

2019 KY & IN HIMSS Annual Conference Presentations

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Keynote Presentation: Interoperability: As Simple as Possible (But Not Simpler)

John Kransky, President & CEO, Indiana Health Information

The industry seems to have an oversimplified view of interoperability based on a seemingly rational observation that one simple approach is the right approach. In truth, interoperability is more complex and is not one thing. It is a broad combination of use cases that is specific to your organization's needs. In this presentation, I will address our view of national interoperability's challenges and opportunities.

John P. Kransky, MSE, MBA, is the president and CEO of the Indiana Health Information Exchange. During his 12 years at IHIE, John has held roles in strategy and planning, product management, and business development. Prior to joining IHIE, his career included experience as a healthcare IT consultant with Health Evolutions, CIO of the Health and Hospital Corporation of Marion County (Indiana), director of Clinical Engineering at the Indiana University Medical Center, and biomedical engineering researcher at the University of Washington School of Medicine. He is a co-inventor on three U.S. patents for diagnostic imaging technology. John was appointed in August 2017 by the Government Accountability Office (GAO) to serve a two-year term on the Health Information Technology Advisory Committee (HITAC), which was established under the 21st Century Cures Act to provide policy recommendations to the Office of the National Coordinator for Health Information Technology (ONC).

Keynote Presentation: Interoperability: The True Clinical Picture

David Danhauer, MD, Chief Medical Information Officer, Owensboro Health, Owensboro KY

In today's healthcare environment, sharing relevant clinical data is lifesaving. Our duty in IT is to guarantee the 5 Rights for all patients.

David Danhauer, MD, was a practicing pediatrician and the managing partner of an eight-physician group for 27 years prior to becoming the CMIO at Owensboro Health. He has overseen the implementation of an enterprise EMR, Go-live of a \$500 million hospital, and expansion of a medical group to 180 providers and 30 locations. He presents regionally and nationally.

Multiple Legacy Systems for the Successful Adoption of a New EHR

Martha Sullivan, CIO, Harrison Memorial Hospital

David Asher, Physician Practice Support Manager, Harrison Memorial Hospital

Harrison Memorial Hospital recently transitioned to an enterprise EHR incorporating a single patient record used in both the acute and ambulatory setting. Attendees will learn how the hospital has consolidated and protected its legacy and inherited patient data making it part of the longitudinal patient record, and how it developed a strategy for aligning patient IDs and successfully migrating patient medications. Finding the right vendor that could help accomplish this and achieve clinical

acceptance across the enterprise was critical to its success.

Objective 1: Demonstrate how a single data archive system can be used for multiple legacy application retirements.

Objective 2: Discuss how to achieve clinical acceptance by providing access to historical patient treatment data in one central location.

Objective 3: Explain how a single data archiving system can (a) allow access to patient data anywhere, anytime; (b) reduce the clinical workflow burden; (c) remove imaging and data silos; (d) decommission costly legacy applications; (e) mitigate legal, regulatory, and security risks.

Martha Sullivan is CIO of Harrison Memorial Hospital. She has been involved with multiple systems projects throughout her career with the most recent being the migration from MEDITECH Magic to the new 6.15 environment.

David Asher is physician practice support manager at Harrison Memorial Hospital, where he brings a wealth of knowledge and experience to his role. He was a core member of the transition team that moved Harrison's provider practices from eClinicalWorks to the MEDITECH Web Ambulatory product.

Promoting Interoperability Program Specifics for QPP, Medicaid, & Medicare

Vance Drakeford, BA, PCMH CCE, Practice Transformation Advisor, Kentucky REC

Kristen Gardner, RHIA, PCMH CCE, Health IT Advisor, Kentucky REC

The Centers for Medicare and Medicaid Services (CMS) has placed interoperability in the spotlight for 2019. The most significant change to the Quality Payment Program (QPP) for Program Year 3 is the overhaul of the Promoting Interoperability (PI) Performance Category. From restructuring scoring methodologies to removing and/or adding new objectives, the category has gone through a substantial update.

We will review what attendees can do to improve performance by diving into these changes. The 2019 QPP for Merit-based Incentive Payment System (MIPS) will include information on the PI Performance Category, and the multiple modifications in this category that have occurred for 2019. This will focus on the MIPS requirements for Eligible Clinicians for this category submission. Requirements will be presented for the Medicare PI program for Eligible Hospitals. Switching to Medicaid EHR Incentive, we will discuss the Stage 3 requirements for Eligible Providers in the Kentucky Medicaid EHR Incentive Program (PI).

Objective 1: Provide a general understanding of the 2019 QPP for MIPS.

Objective 2: Demonstrate practical examples of the differences between Program Years 2018 & 2019 and learn the requirements of the MIPS PI Performance Category in the 2019 QPP.

Objective 3: Explore the Kentucky Medicare PI program for Eligible Hospitals and discuss the Stage 3 requirements for Eligible Providers in the Kentucky Medicaid EHR Incentive Program.

Vance Drakeford is a practice transformation advisor for the Kentucky REC. With 10 years in healthcare, Vance has experience in EHR implementation, PCMH/PCSP recognition, and quality and process improvement providing support for clinicians preparing for Medicare Access & CHIP Reauthorization Act (MACRA) QPP.

Bold Goal: Humana's Population Health Strategy, Using Predictive Analytics

Amit Parulekar, MS, MBA, Corporate Strategy Lead, Humana

Social determinants of health are an underlying cause of today's major societal health dilemmas including obesity, heart disease, diabetes, and depression. By concentrating on Social Determinants of Health (SDOH) facets of well-being in tandem with medical care, providers can take an holistic view of patients and overall population health to enhance patient care, promote superior outcomes, and drive value in healthcare organizations. Both predictive analytics and risk stratification are incredibly important to be able to identify and then prioritize the patients. I want to talk about how Humana is addressing SDOH in the aging population using machine learning and predictive analytics.

Objective 1: Discuss population health strategy using data analytics and predictive analytics.

Objective 2: Demonstrate using a high tech/high touch approach we are building a comprehensive health care strategy.

Objective 3: Identify how advanced analytics and data interoperability will help anticipate care gaps, triage patients, and coordinate care.

Amit Parulekar, has over 15 years' experience working at the intersection of health, business, and technology. He's currently the corporate strategy lead in the Office of Population Health at Humana, where his work involves developing population health solutions with research interests in machine learning, AI, and big data technologies in health care.

Telehealth in Kentucky

Laura Wright, Health IT Advisor, Kentucky REC

This session will provide an overview of telehealth along with examples of applications in the ambulatory and in-patient settings. We will discuss technology opportunities that are being used to ease patient access through telemedicine. The presenters will also discuss telehealth reimbursement and regulations in Kentucky and its impact on value-based reimbursement.

- Objective 1:** Define telehealth and examples of applications. This will include defining virtual visits, remote patient monitoring, and asynchronous store-and-forward. We will also explore ways to utilize telehealth such as for pregnancy care, chronic disease management, and behavioral health to name a few.
- Objective 2:** Discuss telehealth technology being used in the medical field.
- Objective 3:** Explain reimbursement and regulations of telehealth; explore what the new Senate Bill 112 means for telehealth in Kentucky; discuss commercial and Medicare telehealth regulation.

Laura Wright is a health IT advisor for the Kentucky REC. Her work focuses on PI for Eligible Providers and Hospitals, as well as the Transforming Clinical Practice Initiative. Laura offers more than 18 years' experience in healthcare including revenue cycle management and EHR implementation and support.

How Robotic Process Automation (RPA) is Impacting Healthcare

Melvin Hutchens, Global Director, Healthcare Technology Alliances, UiPath

With the onset of Meaningful Use (MU), healthcare was forever changed. For the first time, we can start to measure discrete data points to understand better how those elements impacted care or created gaps. MU also put our most expensive and important resource (providers) behind a computer or tablet. This presentation will reveal how RPA can address current challenges and achieve the lofty goal of freeing physicians and clinicians from mundane tasks, so they can return to the valuable work of providing care. In addition to reducing the cost of tedious back-office work.

- Objective 1:** Explore key areas where automation can impact in the provider setting
- Objective 2:** Discuss how intelligent automation with AI is freeing up physicians to spend more time providing care
- Objective 3:** Demonstrate how to identify processes that are good for automation

Melvin Hutchens has more than 20 years' experience in healthcare IT business development. He has authored federal healthcare legislation, CARA, served as an executive at Allscripts, and now the global director at UiPath.

The Evolution of Cybersecurity: How AI, Machine Learning, & Distributed Technologies are Causing the Rapid Evolution of Security

Mitchell Parker, Executive Director, Information Security & Compliance, IU Health

In this panel, four chief information security officers, moderated by Mitchell Parker, will discuss how emerging technologies such as AI, machine learning, blockchain, cloud computing, and

interoperability are requiring organizations to make fundamental changes to how their organizations' security programs operate. The panel will discuss the impact on network security, interoperability, and the increased need to collaborate to improve cybersecurity.

Objective 1: Describe what new technologies are making an impact in healthcare.

Objective 2: Explore the technologies and processes needed to secure a modern healthcare environment.

Objective 3: Identify key gaps in their environment and take recommendations and advice from the panelists to spur improvement in their programs.

Mitchell Parker, CISSP, is the executive director of information security and compliance at IU Health in Indianapolis. He is currently working on improving the Information Security program at IU Health and works with multiple non-technology stakeholders to improve it. He also speaks regularly at multiple conferences and is an adjunct at Indiana University–Purdue University Indianapolis.

Taking MACRA to the Limit: Successful Best Practices in Quality Reporting

Moshe Starkman, Senior Director, Value-Based Reimbursement, nThrive

Value-based care, a relatively new approach to promoting good outcomes while maintaining or lowering costs, is quickly becoming the new normal in U.S. Participants will have the opportunity to hear from the perspective of North Mississippi Health Services (NMHS) in the QPP (aka MACRA) as to what goes into achieving an exceptional performance score. Topics will include quality measures selection, managing your PI performance, and determining which Improvement Activities (IA) to report. NMHS achieved top scores across many facilities, and we will highlight best practices and note some challenges in managing multiple facilities, some new and some more experienced with quality reporting.

Objective 1: Identify what goes into MACRA success: quality measures determination; IA selection; PI management

Objective 2: Discuss the challenges and opportunities of partnering with a MIPS registry to do the above.

Objective 3: Highlight important 2019 program changes. Part of being successful is being prepared.

Moshe Starkman is the senior director of Value-Based Reimbursement at nThrive, specializing in value-based reimbursements with an emphasis on MACRA and bundled payments. With over 20 years' experience, he is an accomplished small business owner and a popular public speaker.

Post-Hospitalization Readmission Management Program: How IT & Operations Worked Together to Develop an Effective Program

Chris Corkins, MSN, RN, PMP, Director Nurse Call Center, Baptist Health

Ken Watson, MSSW, Lead App Analyst Director, Nurse Call Center, Baptist Health

We will briefly describe the legacy system utilized by the call center before Epic implementation and the business case related to implementing this program in Epic. This will include the program goals and priorities as well as the alternatives which were initially explored. We will list the primary reasons for our selection of the preferred solution in Epic. An example build tracker will outline the configuration of master files selected to meet the desired goals. We will demonstrate the use of the call queue, phone survey, tracking of calls, as well as the management reports utilized to monitor staff workflow and program objectives. Lastly, we will discuss how readmission management was integrated with other care management initiatives such as transitional care management, high-risk care management, and Patient-centered Medical Home (PCMH) outreach.

- Objective 1:** Explore the value of computerized documentation in readmission management including targeting high-risk and chronic disease patients to help minimize duplication of outreach calls to patients
- Objective 2:** Evaluate the value of end-user testing of workflow, and report validation before go-live in a PRD-like environment over time.
- Objective 3:** Demonstrate the value of end-user ownership for staff training and go-live support allowing Epic HP analysts to focus on technical fixes and enhancements

Chris Corkins, MSN, RN, PMP, is director of the nurse call center managing both in- and outbound calls within Baptist Health System. Her broad health care experience includes a combination of information systems and population health.

Ken Watson, MSSW, has worked directly with health information systems for the past eight years. He is currently employed with Baptist Health as an EPIC analyst focusing on population health and care management. His previous experience as a medical social worker encompassed neurological surgery and transplantation.

Improving Well-Being with Hands-Free Communication

Deanna Parker, MBA, MHA, BSN, RN, Assistant VP, Emergency Services, Hardin Memorial Hospital

In 2018, Hardin Memorial Health doubled the size of its Emergency Department (ED), expanded its clinical team, and implemented a new communication system. Learn how the ED implemented hands-free communication while onboarding staff during construction. The team executed the plan

so well patient satisfaction and Left Without Being Seen rates (LWBS) improved in 4 months. Between Jan. and April 2018, LWBS rates dropped from 4.6% to 2.5%. In May 2018, the ED reported its highest monthly volume, and its LWBS rate was 2.2%.

In comparison, LWBS in May 2017 was 5.6%. In Nov. 2018, HMH reported a 1.4% LWBS rate. Four months into 2018, there was a 3-point increase in patient satisfaction. HCAHPS scores for the ED related to informing patients of delays improved from 39 in 2017 to 41.6 in 2018. HCAHPS in the ED related to staff caring for patients as a person went from 56.6 in 2017 to 63.4 in 2018. HCAHPS related to doctors informing patients about treatment jumped from 53.3 in Dec. 2017 to 77.1 in May

Objective 1: Evaluate and identify a mobile solution to remove workflow hassles, eliminate delays and improve communication between care team members to elevate patient care, safety, and satisfaction.

Objective 2: Analyze and outline how hands-free communication technology can improve care team collaboration, clinical workflow, operational efficiency while improving LWBS rates and patient satisfaction scores in the ED.

Objective 3: Explain how integrated, intelligent communication can positively impact patient care, quality, safety, satisfaction, and outcomes; and measure how hands-free communication can improve patient and staff well-being.

Deanna Parker, MBA, MHA, BSN, RN, is the assistant vice president of Emergency Services at Hardin Memorial Health. A registered nurse for 14 years, Parker holds a master's degree in healthcare administration from Webster University and a bachelor's degree in nursing from the University of Kentucky. Deanna is a member of the KHA and the KNA.

High-Quality Chronic Disease Management

Mary Luvisi, Technical Project Specialist, Kentucky REC

Reita Jones, Diabetes Population Health/Community Health Coordinator, Kentucky Dept. for Public Health

Participants will receive an overview of the Chronic Care Model and change for improvement. Specific topics include self-management support, delivery system change, decision support, clinical information systems and organization of health care and community. Participants will be introduced the Kentucky Diabetes Learning Collaborative and details of how to participate.

Credit for the Model for Improvement goes to Associates in Process Improvement. The Chronic Care Model was developed by Ed Wagner, MD, MPH, director of the MacColl Institute for Healthcare Innovation, Group Health Cooperative of Puget Sound, and colleagues of the Improving Chronic

Illness Care program with support from The Robert Wood Johnson Foundation.

Objective 1: Identify the six fundamental areas of chronic disease management.

Objective 2: Explain how to use evidence-based interventions techniques to improve outcomes for patients with chronic diseases.

Objective 3: Explore how to use clinical information systems to improve care for patients with chronic diseases.

Mary Luvisi spent 27 years in state government (KHIE) before retiring. She is MU Advisor and lead of DPH Grants service line. Grant work includes Colorectal Cancer Screening, Breast, and Cervical Cancer Screenings, Chronic Disease Pilot (Diabetes and Hypertension), 1815 Grant (DSMES and SMPB) and 1817 Grant DPP and Diabetes Learning Collaborative.

Reita Jones, RN, is a licensed diabetes educator with more than 30 years' experience. She currently works in population-focused chronic disease prevention and control with a specific focus on diabetes. Her role with the Kentucky Diabetes Prevention and Control Program includes planning, material development, program guidance and evaluation for local health departments covering all 120 Kentucky counties. She is a founding member of the Kentucky Diabetes Network.

Getting Your Arms Around All That Data: A Data Governance Process

Alan Tackett, Sr. Vice President of Delivery & CIO, MMY Consulting

Having the data is one thing, understanding where the data resides is another. The key to turning data into usable information is sharing a common language throughout the organization. The vision set forth around data governance will ensure everyone is on the same page and the data will be accepted as presented and delivered. Tools are great, and everyone has some, better yet there is not a tool out there that an IT person doesn't think they need to solve all their problems. There is not a secret sauce or tool that solves data governance. It takes a commitment and belief that enterprise understanding will lead to more efficient decision-making. Setting up the correct structure and making it part of the organization's governance process will benefit the organization for years to come.

Objective 1: Discuss the value of formalizing the data governance process.

Objective 2: Present data governance models and explain how to adapt pieces to their organization.

Objective 3: Identify the councils required to implement sustainable data governance will be understood as well as why it is more than a robust analytics team.

Alan Tackett is a senior IT executive with more than 25 years' experience facilitating and leading large groups in diverse healthcare organizations. A relationship-based leader, he takes a collaborative

approach to align technology assets to support the business plan. As a consultant, he has mentored many CIOs and CTOs.

An Intelligent Approach to Addressing the Opioid Crisis

Linda Kamer, RHIA, Director, CGI

John George, Director, CGI

In 2016, opioid overdoses accounted for more than 42,000 deaths, more than any previous year on record. The U.S. Health and Human Services estimates that approximately 40% of all opioid overdose deaths involved a prescription opioid. For its part in helping to combat the opioid epidemic, the Federal Health Architecture (FHA), an E-Government Line of Business initiative, envisioned both a short- and long-term solution for accessing and aggregating prescription data from multiple states.

Objective 1: Define the role of data, technology, and information sharing in easing the opioid crisis in America.

Objective 2: Discuss the FHA and e-government initiatives and goals.

Objective 3: Demonstrate tools available to combat the epidemic.

Linda Kamer is a director and consulting expert within CGI's U.S. Industry Solutions Group focusing on the health industry and is a member of the CGI U. S. Health Industry Council. In this role, she serves as a healthcare SME supporting new product development, new business development, systems implementation and delivery, and client relations. She is past-president of the Kentucky Health Information Management Association and member of AHIMA State Advocacy and Privacy Councils. Her interest in the opioid crisis stems from first-hand experience with close friends and family members affected by the crisis. She now is an active volunteer in parental support groups helping others learn more about the disease and how to effectively live their lives.

John George is a director within CGI's U.S. Industry Solutions Group focusing on the health industry, and he serves as chair of CGI's North American Health Industry Community. In this role, he assists in unifying all facets of CGI's diverse health businesses and architecting a variety of IT/business solutions. With over 25 years of IT and health industry experience, John has consulted with and monitored various healthcare providers, health plans, and human services programs. He has acted as a policy and legislation advisor regarding the American Recovery and Reinvestment Act (ARRA), Health Information Technology for Economic and Clinical Health (HITECH) Act; and Affordable Care Act (ACA).

Identifying Insider Threats to Help Reduce HIPAA Security Risk

Garr Kirby, MSCIA, CISM, HIPAA Security Advisor, Kentucky REC

This session will focus on the topic of insider threats and how to identify insider threats. Insider threats are a specific subset of information security risks that present unique challenges. Defining

these risks and how to mitigate them will be the focus of the presentation. The session will give an overview of the steps recommended steps to identify risk internal and external to healthcare organizations. Since these threats can appear anywhere, this discussion will be relevant for all sizes of healthcare organizations.

- Objective 1:** Identify what insider threats are; define what is an insider threat as well as the different categories of those threats.
- Objective 2:** Show how those threats can manifest themselves in your organization. Tying those threats to specific job roles throughout the healthcare organization will highlight real-world examples.
- Objective 3:** Outline a plan to eliminate or reduce those risks. A review of the steps needed to conduct an accurate and thorough risk assessment. Steps will be shown that every size organization can follow.

Garr Kirby is a health IT advisor for the Kentucky REC specializing in HIPAA Privacy and Security for healthcare organizations. He has over 15 years' experience in health IT and has focused the last six years on information security. Garr also has a master's degree in cybersecurity and information assurance as well as several IT security certifications.

Overcoming Barriers to Data Integrity While Implementing a Quality Improvement Program to Increase Lung Cancer Screening

Kayla Rose, Project Manager/Consultant, Sustainable Healthy Communities

No state stands to benefit more from increasing screening rates for detection of lung cancer than Kentucky. According to the National Cancer Institute and the Centers for Disease Control: State Profiles, Kentucky has lung cancer rates of 97.5 (initial incidence) and 70.9 (mortality) per 100,000, respectively. This is the highest in the nation. Statistical findings often drive clinical quality IA to bring about change. These changes can be in all aspects of clinical practice from clinician behavior to office workflow changes. However, measuring this change to show improvement often comes down to being able to access the key data. This session will focus on how challenging getting to the real data can be for providers and others trying to implement quality improvement programs in the real-world.

- Objective 1:** Define the screening criteria for lung cancer.
- Objective 2:** Categorize the major barriers to accessing key data.
- Objective 3:** Explore potential data barriers before implementing a project.

Kayla D. Rose, MA, RRT, PMP® currently serves as a volunteer project consultant for Sustainable Healthy Communities in Washington DC as well as a project manager with NTT Data in Frankfort,

Kentucky, focusing on a Syndromic Surveillance Data Improvement project. Formerly, Kayla was the director of practice improvement with the KPCA.

Indiana Integration of PDMP Information into Clinical Workflow via EHR & Pharmacy Management Systems Statewide

Jim Huizenga, MD, Chief Clinical Officer, Appriss Health

Integrating PDMP information, analytics, and resources into EHRs and pharmacy management system workflows is a critical step in the progression of optimizing PDMP information. In August 2017, Indiana launched PMP Gateway, a comprehensive platform for healthcare professionals to review patients controlled-substance prescription history more quickly and efficiently. PMP Gateway supports Indiana PDMP program (INSPECT) and transfers data directly into EHRs and pharmacy management systems. Previously, physicians needed to log in to a separate website to retrieve a patient controlled-substance dispensations from INSPECT, then cross-reference that data with the patient health information in disparate systems. PMP Gateway has delivered significant time savings to providers, thus making them more efficient in their daily activities. Statewide integration of the INSPECT platform has been a key component of Indiana ongoing efforts to attack the opioid crisis.

- Objective 1:** Define how Indiana has set up the framework to deliver PDMP data and clinical decision support solutions for substance use disorder within EHRs and pharmacy management systems.
- Objective 2:** Explore how the PDMP Gateway platform enables clinicians across Indiana to spend more time focused on patient care.
- Objective 3:** Discuss the importance of integrating PDMP information into clinical workflow and how it is the key to increasing utilization of the PDMP at the point of care.

Jim Huizenga, MD, has a professional career that spans multiple disciplines, including service as a USAF fighter pilot, military flight surgeon, emergency physician, software engineer, and entrepreneur. His current focus is on the application of data science and cognitive ergonomics as they relate to substance use disorder.

Ensuring Data Flows Following Interruption Without Your Customer Ever Knowing

Kevin Ellis, MBA, MS, ITIL-F, ETL Services Lead, University of Kentucky HealthCare

This is a case study on how the University of Kentucky HealthCare IT via Business Intelligence manages the movement of data in and out from the EDW (Enterprise Data Warehouse) and ensures the flow is reliable, accurate, and on-time. This management involves precise scheduling, monitoring, alerting, and remediation of incidents. This discussion will present the architecture that is in place that enables these activities. Tools (such as IBM InfoSphere DataStage & Director, Linux, Aginity for

Netezza, Splunk using JSON, SCOM, and Remedy) are leveraged. Additionally, the discussion will show how attendees can retain control of monitoring and alerting without having to make major changes to your infrastructure. A demonstration will be provided along with question/answer session at the end.

- Objective 1:** Demonstrate how the University of Kentucky leverages automated monitoring and alerting of incidents that occur in EDW systems for fast and precise resolution.
- Objective 2:** List the benefits that the University of Kentucky HealthCare has received and how this could potentially help and aid other members to improve their system reliability not only with data but ensuring the trust they have with the XXX.
- Objective 3:** Show that being proactive in keep data flowing from one system to another, attendees ensure the data is reliable, accurate and on on-time without the client reaching out to let attendees know first. It is always best to catch issues on the IT side first before the customer ever notices. This maintains trust.

Kevin Ellis is a software engineer with 25 years' IT experience. He has worked with various software packages (Oracle ERP, Microsoft SSIS, IBM InfoSphere), in industries such as healthcare, utilities, and manufacturing. Kevin has presented at various national IT conventions and taught computer courses as an adjunct at colleges in Kentucky.

Team-Based Care in Diabetes Through Clinical & Financial Decision Support

Gary Ozanich, Director of Health Informatics, Associate Prof., Northern Kentucky University

Michelle Svec, M.Ed., Clinical Research Coordinator, St. Elizabeth Healthcare

This is a joint research project between NKU & St. Elizabeth Healthcare funded in part by the Kentucky Dept. for Medicaid Services.

More than 33% of Kentucky's Medicaid patients with diabetes mellitus are in poor control. This project identified three areas to improve outcomes at lower costs: Shared Decision-Making (SDM) to increase adherence; reduce providers decision complexity, and cost transparency. The SDM process compiled patient's non-adherence reasons (e.g., fear of injections). The project team created a treatment algorithm to compare efficacy and cost of 6 million combinations of 60 front-line drugs. This solution proposes different regimens (with trade-offs). Results in an initial trial showed a drop in the HbA1C measure of about 1% for patients adhering to the program. This initiative is being expanded to multiple locations and includes Medicaid formulary costs in the algorithm.

- Objective 1:** Describe how SDM tools help patients and providers recognize barriers and support solutions to adherence in diabetes treatment.
- Objective 2:** Explain the need for a broad interdisciplinary team and each team member's role in the SDM processes and decision support tools.

Objective 3: Evaluate customized regimens from decision support tools within the context of the current literature for clinical decision support, patient engagement, and clinical inertia.

Gary Ozanich is director of Northern Kentucky University Program in Health Informatics and a senior consultant for HealthTech Solutions. He is past national co-chair of the Interoperability and Health Information Exchange Workgroup for the Health Information Systems Society (HIMSS) and was past national chair of the HIMSS HIE Committee.

Michelle Svec is a clinical research coordinator at St. Elizabeth Healthcare, where she manages the State University Partnership project, *Type 2 Diabetes Mellitus for Patients among Medicaid Beneficiaries in Kentucky*. She has worked in the healthcare industry for over 20 years, including clinical experience in nuclear medicine technology and cardiac rehabilitation before transitioning to the Clinical Research Institute. Michelle obtained an M.Ed. from the Division of Graduate Studies and Research at the University of Cincinnati.