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# Clinical Informatics & Clinical Engagement

## Applying NLP Solutions to Socioeconomic Determinants

**Gary Ozanich**, Ph.D., Director of Health Informatics & Associate Director of Research, Health Innovation Center, Northern Kentucky University **Larkyn Charles**The advent of value-based payments and a growing focus on population health has placed an increased focus on care coordination across settings and the need for integrated care. Social determinants of health (SDOH) have been identified as key factors in predicting outcomes at both the individual and population level. The unstructured nature of SDOH data is the principal challenge to its interoperability with clinical data and the associated ability to develop an integrated care plan. Natural language processing (NLP) solutions provide the opportunity to capture and analyze the community health data so providers can record information and utilize existing information as reference documentation during their patient encounters to assist in serving the underserved populations. In addition, the data can be used to provide a individually tailored community referral that supports care coordination for the patient and across the care team.

**Objective 1:** Describe how natural language processing solutions can be integrated with EHR platforms that makes the information actionable and shareable

**Objective 2:** Identify the major barriers to the adoption and use of NLP solutions in a care coordination context as analyzed from peer-reviewed literature.

**Objective 3:** Explain how the integration of unstructured data within HIT systems can be used to support new payment models and delivery reforms

Gary W. Ozanich, Ph.D., is Director of Northern Kentucky University’s Program in Health Informatics and Associate Director of Research for NKU’s Health Innovation Center. He recently stepped down as National Co-Chair of the HIMSS Interoperability and Health Information Exchange Community and was past National Chair of the HIMSS HIE Committee. He has conducted extensive funded research and consulting projects on health information exchange structure, interoperability, services, and sustainability, as well as projects examining care coordination and transitions in care.

# Data Analytics/Clinical & Business Intelligence

## Data Governance NOW!

**David Danhauer**, System VP / CMIO, Owensboro HealthData Governance is needed NOW more than ever in this data rich/knowledge poor environment. Success in healthcare will be driven by those with the best data and be nimble enough to use the data well. In this presentation the why, how and what of Data Governance will be discussed. Several models will be presented for an interactive look at current state and best practice.

**Objective 1:** Understand why Data Governance is critical

**Objective 2:** Learn ways to engage the organization in Data Governance

**Objective 3:** Discuss different models of Data Governance

Dr. David Danhauer 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.

## Quality Measures: Improve Scores/HIT Best Practices

**Trudi Matthews**, Managing Director, Kentucky Regional Extension Center **Mary E.Luvisi,** Kentucky Regional Extension Center

This session will provide an overview of best practices for improving quality measure (QM) performance in your EHR with a focus on colorectal cancer screening, hypertension and diabetes A1c control. Presenters will discuss quality improvement through EHR optimization, Evidence-Based Interventions (EBIs) and workflow changes with demonstrated success on positively influencing patient care and performance scores under alternative and value-based payment (VBP) models.

**Objective 1:** Educate attendees on HIT best practices

**Objective 2:** Show tie between measurement, improvement and value

**Objective 3:** Provide tips for EHR data verification/validation

Trudi Matthews isManaging Director of the Kentucky Regional Extension Center (REC) at UK and Sr. Policy Advisor-External Affairs for UK HealthCare. She also manages the KY REC, a center charged with assisting health care providers, practices and hospitals with using technology, connectivity, process improvement and value-based care to improve quality and value in healthcare.

Mary joined the Kentucky Regional Extension Center in 2016 as a Health IT Advisor working with practices to achieve Medicaid Meaningful Use.  She serves on several public health initiatives including the DPH Chronic Disease Prevention and Colorectal Cancer Prevention Grants as well as the Breast and Cervical Cancer Prevention Grant.  She assists practices/FQHCs to improve screening rates by using evidence based inventions and Health Information Technology.    Mary retired from the Cabinet for Health and Family Services in 2015 after serving for 27 years as the Kentucky Patient Engagement Coordinator and Staff Assistant for the Kentucky Health Information Exchange.

# Interoperability/Adaptability

## Interoperability/Adaptability ̶ Update from HITAC

**Dr. Brett Oliver**, CMIO, Baptist Health

This session provides an update on the committee's work and plans for 2018-19.

**Objective 1:** Federal policy / direction of interoperability

**Objective 2:** Understanding of hurdles to interoperability

**Objective 3:** Future of interoperability

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## Regional Focus AND National Connectivity: HIEs, National Frameworks, and TEFCA

**Keith Kelley,** MBA, COO, Indiana Health Information Exchange

Amidst overlapping and potentially competing national approaches, interoperability is still a point of confusion and misunderstanding for many. We now understand that there's not ONE national model, but what isn't clear is how different interoperability approaches can work together. In this presentation, we'll take a deeper look at the current state of interoperability and examine several interoperability approaches, including health information exchange, Carequality, CommonWell, and the eHealth Exchange. We'll explain conceptually how these approaches CAN work together, both regionally and nationally, and we'll provide examples of what that might look like--today and in the future.

**Objective 1:** Improved understanding of the various national interoperability approaches, including Carequality, CommonWell, eHealth Exchange, SHIEC, and DirectTrust

**Objective 2:** Why more than one interoperability approach is required for national interoperability, and how the proposed TEFCA could impact national interoperability

**Objective 3:** The process for healthcare providers to evaluate interoperability approaches for both regional and national interoperability

Keith Kelley joined IHIE in 2008 and serves as the Chief Operating Officer. In this role, he is responsible for all business development, product strategy, and operations functions. He expanded product offerings to include transitions of care, population health, and EHR Interoperability and is a frequent speaker regionally and nationally on interoperability. Previous positions include President of two health care technology companies and as IT executive at Ascension Health, Franciscan Health, and Community Howard. He earned a business degree from Indiana University and an MBA from Butler University. Since 2005, Keith has been adjunct faculty in the MHA program at the University of Evansville. He has also been an adjunct instructor at the University of Southern Indiana and a guest lecturer at IUPUI.

# Other

## Cost Effective Ways for IT to Support EMRs

**Mitch Bryant**, IS Support Operations Manager, Norton HealthcareThe implementation of new EMRs throughout the industry has greatly increased clinical effectiveness for clinicians and physicians. But it has also started to strain traditional help desk support service. With IT departments already stretched to their limits, expanding help desk support to meet those users’ unique needs is a massive challenge with no easy solution available. Clinical terms and processes are foreign to most IT Help Desks and almost all of the clinical applications have little or no dedicated IT-based support training guides or modules for the IT teams. So, it is very important that Service Centers find unique and cost effective ways to support healthcare. Discover how to bridge the gap for operational clinical support with low-cost effective methods that provide a comprehensive approach for the entire healthcare system. Satisfying the increasing needs and expectations of your clinical staff goes well beyond incident management and break fixes.

**Objective 1:** Discover effective low-cost ways to build support

**Objective 2:** Acquire in-depth training for clinical EMRs

**Objective 3:** Take your IT Help Desk to the next level

Mitch Bryant is the IS Operations Manager for the Support Center at Norton Healthcare in Louisville, KY, responsible for the Support Center Services teams and telephone operators. Mitch is a certified HDI Instructor, ITIL certified, KCS Certified, HDI Support Center Manager. He is the author of two HDI Focus books.

## Persuasive Leadership ̶ Sell, not TELL

**Crinda Francke**, President, ExecuTrainHave you ever had a boss or manager who constantly manipulated you? Was your relationship with this boss a good one? A significant part of being a successful leader is being able to motivate others to action and common goals. Successful leadership is never manipulation or coercion ̶ but rather persuasion. When done right, you build trust, respect and rapport and eventually bring others towards your goals. In order to do this, leaders use the power of persuasion in an effort to guide and lead others.

**Objective 1:** Explore five characteristics of a persuasive leader

**Objective 2:** Assess your leadership style

**Objective 3:** Distinguish between persuasion and manipulation

Crinda Francke, President/CEO of ExecuTrain for over 20 years, has worked with hundreds of Kentucky organizations to design, plan, and deliver their employee training programs. She has been involved in all aspects of employee development and was awarded Kentucky’s Top Woman Business Owner of the year, along with the President’s Award for ExecuTrain worldwide.

## Virtual Reality Used for Surgery

**Dr. Jeffrey Smoot**, Business Analyst, Baptist Health

This landscape of healthcare is constantly changing. The development of new technologies have made healthcare efficient, accurate and convenient. VR/AR has added a new dimension to the landscape that will increase accuracy while also adding a safety element through training and procedures. VR for surgery will not only give physicians the ability to train through simulations but as software develops the opportunity for real life simulation through haptic interfaces.

**Objective 1:** Obtain a general understanding of the differences between Virtual Reality (VR) and Augmented Reality (AR)

**Objective 2:** To become aware of the present and potential uses of VR/AR in healthcare

**Objective 3:** To become aware of VR and the surgical uses present today.

Dr. Jeffrey Smoot has been involved in the healthcare industry since 1988 for major healthcare systems in the United States. His knowledge spans the areas of Biomedical Technology, PACS Administration, Cardiovascular Information Systems, Healthcare Informatics and Healthcare IT. Dr. Smoot is the Founder and Chief Scientist of Interactive Healthcare Designs, which develops, researches and writes on innovative technologies for healthcare in the space of Virtual Reality/ Augmented Reality and Human Computer Interaction. He has been the keynote speaker at several conferences, is currently a Professor at Trident University International in Healthcare Informatics and sits on academic advisory boards for two universities. He is employed as a Business Systems Analyst supporting Cardiology for Baptist Healthcare System in Louisville, KY. He received his doctorate in Computer Science from Colorado Technical University.

# Process Improvement/Workflow/Change Management

## The Big Picture for Improving Quality and Value

**Kevin Nortrup**, Principal, Sugar Creek Solutions

Improving quality, value, integration, efficiency and sustainability in healthcare is easier when we take a big-picture approach, by understanding the complex (and often hidden) relationships and dependencies that extend beyond the focus of immediate interest. This session will explain what it means to approach healthcare from such a big-picture understanding; it will provide some mindsets and methodologies to make that easier; it will illustrate how this can be applied at a variety of scales and situations; and it will explore what this could mean to how we design, structure and deliver healthcare in the future.

**Objective 1: E**xplain the big-picture view of quality and value

**Objective 2: E**xplore how this approach can address pain points

**Objective 3: E**xplore how this could shape future of healthcare

Kevin Nortrup, CPHIMS, CSEP, graduated summa cum laude from the University of Illinois in computer engineering. As Principal at Sugar Creek Solutions, he champions a transdisciplinary systems approach to envisioning, actualizing and optimizing healthcare products, services, processes, companies and institutions.

## Integrating EMG Machines at the Louisville VA

**David Haustein**, Associate Clinical Professor, University of LouisvilleElectrodiagnostic testing (EDX) or electromyography (EMG) is a medical diagnostic test that can document abnormalities after a nerve or muscle injury and is frequently used to confirm common conditions such as carpal tunnel syndrome, a pinched nerve in the neck or back or nerve damage in the hands or feet. EMG machines are stand-alone laptops or desktops with a preamplifier and stimulator and are infrequently connected to the electronic health record (EHR). EMG machines that integrate with an EHR are reported to improve workflow efficiency, reduce clerical errors and provide faster communication of reports to referring providers. However, this integration requires extra software and hardware expenses and requires significant coordination with health information technology professionals. This presentation will detail the process for integrating EMG machines with the Louisville VA's EHR.

**Objective 1:** Describe the process of integrating an EMG machine

**Objective 2:** List the pros and cons of integrating EMG machines

**Objective 3:** Identify stakeholders involved in integration

Dr. David Haustein is an Associate Clinical Professor at the University of Louisville School of Medicine and also works at the Louisville VA. He serves as the Associate Program Director for the PM&R residency program. He is board certified in PM&R, neuromuscular medicine and electrodiagnostic medicine.

# Security

## Using Project Management to Reduce HIPAA Risk

**Derrick Hill**, Technical Project Specialist III, Kentucky RECHealthcare organizations are required to conduct an annual Security Risk Assessment to meet meaningful use and MACRA reporting requirements. Often organizations conduct an SRA but do little to mitigate the issues found. Staff from the Kentucky Regional Extension Center will offer an actionable framework for practices and hospital staff to use to reduce their HIPAA risk. Using the following six-phased methodology approach will allow the organizations to become HIPAA compliant: Plan the Project, Develop/Revise Policies, Mitigate Risk, Monitor Risk, Education/ Training, and Close Task or Project. The methodology approach allows covered entities to reduce threat and vulnerability levels within their organization.

**Objective 1:** Attendees will learn to reduce the HIPAA threats

**Objective 2:** Provide information on HIPAA Security rule

**Objective 3:** Attendees will learn to use project management

Derrick Hill is a Senior Health IT Advisor for the Kentucky REC specializing in HIPAA privacy and security for healthcare providers. He has obtained his Project Management and HIPAA Privacy and Security certifications. Derrick has worked in Health IT for 11 years at UK Healthcare, Lexington- Fayette Health Department, and Baptist Healthcare.

## How to securely manage printing and output in your organization

**Mitchell Parker**, Executive Director, Information Security and Compliance, Indiana University Health

One of the major sources of data breaches is paper.  While a majority of output is electronic, paper is used just as much as ever in the healthcare environment.  This means that printers and output devices need to be secured and have their risks mitigated.  In this presentation, Mitch Parker, the Executive Director of Information Security and Compliance for IU Health, will discuss how organizations can assess risks to their printing and output devices.  He will go over what organizations need to do to maintain these devices securely with limited resources, and what corollary services are required.  The goal will be to provide providers from small medical offices up to large academic health systems with the tools they need to secure their output.

**Objective 1:** Educate organizations on what they need to do to maintain printing and output devices securely.
**Objective 2:** Provide information on what risks to printing and output devices exist.
**Objective 3:** Discuss how organizations can manage their output successfully with limited resources and discuss corollary services organizations need, such as shredding and secure disposal, to mitigate risks in the output environment.

Mitchell Parker, CISSP, is the Executive Director, Information Security and Compliance, at IU Health in Indianapolis, Indiana.  Mitch is currently working on redeveloping the Information Security program at IU Health, and regularly works with multiple non-technology stakeholders to improve it. He also speaks regularly at multiple conferences and workshops, including HIMSS, IEEE TechIgnite, and Internet of Medical Things. Mitch has a Bachelor's degree in Computer Science from Bloomsburg University, a MS in Information Technology Leadership from LaSalle University, and his MBA from Temple University.