



UPCOMING EVENTS

October 30 Webinar

12:00 – 12:45 PM MST

Jason Carolan

ViaWest CTO

“Compliance & Security in the Cloud- What you need to know- Building a Hybrid Cloud Strategy”

November 13 Luncheon

11:30am-1:00pm

Jim Turnbull, CIO

University of Utah Health Care

“Getting back to the Basics “ Core principles and lessons learned EMR Implementation

December 15 Holiday Luncheon

11:30 – 1:00 PM

Steven H. Shaha, PhD, DBA Principle Outcomes Consultant Allscripts

Doty Family Education Center 5121 Cottonwood Street, Murray

OCTOBER 2014

PRESIDENTS MESSAGE – JULIE BEARD

September with the beautiful changing of seasons reminds me of the significant effort and innovation in Utah that is underway to lead the nation in healthcare outcomes. September is always an engaging month communicating with our national leaders at the HIMSS National Healthcare IT week in DC. This year was very successful and illustrated the importance of the relationship developed by Paul Sanders, Chair of the Advocacy Committee, Frank Overfelt, President Elect and Scott Holbrook, Past President in educating our legislative representatives on healthcare IT over the past several years. Please see below for more details. We encourage you to get involved in UHIMSS on one of the committees as a great way to expand your network and enhance your career. utah.himsschapter.org

HIMSS has recently established a new Patient Engagement with Patient-Centered Care Team Task Force of which I am a member. The task force is working on a white paper "The Importance of Patient-Centered Care Teams in Population Health Management" to be released prior to the April National HIMSS conference in Chicago. If you are interested to share your experience and or would like more details, please contact me at [Contact Us - HIMSS Chapter](#). This is an excellent opportunity to highlight some of the Utah provider accomplishments. At the end of the newsletter is a summary of recent Patient Engagement articles and links that may be of interest and helpful.

We are most fortunate and delighted with the incredible speakers and events available for your benefit this 2014-2015 year. Please register on our new webpage at utah.himsschapter.org.

October 30, 12:00 – 12:45
Jason Carolan, CTO for ViaWest



will be providing a Webinar on “Compliance and Security in the Cloud – What you need to know- Building a Hybrid Cloud Strategy”. He will cover the following topics:

- Quick Review of Cloud Concepts and Use Cases
- Industry Trends on Cloud and Hybrid
- How Cloud works with DevOps and Automation

- Compliance and Security in the Cloud
- How You Can Get Started Today

November 13, 11:30 – 1:00 PM

Jim Turnbull, CIO University of Utah Health Care “Getting back to the Basics” It is really not about the technology but the people. Jim will discuss core principles and lessons learned through their organizational wide EMR implementation and transformation.

December 15, 11:30 – 1:00 PM Holiday Luncheon

Steven H. Shaha, PhD, DBA

Principle Outcomes Consultant, Allscripts

Steve is a renowned world-wide speaker and will share the impact IT is making around the globe in healthcare. He recently received the best speaker award at an Australian conference similar to the national HIMSS conference.

2014 National Health IT Week Review

September 15th-19th, Washington DC

By Paul Sanders, Chair Advocacy Committee

Each year in the fall, HIMSS participates in the National Health IT Week in Washington DC along with several other key healthcare constituents and organizations. In its 9th year, the event continues to grow larger, with 440 participating organizations up from 377 last year. The event is an opportunity for organizations like HIMSS to focus attention to our federally elected officials on the importance of healthcare IT and the role it plays in American’s lives.

During the week, HIMSS hosted the 13th annual Policy Summit which takes place over 2 days. Nearly 300 members from around the country attended. Our Utah chapter was well represented by the UHIMSS Advocacy Committee members Paul Sanders, Frank Overfelt and Jon Messina. The highlight of the Policy Summit is a program in which members take three specific asks to their respective federal legislators. We spend an afternoon walking between offices on Capitol Hill, meeting with the federal legislator’s healthcare staffers in a 15 to 30 minute face to face conversation where we presented the asks and answer any questions they have.



United States Senator
MIKE LEE



Ask #1: Minimize Disruption in our Nation’s Health System Emanating from Federally-Mandated Health IT Program Changes.

To minimize disruption of healthcare to patients and avoid an undue burden on providers, Congress should require the Secretary of HHS to publish a review, evaluation, and recommendations on the five-year roadmap of all mandated, HHS-administered health IT requirements and program changes affecting patients and the operations of providers, payers, and/or health IT

vendors.

Ask #2: Fund the National Coordinator for Health IT to Achieve Interoperability, Improve Clinical Quality, and Ensure Patient Privacy and Safety.

Positively transforming our nation's healthcare system requires, among other things, widespread, secure, interoperable exchange of health information. Congress should fund the Office of the National Coordinator for Health Information Technology in FY 2015 at sufficient levels requested in the Administration's FY 2015 Budget Request.

Ask #3: Expand Telehealth Services to Improve Patient Access and Outcomes and Decrease Healthcare Costs.

To expand access to quality care, help control costs, enhance secure interoperability of health information, and improve quality for rural and underserved populations, Congress should pass legislation that enables the nationwide realization of the full benefits of telehealth services.

We were able to meet with all the Utah federal delegations' healthcare staffers with the exception of Rep. Mattheson. Once we have presented the asks, we report back to HIMSS the level of acceptance each office has. There was broad support for ask #3, while the first two received a rating of neutral from all the offices.

During the Summit, other topics of public policy are presented by such people as Karen B. DeSalvo, National Coordinator for Health IT, Gregg Harper, United States House of Representatives (MS), and Renee Ellmers, United States House of Representatives (NC).

One interesting note was that Renee Ellmers (R) spoke about a bill (HR 5481) she and Jim Matheson (D) co-sponsored during her presentation, which will allow providers to report on their meaningful use compliance in 2015 through a three-month reporting period as opposed to a full year. This shortened reporting period is an important first step in helping to ensure providers remain in the Meaningful Use program and continue to use IT to support healthcare transformation. We spoke to all the Utah offices and each of them had signed on in support of the bill which is expected to be voted on when they are back in session in November. You can express your support on this bill by writing an email to you representatives!

Overall, it was another successful event for the advocacy committee. We put several miles on our shoes and got to witness first-hand how engagement with our elected leaders can result in positive learning experiences and greater awareness for health IT.

PROFESSIONAL DEVELOPMENT

This year the Board will be focusing on providing additional Professional Development opportunities for our members. Scott Holbrook, Past President and the Membership Committee Chair, Randy Black and Co-Chair, Jayme Norrie is now working on establishing the framework and infrastructure to facilitate CAHIMSS and CPHIMSS certification. In addition, we will be working to facilitate recognition for Senior and Fellow level HIMSS membership. We realize that many of our members may have already met the eligibility criteria and are not receiving this level of recognition. This is a start and may be expanded into other areas as well once we have this program under way. We welcome your feedback on what areas would be of interest for potential career growth. If you are interested in being a CPHIMSS instructor and/or participating in a group study session, please contact us at [Contact Us - HIMSS Chapter](#).

WELCOME NEW UHIMSS BOARD MEMBERS:

We are excited and appreciative of the following new Board members sharing their expertise and experience in serving our members and strengthening healthcare in our community: Dr. Goede was elected by the Board as a midterm replacement for the Program Co-Chair role.

President Elect– Frank Overfelt. MBA, LFHIMSS, CHE, Diplomat SHS

Frank is a Life Fellow in the Healthcare Information Management and Systems Society (HIMSS) and has been a member for over 35 years. He is a former national vice-president and national board member for HIMSS. Frank has been an advocate and contributor to HIMSS evolving into a powerful society and well-respected in the industry. His latest accomplishment is the development of a position paper for HIMSS rejecting Mandatory Legislated Nurse Staffing Ratios. He has attended all annual National Advocacy Days in DC, except for the first one. Frank is also a member of the College of Healthcare Executives. He was recently designated a Diplomat in the Society for Health Systems Engineering (SHS). Frank established two consulting organizations, The International Healthcare Consulting Group and Delta Healthcare Consulting Group, in which he is currently President. Frank brings over 33 years of experience to healthcare consulting engagements, having worked and consulted for over 114 hospitals in 27 states, as well as, the District of Columbia.

Communications Co-Chair – Bryan Gibson, DPT, PhD

Dr. Gibson is a graduate of the University of Utah, physical therapist and informaticist with a specific interest in the design and development of patient facing technologies. Dr. Gibson is involved in a number of Veteran Affairs Research and Development projects. He has also published a number of peer review articles covering subjects such as "Misconception about Weight Gain/Loss", "Understanding Adoption of a Personal Health Record in Rural Healthcare Clinics ...", "Development and Validation of predictive model of acute glucose response to exercise in individuals with type II diabetes

Diabetology & Metabolic Syndrome”, “Efficacy of a Computerized Simulation in Promoting Walking in Individuals with Diabetes”.

Program Co-Chair – Patricia Goede, BS Biology, MS Computer Science, PhD Biomedical Imaging Informatics (pending thesis)

Patricia Goede is the Founder, CEO and Chief Technology Officer of VisualShare. Inc. During her 16 year career at the University of Utah, she pioneered a number of image, visualization and collaboration tools. In 1992, she co-created WebVision, one of the first content-rich biomedical and research reference tools sites on the Internet. WebVision continues to this day at the University of Utah as an international compendium for vision researchers in both clinical and basic sciences. In 1997, she founded the electronic medical education resource group (EMERG) in the Department of Radiology, which developed image-based medical reference and decision support tools for clinicians and medical education and training. As Director of EMERG, Patricia established the Utah Center of Excellence for Electronic Medical Education in 1999, funded by the State of Utah Center of Excellence Program under the Governor’s Office of Economic Development, with the goal of developing and transferring technology from the University to the private sector. Private companies to spin off from the center: Amirsys, Inc and VisualShare, Inc. She previously served on the research faculty at the University of Utah from 1996 – 2004 in the department of radiology.

CALL FOR INNOVATION LUNCHEON CANDIDATES

In 2014, we hosted a very enjoyable and educational luncheon focused on Innovation Healthcare IT in the State of Utah. This was one of the highest attended events and represented the highest levels of interest to continue in our 2014 survey results. Innovation is going to be an area of focus for the Board and we are looking to host a March Innovation Luncheon. [Contact Us - HIMSS Chapter](#)

CALL FOR SPRING CONFERENCE SPEAKERS

We are also beginning our planning for the Annual Spring Conference in May and are now accepting Abstracts and recommendations for speakers. If you have recommendations and or would like to be considered for one of these events, please contact us at [Contact Us - HIMSS Chapter](#).

PATIENT ENGAGEMENT SUMMARY OF ARTICLES AND LINKS:

1. Vermont VITL Summit 2014 [Interview with Dr. Karen DeSalvo](#)
2. New patient engagement chief at ONC - [Lana Moriarty to be the new head of its Consumer eHealth division.](#)
3. HIMSS North America "[The State of Patient Engagement and Health IT](#)" which examines six aspects of consumer health.
 - Emerging learnings in patient engagement
 - Patients' readiness to be engaged
 - How changes health financing affect consumers' and providers' behavior
 - How patients and providers can co-enable engagement
 - What big data means for patient engagement
 - How to make it easier for patients to engage
4. Medical Economics "[How to optimize your patient portal](#)"
 - Getting patients to use the EHR patient portal is a key part of meaningful use stage 2 – 5% given provider's patients
 - “Getting portal use up should be thought of as a team sport in the office,” Oldenburg says. “It has to be embedded in the workflow and everybody in the office has a role in making this happen. I recommend putting in scripts for everyone—from the person who does the registration to the person who rooms the patient, for the nurse, the doctor, phlebotomist. Everybody has a role in getting a patient registered and giving them permission to use the capabilities and reminding them this is another way to make the clinic accessible to them.”
5. Technology Advice study on August 13, 2014 "[Study: How Patients Want to Communicate with Their Physician](#)".
 - “Nearly forty percent of patients are unsure if their physician uses a patient portal”
 - “Almost half of physicians do not follow up with patient; only 9% do so through a patient portal”
 - “Many physicians do not have adequate programs in place to introduce patients to such online resources”

6. [ONC Data Brief September 2014. "Individuals' Access and Use of their Online Medical Record Nationwide"](#)
 - "MU2 currently requires that more than 50% of unique patients be offered access to their online medical record and that more than 5% of unique patients use VDT (view, download and transmit) capabilities."
 - 28% individuals were offered access to their online medical record
 - "Nationwide, almost 7 in 10 individuals considered having secure access to an online medical record as very or somewhat important"
 - "Among individuals who were given access to their online medical record but did not access it, 62% consider online access as very or somewhat important"
7. [Health IT News September 8, 2014 "Engaging patients: 5 things providers can learn from payers"](#)
 - "Leverage data to identify high risk patients"
 - "Help patients manage their meds - prescribe an app- enabling patients to take their medications at the right time and in the right way. A patient portal is another tool for fostering medications adherence. Providers can use this product to quickly answer patient medication questions and provide real-time education, enhancing patient understanding while reducing information overload."
 - "Designate a patient engagement advocate"
 - "Build partnerships"
 - "Seek interoperability opportunities"
8. [HFMA "Engaging Your Customers in Their Healthcare Journeys: Five Ingredients for Success"](#)
 - "As health strategist Leonard Kish notes in a seminal blog, the "blockbuster drug" of the century is an engaged patient"
 - "Make it convenient - offer portals, scheduling apps, and registration kiosks so your customers can self-schedule, check in, register, and view their accounts both on the web and on mobile devices."
 - "Make consumer health engagement a team sport - involve all members of the provider and payer teams - patients at the center of every effort"
 - "Change the conversation from confusing bill and explanation of benefits to clear language about quality, cost and value"
 - "Engineer teachable moments- An often cited industry statistic is that 40 to 80 percent of medical information provided by healthcare practitioners is forgotten immediately, and almost half of the information that is remembered is incorrect. To reinforce critical information and create "aha" moments that help people make changes provide tailored information at the right time, in the right format, and with the right tools. Getting lab results online is a great example of a teachable moment: At the moment someone receives potentially worrisome test result, the person also can be provided with education about the meaning of the test, putting it in context by showing a graph with last-year's results, and providing tools that would allow someone to do something about it."
9. [Knowledge@Wharton Interview "An Innovative Way to Improve Care for Chronically Ill Patients"](#)
 - "A Patient - centered Medical Home can be best described as a model of primary care centered on the patient. It is team oriented. It relies on accessibility to care, care coordination, and the use of IT to provide better care and better outcomes for patients"
 - "The practices that went through this transition have reduced the number of emergency room admissions for their patients by 5% to 8% if the patient had a chronic disease."
 - "Most of the Patient -centered Medical Homes in the U.S. are recognized by the National Committee for Quality Assurance, NCQA. NCQA is a non-profit organization committed to improving the quality in primary care. In order to be NCQA recognized, the practices have to put in processes for scheduling appointments with patients, for communicating with patients, for organizing, documenting and measuring clinical outcomes, for implementing evidence - based guidelines in their practices, and for organizing and tracking referrals."