

DAY 1 - May 11, 2021 - TUESDAY Health IT Evolution

Time	Session A	Session B
Exhibit Hall/Poster Session 12pm	Visit Our Sponsors & Student Poster Presentations	
Keynote 1pm	<p align="center">Social Media for Good: How We Can Make a Difference</p> <p align="center">Most of us are conflicted about the value of social media. It's a way to stay connected, but also a source of discord and strife. Dr. Ranney will outline the 3 ways that social media can be used for good; provide a brief overview of successful tips for engagement; and provide examples of healthcare movements that have been driven or enhanced through savvy social media. Whether we are administrators, leaders</p> <p align="center">Megan Ranney MD, MPH, FACEP Director Brown-Lifespan Center for Digital Health</p>	
Session 1 2pm	<p align="center">Alicanto – Building Online Learning Health Systems in the COVID-19 Era</p> <p>Yuri Quintana PhD Chief Division of Clinical Informatics Beth Israel Deaconess Medical Center David Einstein MD Academic Medical Oncologist & Assistant Professor Harvard Medical School</p>	<p align="center">Evolution of the EHR Mission: Reducing Clinician Data Entry Burden While Improving The State of Data We Need</p> <p align="center">Dale Sanders Senior Advisor and Former CTO, Health Catalyst and Executive Partner, Ardan Equity Health Catalyst & Ardan Equity</p>
	<p align="center">Session 1A Summary:</p> <p>This session will describe approaches to connecting large number of health professionals in online communities of practice for learning, standardizing care, training, and coordinating care. Examples of the use of the Alicanto platform at Harvard affiliated hospitals and some global networks that integrate telemedicine. We will discuss with lessons learned for best practices in deployment and future of LHNs in a post COVID-19 world.</p>	<p align="center">Session 1B Summary:</p> <p>As a consequence of Dale's work in the analysis of national-level COVID data, he believes that we've reached a tipping point of necessary change in the evolution of EHR use in US healthcare. He will make the following four assertions in this discussion: (1) The personal and professional burden of data entry in EHRs is contributing to clinician burnout and job dissatisfaction; and distracts from effective care through the patient-clinician relationship; (2) The data that clinicians are pressured to collect, reflects too much emphasis on reimbursement, billing, and defensive medicine and not enough emphasis on situational awareness, hypothesis generation, and outcomes assessment; (3) Quality measures of questionable clinical value are a major contributor to the data entry burden; thus our national quality measures strategy must be adjusted to reduce the number and complexity of process-oriented quality measures—i.e., prescribing what physicians should do—and shift to place more emphasis on the reduction of low value care—i.e., suggesting what physicians shouldn't do; and (4) The analysis of large, national EHR data sets during the COVID pandemic reveals a significant lack of standard clinical vocabularies in the use of EHRs, notably in the areas of clinical orders and results. The past national emphasis on exchanging messages between EHRs must now be shifted to improving the quality and standardization of data that is being exchanged.</p>
Session 2 3pm	<p align="center">COVID & HIEs: Two States' Experiences</p> <p align="center">David Horrocks MBA, MPH President & CEO CRISP Jennifer Searls MHA Executive Director Health Information Alliance, Inc. Victoria Veltri JD, LLM Executive Director State of Connecticut Office of Health Strategy</p>	<p align="center">Cyber Resilience and the Importance of Recovery</p> <p align="center">Mike Hale CTO Steward Health Care System Jim Shook CISSP, CIPP/US Director, Cybersecurity & Compliance Practice Dell Technologies</p>
	<p align="center">Session 2A Summary:</p> <p>This session will explore two states' experiences with leveraging their state's HIE infrastructure to respond to the current COVID crisis. In one state with a mature HIE, the state was able to expand their HIE infrastructure to hydrate testing data with race and ethnicity information enabling public health authorities to respond accordingly and once vaccines were available the HIE was able to stand up an immunization tracking website enabling practices and organizations to see their patient panels and proactively outreach to patients to encourage them to get the covid vaccine. In another state, where the HIE is still in its formative state, the state did excellent testing and vaccine rollout but was not able to leverage its HIE.</p>	<p align="center">Session 2B Summary:</p> <p>This session will focus on the ever-growing threat to healthcare organizations from malware and how best to position your organization to respond and recover from an attack. It will review methods for protecting both critical clinical data as well as vital infrastructure components.</p>

Session 3 4pm	<p align="center">Women in Health IT Leadership CIO Panel</p> <p>Moderator: Jeannette Currie CIO Community Hospitals Beth Israel Lahey Health Panelists: Susan Carman MS,CHCIO,PMP VP & CIO Mohawk Valley Health System Stephanie McDonell VP Information Technology, CIO United Regional Health System Heather Nelson MHA CHCIO SVP & CIO UChicago Medicine Naomi Lenane CIO & VP Information Services Dana-Farber Cancer Institute</p>	<p align="center">Payer-Provider Collaboration in a Digital World</p> <p>Lynda Rowe Senior Advisor, Value-based Markets InterSystems</p>
	<p align="center">Session 3A Summary:</p> <p>CIO panel discussing current challenges and successes in leveraging innovation to impact patient, employees and Clinical teams in today's unprecedented pandemic and Preparing for a "post pandemic" environment.</p>	<p align="center">Session 3B Summary:</p> <p>The shift to value-based care has accentuated the need to enhance collaboration between payers and providers, and interoperability is a key element of seamless data sharing. The dual challenges of data standardization and easy information access are compromising the ability of both payers and providers to create efficient care delivery solutions. The goal of the HL7 Da Vinci project is to help payers and providers to positively impact clinical, quality, cost and care management outcomes. Learn how payers and providers can streamline value-based care use cases using assets developed as part of the HL7 Da Vinci Project. See an example of how a payer and provider have collaborated to reduce provider burden and lower cost associated with quality measure reporting by implementing the Da Vinci quality measurement use case.</p>
Day 2 - May 12, 2021 WEDNESDAY Digital Divide		
Time	Session A	Session B
Exhibit Hall/Poster Session 12pm	Visit Our Sponsors & Student Poster Presentations	
Session 1 1pm	<p align="center">FQHC Telehealth Consortium: Driving Short and Long Term Sustainable Success of Telehealth Modalities for Under-Resourced Population</p> <p>Christina Severin MPH President/CEO Community Care Cooperative (C3)</p>	<p align="center">Digital Innovation and Transformation During a Pandemic</p> <p>Mark Zhang DO,MMSc Medical Director Brigham Digital Innovation Hub Palliative Care Physician DFCI</p>
	<p align="center">Session 1A Summary:</p> <p>Review the design and functions of the FQHC Telehealth Consortium and the activities supporting the community; Understand the unique role the FQHC Telehealth Consortium Plays in solving health disparities across the community</p>	<p align="center">Session 1B Summary:</p> <p>Founded in 2013, the Brigham Digital Innovation Hub (iHub) focuses on leading applied digital innovation within Brigham Health. This session will discuss the various digital applications that the iHub has implemented or created at Brigham Health during the pandemic. The session will also address lessons learned from previous digital transformation efforts at Brigham Health.</p>
Session 2 2pm	<p align="center">Advancing Virtual Care for All: Lessons and Proposals for Equity in Virtual Health</p> <p>Rebecca Mishuris MD,MS,MPH CMIO Boston Medical Center</p>	<p align="center">Policy, Provider and Payor –The Good That Has Come out of COVID-19</p> <p>Moderator: Amy Chacko MSHMI,SHIMSS,PMP Senior Consultant Nordic Consulting Panelists: Renee Broadbent MBA, CCSFP Vice President IT SOHO Health Matt Fisher General Counsel Carium Mary Griskewicz MS, FHIMSS Director Government Affairs, Policy Cigna</p>
	<p align="center">Session 2A Summary:</p> <p>This session will focus on the role of digital health through the pandemic, and into the future as we incorporate virtual care delivery into standards of care. We will discuss the long term strategy implications for health equity, and review proposals for addressing digital equity</p>	<p align="center">Session 2B Summary:</p> <p>In this session, you will hear three different perspectives on the Positive impact COVID-19 has had on regulatory policy, improved Patient care and technology innovations. The COVID 19 Pandemic Has been the greatest challenge our world has dealt with, however as a result, it has accelerated healthcare technology and forced us to review and reconsider our healthcare regulations to adapt to the Changed environment.</p>

Session 3 3pm	<p align="center">Equity, Access and Inclusion in Digital Health</p> <p>Moderator: Trung Do MA, MBA VP Business Development MGB Innovation Mass General Brigham</p> <p>Speaker/Live Chat Participants: Lee Park MD, MPH Senior Medical Director Digital Health & Patient Experience Mass General Brigham Cheryl Clark MD, ScD Associate Physician Brigham Health Jorge Rodriguez MD Physician General Medicine & Primary Care Brigham Health</p> <p>Speaker: Joe Betancourt, MD, MPH VP & Chief Center for Diversity and Inclusion Mass General Hospital</p> <p>Live Chat Participant: Sandy Aronson Executive Director of Information Technology Mass General Brigham</p>	<p align="center">Addressing the Behavioral Health Gap in Acute Care Settings and Beyond</p> <p align="center">Miles Kramer LCSW, CCHP VP Amwell Psychiatric Care Amwell</p>
	<p align="center">Session 3B Summary:</p> <p>Panelists will discuss the digital divide as it relates to technology and workforce development. Learn about: The digital divide as it relates to technology The digital divide as it relates to workforce development How the digital divide informs innovation</p>	<p align="center">Session 3B Summary:</p> <p>The COVID-19 pandemic has not only led to physical health struggles, but it has also taken a mental and emotional toll on millions of Americans. During the pandemic, about 4 in 10 adults in the U.S. reported symptoms of anxiety or depressive disorder, up from one in ten who reported these symptoms from January to June 2019 (KFF). While cases are rising so too is the lack of treatment, with less than half of people with a mental illness receiving treatment (NAMI.) But there is some good news. The pandemic has also altered the way patients and providers are accessing healthcare, with 100% of psychiatrists now saying they'd be willing to use telehealth to see their patients (Amwell), opening the door for virtual care to significantly close the behavioral health gap that has increased over the past year. During this session, attendees will hear from two leading telehealth and psychiatry experts who will discuss the role that technology can play in providing better access to mental health treatment with a focus on acute care settings. They will share stories of how leading hospitals and health systems are using virtual care to dramatically reduce the average response time and average time to transfer out of the ED for psychiatric patients, and as a result are seeing an improvement in care delivery, provider experience and operational efficiencies. Attendees will learn best practices for launching a telepsychiatry program in their own organizations that not only solves for in-hospital issues but also ensures patients receive mental healthcare during their entire treatment journey, including at home. Finally, attendees will learn about key grants and funding opportunities available in New England designed to help local organizations gain funding for their telemedicine initiatives to ensure all are able to access the benefits of a telepsychiatry program.</p>

Exhibit Hall/Poster Session 4pm	Visit Our Sponsors & Student Poster Presentations
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 <p>Day 3 - May 13, 2021 THURSDAY Clinical Informatics Jointly provided by Postgraduate Institute for Medicine and HIIMSS – New England Chapter</p>

Time	Session A	Session B
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Exhibit Hall/Poster Session 12pm	Visit Our Sponsors & Student Poster Presentations
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Keynote 1pm	<p>Transformation At A Time Of Crisis</p> <p>The pandemic has been a harsh wake-up call for the healthcare industry. The VUCA (volatility, uncertainty, complexity, ambiguity) environment that we're living in today however presents to us a unique set of opportunities to truly re-imagine and re-build a better system of health. This presentation will explore how we can leverage the best of leadership, innovation and information technology to confront the realities of where we are as an industry, and truly transform for the better.</p> <p>Faculty: Rasu Shrestha MD MBA Chief Strategy and Transformation Officer, Executive Vice President Atrium Health</p>
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	<p>A View from the Top - Digital Transformation: Emerging from COVID 19</p> <p>Faculty: Sue Schade MBA Principal StarBridge Advisors</p>	<p>Sharing notes in outpatient Care: From Fringe Idea to Federal Regulation</p> <p>Faculty: Caif DesRoches Executive Director of OpenNotes Beth Israel Deaconess Medical Center</p>
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Session 1		
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<p>Session 1 2pm</p>	<p>Session 1A Summary: This session will cover the most significant changes in health IT from COVID19, new and emerging models of care delivery, and how to address the gap between IT and clinicians</p>	<p>Session 1B Summary: Do you have questions about the information blocking rule, OpenNotes, or how increased transparency can benefit patients and providers? In this session, we look for answers as we discuss the history of OpenNotes, what the research tells us about increased transparency, and how this idea moved from a radical notion to be included in new federal regulations going into effect on April 5, 2021.</p>
<p>Session 2 3pm</p>	<p>Panel Discussion following "Digital Transformation: Emerging from COVID19"</p> <p>Faculty: Moderator: Sue Schade MBA Principal StarBridge Advisors</p> <p>Panelists: Dirk Stanley MD, MPH CMIO UConn Health Teri Young RN, MS VP, Clinical Applications & Chief of Clinical Informatics University of Maryland Medical System Christine Collins RPh, MBA VP & Chief Pharmacy Officer Lifespan Rhode Island</p> <p>Session 2A Summary: Healthcare providers are vulnerable to serious legal, financial, operational and reputational risks –and regulatory fines –due to employee drug diversion and inadequate internal controls. COVID-19 has increased employee's feelings of stress and burnout has spiked to new levels. Furthermore, mounting evidence is showing</p>	<p>Utilizing Machine Learning Algorithms to Prevent Drug Diversion</p> <p>Faculty: Chris Fortier PharmD, FASHP Chief Pharmacy Officer Mass General Hospital</p> <p>Session 2B Summary: Healthcare providers are vulnerable to serious legal, financial, operational and reputational risks –and regulatory fines –due to employee drug diversion and inadequate internal controls. COVID-19 has increased employee's feelings of stress and burnout has spiked to new levels. Furthermore, mounting evidence is showing</p>
<p>Session 3 4pm</p>	<p>Integrated COVID-19 Decision Support Across the EHR</p> <p>Faculty: David Rubins, MD Medical Director, Decision Support Mass General Brigham Ronelle Erica Stevens, PharmD Sr. Clinical Informatics & Decision Support Application Coordinator Mass General Brigham</p> <p>Session 3A Summary: This session will focus on three primary areas of CDS that were developed at MGB in response to the COVID-19 pandemic, with varying levels of workflow integration: seamless CDS developed at the point of ordering, "pull" CDS for infection status management, and interruptive CDS as a last-resort to drive provider behavior.</p>	<p>What the CONCERN Study Has Taught Me about Racial Bias in Nursing Workflow</p> <p>Faculty: Kenrick Cato, PhD, CPHIMSS Assistant Professor Columbia University</p> <p>Session 3B Summary: Healthcare providers are vulnerable to serious legal, financial, operational and reputational risks –and regulatory fines –due to employee drug diversion and inadequate internal controls. COVID-19 has increased employee's feelings of stress and burnout has spiked to new levels. Furthermore, mounting evidence is showing</p>
<p>Social 5pm</p>	<p style="text-align: center;">Networking Social</p>	
<p style="text-align: center;">Joint Accreditation Statement</p> <div style="text-align: center;">  <p><small>JOINTLY ACCREDITED PROVIDER™</small></p> </div> <p>In support of improving patient care, this activity has been planned and implemented by the Postgraduate Institute for Medicine, INTERPROFESSIONAL CONTINUING EDUCATION Chapter. Postgraduate Institute for Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.</p> <p style="text-align: center;">Physician Continuing Medical Education The Postgraduate Institute for Medicine designates this enduring material for a maximum of 6 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.</p> <p style="text-align: center;">Continuing Pharmacy Education The Postgraduate Institute for Medicine designates this continuing education activity for a maximum of 6 CEUs of the American Council on Pharmacy Education.</p>		

Postgraduate Institute for Medicine designates this continuing education activity for a maximum of 6 contact hours of the educational board for pharmacy education.
(Universal Activity Number - **JA4008162-9999-20-2289-H01-P**) - **new number to be created for this activity**

Type of Activity: Knowledge

Continuing Nursing Education

The maximum number of hours awarded for this Continuing Nursing Education activity is 6 contact hours.

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Hardware/Software Requirements

Include minimum hardware, software, internet connectivity and connection speed requirements for accessing the internet-based activity.

Policy on Privacy and Confidentiality

Please see final activity for the policy on privacy and confidentiality that relates to this internet activity.

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Fee Information

The fee for this event, Day 3 only, is \$55 for members and \$70 for non-member