectivity and providing care, listen as our speakers discuss the future of implementing new capabilities to drive</p>
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	<p>the mission within the military community and align with veteran care capabilities. Telehealth video capabilities, remote patient monitoring, tele-critical care will be discussed in the frame of a current, real-world implementation. Attendees will also learn about the FEHRM's governance of military and veteran health capabilities and how these leadership teams are working together to promote better access to care across the active duty to veteran status spectrum.</p>
<p>2:30 – 3:30 PM</p>	<p>Concurrent Education Sessions:</p> <p>Contact Tracing: A Practical Approach Description: Contact tracing in a hospital environment can be an extremely time-consuming task, often a guessing game to reconstruct the interactions of staff with other staff and patients. It usually starts with a query to the EMR and lengthy follow-ups with individuals, including those who may not have had any exposure at all. Commercial solutions to track staff and patients in a hospital environment can be very expensive and often lack a good integration with the EMR. This case study describes the challenges faced by one organization with traditional contact tracing approaches and during a pandemic when time is of the essence and hospitals are stretched for resources. In response to these challenges, a new approach was implemented. The lessons learned and the comparison between traditional methods, commercial solutions, and this new approach are discussed.</p> <p>OR</p> <p>Social Engineering in the Healthcare Environment Description: Malicious hacking using social engineering against healthcare has multiple goals; the most obvious ones are to steal money, data, or deliver ransomware. Healthcare systems are particularly susceptible because many of the basic critical security controls are not in place within our highly integrated systems. This presentation discusses who is conducting social engineering and why, how targets are selected, the delivery methods, and why social engineering is effective. Learn effective methods to protect against social engineering and what the options are when social engineers succeed.</p> <p>OR</p> <p>The Potential of Private LTE/5G Networks in Healthcare</p> <p>Thanks to the availability of Citizens Broadband Radio Service (CBRS) spectrum in the U.S. via the Federal Communications Commission's recent move to open this band, private mobile networks can enable critical connectivity indoors and outdoors across hospitals, outdoor campuses' newly constructed makeshift healthcare treatment locations, and drive-through testing centers. Private mobile networks based on LTE and eventually 5G represent an entirely novel means of healthcare IT professionals delivering the predictable performance that modern medical facilities require in wireless communications. With security, privacy and reliability as core tenants, CBRS-based LTE is available today to meet the connectivity needs for iOS and Android devices operated by the clinical staff. Private mobile networks, by design and per standard, come with configuration of service-level objectives: latency throughout packet error rate and jitter metrics.</p>
<p>3:30PM - 4:30 PM</p>	<p>HIMSS Staff Led Tour of the Interoperability Showcase on areas of interest to federal policymakers</p>

	Dinner on your own
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Friday, August 13th, 2021

BILL MALLISON DEPARTS 08/13/21 at 10:50AM

8:30 – 10:00 AM	<p>Keynote: Two Parties, One Stage - A Bold Fireside Chat with Political Leaders</p> <p>Description: Former Governors Chris Christie (R-NJ) and Terry McAuliffe (D-VA) will share the stage for a fireside chat with bold discussion around the pandemic, health policy development, infrastructure revitalization, and other pressing issues facing America in 2021. As the summer heats up on health policy and public health preparedness, expect to gain valuable insights and unique perspectives from both sides of the aisle—heard—and seen—only at HIMSS21.</p> <p>Chris Christie was the 55th governor of New Jersey in 2010. He was re-elected with 60% of the vote in November 2013 and served two terms as governor. He left office in January of 2018.</p> <p>Terry McAuliffe was elected the 72nd governor of Virginia in 2013 to a term-limited single term. As governor, McAuliffe focused on equality for all Virginians—enhancing quality of life and building a new diversified economy that made economic opportunity a right, not a privilege. He’s seeking another term as his party’s candidate in November 2021.</p>
10:30 – 11:30 AM	<p>Concurrent Education Sessions:</p> <p>Improving Care Through Community Referral Systems Description: This session discusses early successes with implementation of a multistate common referral management system. A common, current referral directory created transparency of resource availability and shared knowledge by presenting all the available resources for a service. Further, the system created a communication platform for clinicians and their community partners to work together with the client, leading to shared decision-making and engagement. The speakers will discuss stakeholder engagement strategies, interoperability challenges, financial considerations and sustainability plans. The session provides a review of early outcomes and next steps for the multistate system. In particular, the speakers will explore the importance of addressing clinician burden, using SMART on FHIR API to reduce documentation burdens across multiple systems. Learnin</p> <p>OR</p> <p>Remote Monitoring for Rapid Pandemic Response Description: Providence, with a significant Seattle presence, treated patients in an early epicenter of the COVID-19 pandemic. To relieve overburdened clinical staff and hospital resources, while minimizing exposure risk to the virus, Providence quickly worked with partners to deploy a care path that monitored patients suspected of having COVID-19, while they quarantine at home. Providence tracks patients suffering from COVID-19 symptoms using its digital health platform to deliver a care automation and remote patient monitoring tool. This keeps patients safe and prevents additional stress on hospitals, ERs and front-line healthcare teams. Thousands of patients have been remotely monitored while virtual visits increased by 20 times within days, and more than one million messages have been exchanged between patients and care teams. The principals behind virtual care and remote monitoring are transferable, including for future public health</p>

	emergencies and treating patients with chronic diseases.
12:00 PM – 1:00 PM	<p>Concurrent Education Sessions:</p> <p>Improve Patient Safety With Virtual Care and Communication Description: Each year in the U.S., avoidable patient falls number in the hundreds of thousands, with 30% to 50% resulting in new injuries and subsequent care issues for the patient involved. In addition to putting patients at greater health risk, those injuries commonly add time and cost to their hospital stays. Referred to as “never events” to underscore that they should never occur, these accidents and their prevention are top priorities among healthcare organizations. Truman Medical Centers shares their story of how they streamlined their clinical workflow and care team communication to address their concerns around patient safety and cost challenges.</p> <p>OR</p> <p>Policies to Improve Public Health Data Exchange Description: The COVID-19 pandemic has highlighted the gaps in the U.S. public health infrastructure and the inconsistencies in data received by state and local health departments. These deficiencies have resulted in an over-reliance on faxes and the submission of missing data, which has slowed the ability of public health officials to identify hotspots and inform reopening decisions. Experts from The Pew Charitable Trusts will facilitate a discussion on public policy recommendations to improve the collection and exchange of data to enhance four critical public health use cases: lab reporting, case reporting, syndromic surveillance and immunizations.</p> <p>OR</p> <p>Trials and Tribulations of Rural Telehealth Telehealth has the ability to impact care delivery across all systems, and it is becoming a critical need in rural areas to deliver and assist with the delivery of healthcare services. While it can reduce or minimize challenges and burden patient encounters, such as transportation issues related to traveling for specialty care, it also presents new barriers, such as limited access to high-speed internet. In addition, concerns with reliability of telehealth solutions and lack of provider buy-in or utilization further complicate its adoption and rollout. The COVID-19 pandemic forced Munson Healthcare to tackle all of these issues in short order, and now they are forging ahead with a new plan for rural telehealth.</p>
JAY GULSHEN DEPARTS 08/13/21 at 1:00PM	
1:15 – 2:30 PM	<p>Keynote: Mindset of a Champion - A Conversation with Alex Rodriguez Description: Iconic baseball player and entrepreneur Alex Rodriguez closes out HIMSS21 with what promises to be a lively and insightful discussion about his successes on and off the baseball field.</p> <p>Over the course of his baseball career, A-Rod built a tremendously successful investment firm and a fully integrated real estate investment and development firm. In April 2021, he and partner Marc Lore purchased the NBA’s Minnesota Timberwolves and WNBA’s Minnesota Lynx.</p> <p>Get ready for a dynamic, informative conversation chock-full of fascinating personal anecdotes, as well as actionable lessons on resilience and dedication, leadership and teamwork, bouncing back in the face of defeat, and truly mastering your craft. His perspectives will leave attendees empowered and prepared to excel in their own personal and professional lives.</p>

Additional Information

4. List of Congressional Invites

Every congressional invitee to HIMSS21 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:

- Bill Mallison (House VA Committee)
- Jay Gulshen (House W&M Committee)
- Devin Gerzof (House W&M Committee)
- Chad Michaels (Rep. Schweikert)
- Matt Horowitz (House VA Committee)
- Elizabeth Allen (Rep. Burgess)
- Crozer Connor (Rep. Thompson)
- Una Lee (House E&C Committee)
- Samantha Satchell (House E&C Committee)
- Kyle Hill (Rep. DelBene)
- Hillary Beard (Rep. Sewell)
- Erin Doty (Rep. Ruiz)
- Sherie Lou Santos (Rep. DeGette)
- Kristen Shatynski (House E&C Committee)
- Rachel Dolin (House W&M Committee)
- Laurie Mignon (House Appropriations Committee)
- Tim Brennan (House VA Committee)