

2010 International MUSE Conference Commercial Member Educational Presentations

Healthcare Document Scanning 101

Session: 301

Scheduled: Friday June 4 at 10:00 am

Presenter: Bryan Donovan

Organization: BizTech Healthcare Solutions Inc.

Abstract: With the tidal wave of paper records, the steadily increasing adoption rate of EMRs and the looming "Meaningful Use" requirements on the horizon, document scanning is an important issue for HIM directors. Typically, Patient Access is the business unit that brings document imaging into most hospitals. The problem for HIM departments is that most patient registration scanning applications are not designed to be used in a high volume, batch scanning environment like medical records. HIM directors need to know what questions to ask of their scanning vendor to determine what will meet their needs.

Many HIM directors are involved with the efforts to standardize forms within their facility. Many times the effort to standardize forms includes adding bar codes. Bar codes are a great way to automate the scanning and image indexing process however many hospitals leave out a critical piece of the puzzle and that can result in very unhappy users. We will discuss what is important in bar coding for HIM scanning and the benefits to clinical users of a good bar code system. If attendees are already scanning or looking to start scanning paper records to facilitate EMR, they will benefit from knowing what is available for scanning applications and how scanning system functionality affects the labor involved with scanning patient records.

There is a major advantage to document imaging for HIM that many directors do not even consider. That is due to the fact that once you take the "paper" out of the "process" you can fundamentally change the process. This can open the door for tremendous productivity improvements for HIM. We will discuss one case in particular where HIM was able to cut 24-48 hours off the billing cycle by adding workflow along with document imaging.

Important topics to be covered in this section include:

- What type of scanning software works best for medical records scanning?
- How are bar codes used to simplify the scanning process for HIM?
- What type of scanning hardware works best for HIM scanning?
- Where is the Return on Investment going to come from for HIM scanning?

Bryan Donovan is the Sales & Marketing Manager for BizTech Healthcare. He has over 14 years of experience in the document imaging and workflow industry. He has been with BizTech for eight years and previously worked for Digital Equipment Corporation and Keyfile Corporation. He is a Microsoft Certified Systems Engineer and a frequent speaker on the topic of healthcare process automation. Recent speaking engagements include MUSE International (May 2009, Vancouver BC), ILHIMA Annual Conference (May 2009, Lincolnshire, IL), and NEHIMA Six States Annual Conference (May 2008, Worcester MA).

The Trend Towards Electronic Patient Statement Delivery

Session: 302

Scheduled: Thursday June 3 at 1:30 pm

Presenter: Ane Ohm

Organization: LaserNet, Inc.

Abstract: Learn about the healthcare industry trends towards electronic statement delivery.

Topics will include:

- How to identify whether electronic statement delivery is a beneficial solution for your organization and your patients.
- Operational efficiencies to be gained, including paper and postage savings.
- Customer service benefits.
- How electronic delivery can contribute to sustainability objectives.
- Pitfalls of electronic delivery.
- Protecting patient privacy.

We will review detailed case studies from a variety of healthcare systems to illustrate the challenges, benefits, and financial outcomes from this technology solution.

Ane Ohm, President of LaserNet, has more than 15 years experience in operations, finance, marketing, and human resources. Prior to joining LaserNet in 2009, she served as Vice President at Pinstripe, Inc., where she played an instrumental role in the company's rapid growth in recruitment process outsourcing. Before joining Pinstripe, Ane held various leadership roles at Strong Financial Corporation, including Vice President and Director of Mutual Fund Administration. While there, she led the team that designed Strong's award-winning customer statements and oversaw the production of marketing collateral, fulfillment materials, and statement printing.

'ICE' Cubes

Session: 303

Scheduled: Thursday June 3 at 11:00 am

Presenter: Garry McAninch

Organization: Dimensions Analysis

Abstract: Today, cubes are not only used to enhance your preferred libation, but also to enhance flexibility with your preferred enterprise information solution through 'Information Consolidation & Enhancement'. With the move towards MEDITECH's 6.0, the Data Repository, along with the use of various data export tools, Microsoft SQL Server is becoming more and more strategic as part of an integrated enterprise information solution.

A relatively perplexing, but very powerful tool in the Microsoft SQL Server arsenal is Analysis Services. Analysis Services (SSAS) delivers online analytical processing (OLAP) and data mining functionality through a combination of server and client technologies. Commonly known as 'Cubes', this technology is far from Emo Rubik's famous mathematical puzzle, but does have some of the basic concepts. It has quickly become the most widely accepted and most talked about OLAP engine for multi-dimensional data manipulation, mining and presentation.

We'll review what Analysis Services is and how it is part of the Microsoft Business Intelligence Platform for Enterprise information.

This session will provide:

- Insight into Analysis Services, its design and what it can provide to the organization.
- Identify some of the advantages and limitations to its use.

- Look at some of the various data sources that can take advantage of OLAP technology.
- Review cube data and presentation considerations.
- Identify various uses of Analysis Services cubes.
- Show samples of Analysis Services cubes using tools available to most healthcare facilities today.
- Review “Best Practices” of its use.
- Briefly overview other segments of the Microsoft Business Intelligence platform.

Garry McAninch is the Principal of Dimensions Analysis; a Business Intelligence product and services firm specializing specifically in the MEDITECH marketplace. His involvement in the field of Business Intelligence spans more than 14 years and over three continents. Since 1991, he's been working exclusively in the MEDITECH HCIS environment. A total of 16 years were involved in IT Management at a multi-facility hospital system.

Implementing Point of Care Documentation – There Has to Be a Better Way!

Session: 304

Scheduled: Friday June 4 at 2:30 pm

Presenter: Cheryl D. Parker, RN, MSN, PhD

Organization: Motion Computing

Abstract: Due to a multiplicity of factors, the path to point of care documentation using an EMR can be more challenging than it first appears. This presentation will assist organizations to learn from the experiences of others so that rather than recreating the wheel, this education can be incorporated into the planning, training and implementation process.

The purpose of this presentation is to analyze the pitfalls and best practices to implementation of point of care documentation throughout various clinical disciplines.

A brief history and review of the various types of clinical documentation will serve as a foundation for examining how to best implement point of care documentation when using an electronic medical record. Multiple case studies results will be presented in order to share the experiences. The learning will be grouped into three categories including technology, personnel and processes that can either hinder or facilitate point of care documentation. Using Rogers' Diffusion of Innovation work, the impact of project personnel will be examined.

The focus will be on real world examples and practical recommendations for several different clinical workflows. Data on performance improvement gained with point of care documentation in several clinical settings will be discussed.

Best practices in device selection, training, go-live support, and personnel selection management will be provided.

Cheryl D. Parker, RN, MSN, PhD is the Senior Clinical Informatics Specialist for Motion Computing, Inc. and serves as adjunct faculty in the Master's of Nursing program at Walden University where she teaches courses in the nursing informatics specialty track. She has over 30 years experience in the healthcare industry including clinical nursing, management, nursing informatics, and education both corporate and academic. Dr. Parker has worked in clinical system selection and implementation from both a facility and vendor perspective.

She is a member of the American Nursing Informatics Association (ANIA), CARING, Sigma Theta Tau, and the Healthcare Informatics Systems Society (HIMSS) where she serves on the Nursing Informatics Taskforce and is a section editor for the Clinical Informatics Newsletter.

Dramatically Improving Your Hospital's Bottom Line with Effective Labor Management

Session: 305

Scheduled: Friday June 4 at 10:00 am

Presenter: Farrah Mahoney

Organization: Healthcare Insights LLC

Abstract: Labor is the costliest expense for any hospital. According to national benchmarking statistics, a leading metric indicates that 50% of not-for-profits spend slightly more than 50% of their total revenues on labor. By itself, this means nothing. But compared to some for-profit systems, the not-for-profits are spending 20% more on labor. That is an astounding difference and represents a significant competitive disadvantage. How is it possible that some hospitals can spend significantly less than other hospitals when they are doing essentially the same jobs and...they have essentially the same or better clinical outcomes? This class is designed to present ways in which every hospital can design labor processes to improve their labor costs without sacrificing quality. Case studies will be presented that will highlight the areas that can be addressed to dramatically improve the labor cost outcomes without sacrificing quality or satisfaction.

Learn to:

- Recognize the importance of utilizing the "labor ratio" to set labor goals
- Determine the best practices in labor productivity and labor management in the healthcare industry
- Understand the differences between labor "rate" variances and "efficiency" variances and how they can be used to significantly improve the use of labor to meet organizational goals

Farrah Mahoney is the Director of Business Development for Healthcare Insights, LLC, which specializes in the teaching and consulting of healthcare financial management issues. In addition, Healthcare Insights has developed INSIGHTS, a management accountability and decision support software solution for the healthcare industry. As part of her responsibilities, Farrah advises clients on best practice reporting and monitoring techniques. Prior to her role at Healthcare Insights, Farrah spent seven years working in the finance department of several healthcare providers. These included a 350-bed acute care hospital, as well as long-term acute care providers and a physician group. She holds a Bachelors of Science degree in Accounting and a Master of Business Administration from the University of Southern Indiana.

Improving Profit Margins Through Effective Budgeting and Monitoring Techniques

Session: 306

Scheduled: Wednesday June 2 at 10:30 am

Presenter: Steven Berger

Organization: Healthcare Insights

Abstract: Most hospitals have a significant opportunity to improve their bottom lines through effective budgeting and monitoring techniques. Research conducted over the past twenty years, by the presenter, strongly indicates that many hospitals have the opportunity to improve their bottom lines by 3 - 6% by simply adopting the many actionable techniques that will be addressed in this class. These techniques are proven and viable to most hospitals. There is no "magic" to its applicability. Achieving these improved financial outcomes is a matter of management. If you or your facility is really interested in improving their bottom lines, as many have stated to their Boards, without compromising quality or satisfaction outcomes, this class will give you a chance to do so.

Steven Berger is a nationally recognized trainer in healthcare financial and general management. For the first 20 years of his career, he was the Vice President of Finance at four different

hospitals across the country. Over the past 15 years, he has conducted over 500 classes, to hospital and health system CEOs, COOs, CFOs, CIOs, CNOs as well as finance and clinical managers and staff, in the art of improving financial outcomes with actionable techniques. He has also written four books and several award-winning articles. He is a “distinguished speaker” for the Healthcare Financial Management Association and does regularly scheduled national training classes for the American College of Healthcare Executives.

Bar Coding Medication Administration Difficulties and Successes

Session: 307

Scheduled: Wednesday June 2 at 3:30 pm

Presenter: Guy Duersch

Organization: Code Corporation

Abstract: The hospital setting is a very difficult environment for bar code reading applications. The various shapes, sizes, types of bar codes and the media on which they are printed are inconsistent from one medication to the next. This presentation will review these challenges and how to be prepared to meet these challenges.

Guy Duersch has been Vice President of Sales for Code Corporation since 2008. During his time at Code Corporation, he has consulted with numerous organizations to assist them with the implementation of bar coding solutions such as bedside medication administration for the Healthcare/Hospital industry, and other bar coding projects for the Public Sector, Retail and Manufacturing industries.

Guy Duersch previously worked as a Senior Partner and Vice President of a High Tech and Consultancy firm where he developed and implemented strategic organizational processes for companies such as: Microsoft, EDS, Hewlett Packard, Accenture, and Deloitte and Touché. Guy Duersch has an Engineering Degree from Weber State University and a Business Degree from Utah Valley University.

Reconcile your IT Plans with the Economic Stimulus (ARRA)

Session: 308

Scheduled: Friday June 4 at 9:30 am

Presenter: Sharron Finlay

Organization: Beacon Partners

Abstract: Join us to learn about ARRA reconciliation – Impact of “Meaningful Use” and HITECH on our existing or evolving IT strategies.

Topics:

- What options do we have and how might we make the soundest decisions to affect positive outcomes. Planning with “Risk Mitigation” in mind.
- Questions that face executives in healthcare today: Will you concentrate on inpatient and/or outpatient technologies? Do you know what your organization is trying to achieve with an Electronic Health Record? Have you evaluated the value attainment for the modules you are considering?
- What is your HIE (Health Information Exchange) strategy?
- How will my available resources be affected: time, money and resource (IT professionals and organizational impact)?

These choices are often long term decisions that will drastically affect organizational goals. Leveraging efficient processes will help effect a decision more reliably and cost effectively.

After attending this session, participants will learn:

- Documenting organizational strategic priorities directly related to the IT strategic plan outcomes.
- Project organization and timeline considerations for accelerated changes with risk factors.
- Managing and setting expectations – the investment in an EHR for any health system, physician practice, etc. is often significant both as a capital and operating investment for most institutions. CIO's and CFO's working together to recommend the optimal solutions for EHR's are a crucial success factor particularly with the impending ARRA stimulus laws.

Sharron Finlay is a Regional Director with Beacon Partners. Through her 18 years of healthcare experience, she has accrued a comprehensive knowledge of both the clinical and business requirements of integrated healthcare delivery systems.

Ms. Finlay's strong operational experience spans all IT towers. With strong skills in effective leadership of multi-disciplinary teams, management of client expectations, project management and user-assisted analysis, Ms. Finlay forges excellent relationships with physicians, senior management, peers and staff. Her previous experience includes responsibility for a \$29 million annual IT operating budget and \$30 million dollar capital budget for 1200-bed multi-campus facility with four-member and 17 affiliate hospitals and a 1,200-physician medical group.

POM in EDM: Lessons Learned

Session: 309

Scheduled: Wednesday June 2 at 1:30 pm

Presenter: Karen Hunter

Organization: Navin-Haffty and Associates

Abstract: This presentation starts with how to set up POM for ED physicians and then will move into house-wide use for inpatients. It will include changes needed to dictionaries in PHA, NUR, OE and EDM. Quick scripts building will be stressed in this session. There are many nuances you should know if you planning to take this project on at your facility. Learn from our experience!

Karen Hunter is a consultant at Navin-Haffty & Associates and currently is working with Chilton Memorial Hospital in Wayne, NJ. Before that she worked at Fairmont General in WV for 16 years. She has worked with MEDITECH since 1996 and has been a certified nursing informaticist since 2000. She works with all the clinical modules in the Magic system. She has presented for several years at MUSE and is a past winner of the International Education Exchange contest (IEE).

Evolution Through Patient Portal Empowerment

Session: 310

Scheduled: Thursday June 3 at 3:30 pm

Presenter: Brandi Hitt

Organization: The Shams Group

Abstract: Would you like to accomplish these objectives?

- Bring the hospital website in-house and eliminate the outside vendor
- Creation of a dynamic web portal to increase community awareness
- Empower patients via toolsets for increased patient participation
- Promote patient debt management and reduce bad debt accounts
- Build new and bolster existing physician partnerships via advertisement
- Create workflow management for interactive patient portal features

Challenges:

- Consumers requesting secure web access to information regarding all their services
- Healthcare reform mandates to get consumers engaged and electronically involved in real-time in the healthcare delivery system
- The community is unaware of hospital offerings for educational classes, training, programs, etc
- Hospital are not able to compete with neighboring facilities due to lack of on-line services and content
- 'Meaningful Use of EHR' calls for giving consumers secure on-line access to their PHR

Goals:

- Promote patient debt management with online statements and bill pay; increase hospital revenue and reduce bad debt figures
- Re-invent the hospitals image through a dynamic easy to maintain website
- Expand and strengthen our patient community
- Entice physicians to join our network and benefit from advertisement, on-line appointment requests, and patient care improvement
- Faster revenue being generated with options such as 'easy' bill pay where patients can make online payments & select diverse billing options
- Patients receiving customized, flexible, and integrated electronic services that improves patient satisfaction
- Build a foundation to prepare for the mandate of giving consumers online PHR access.

Come and learn the answers – we will cover these topics:

- Static website into a enterprising website vendor free
- Dynamic content management and distribution
- Patients able to view PHR through "My Portal"
- Ability to capture patient demographic information and integrate with HIS system as a pre-admit
- Patients requesting hospital/physician appointments on-line
- Promotion of patient debt management via on-line statement review and bill pay
- Workflow management for interactive patient portal features
- Secure Messaging features strengthen relationships between patients, physicians, hospital by opening communication channels

Brandi Hitt has over 13 years of working experience in healthcare. She is driven by passion to help healthcare providers and companies to use technology to improve both business performance and patient care. She is a Portal Product Manager in the Product Division of The Shams Group. Her work in portal products includes product design & development, research on emerging best practices, and implementations to ensure smooth delivery. She is a MEDITECH power user where she has thorough knowledge of MEDITECH modules. Brandi has the ability to direct and endure complex projects from concept to fully operational status.

Three Easy Steps to Follow to Demonstrate Meaningful Use

Session: 311

Scheduled: Wednesday June 2 at 10:30 am

Presenter: John Saulenas

Organization: Vitalize Consulting Solutions

Abstract: President Obama, on February 17th 2009, signed into law the American Recovery and Reinvestment Act (ARRA). Part of this economic stimulus package provides approximately \$19 billion dollars to Medicare and Medicaid providers such as physicians and hospitals. The real financial incentive (approximately \$17 billion) is for the providers to adopt a qualified Electronic Health / Medical Record system (EHR/EMR). The other \$2 billion is available through grants and loans to support Healthcare IT infrastructure initiatives.

Providers must be able to demonstrate “meaningful use” of electronic health records in order to receive the Medicare and Medicaid Incentive payments which begin in 2011. Providers must also use a certified EHR system. The final certification standards determined by the secretary of HHS were released at the end of December 2009. Currently, MEDITECH is in the process of preparing for recertification of the 5.6 release of the Magic and Client Server Software as well as 6.0 software.

The primary goal of ARRA is to expand and modernize healthcare information technology as well as achieve the adoption of an electronic health record (EHR) for every American. The adoption of an EHR will reduce costs while at the same time improve quality by measuring performance and outcomes, improve patient safety, better manage and prevent chronic diseases for all populations and share information to reduce redundancy and inefficiency.

In order to demonstrate “meaningful use” the Electronic Health Record should offer the following features: clinical decision support, computerized physician order entry (CPOE), evidence based order sets, clinical quality measuring and reporting, e-Prescribing, electronic exchange of medicine and be a certified EHR solution.

MEDITECH customers only need to follow three easy steps to be ready to demonstrate “meaningful use” of their EMR/HER: Assess, Implement and Optimize for full adoption of the Advanced Clinical Applications. The presenter will describe in detail the three steps.

John Saulenas is a Senior Consultant in the MEDITECH Practice at Vitalize Consulting Solutions. John is a Medical Technologist ASCP certified with over 28 years of healthcare experience including 20 years of MEDITECH experience. John has numerous years experience implementing and supporting MEDITECH's various platforms and clinical. John has worked with MEDITECH from the early days of \$T to the present of 6.0.

Physician Summit

Evolution of a New CMIO Role in a Multi-Hospital Setting – A Case Study

Session: 313
Presenter: Rebecca DiSalvo, MD
Organization: Dearborn Advisors, LLC

Scheduled: Friday June 4 at 10:00 am

Abstract: How is a newly appointed Chief Medical Information Officer (CMIO) going to be successful in an environment with minimal established physician leadership? This discussion will provide the audience with an overview of establishing a system level CMIO position in a large multi-hospital setting. It will provide insight into governance models, physician engagement and adoption strategies, as well as necessary areas of CMIO involvement in the standardization and implementation of advanced clinical systems.

Rebecca R. DiSalvo, MD, is a Board Certified Internist with more than 14 years of inpatient experience. She served as CMIO for multi-hospital IDN in the Midwest for four years (OhioHealth) where the focus was on physician adoption, clinical systems strategic planning and implementation of CPOE. Dr. DiSalvo joined Dearborn Advisors in 2008 and through that relationship has been serving as the interim CMIO at Hospital Sisters Health System where they are actively implementing MEDITECH Clinical Systems over their 13 hospital system.

Advanced Clinicals in the New MEDITECH CS 5.6: An Insight Without the Rose-Colored Glasses

Session: 314
Presenters: Christine Johnson, RN and Erik Scorcia
Organization: Dearborn Advisors, LLC

Scheduled: Wednesday June 2 at 11:00 am

Abstract: After a recent update to CS 5.6, we took a long look at the new functionality and eventually brought four facilities LIVE utilizing these new enhancements. PCS, BMV, POM and the EMR have been screaming for new functionality for years, some of which have arrived to include: Pain Re-Assessments, a better IV Spreadsheet with Titration, and Continuing home Meds from Ambulatory to name a few. Although MEDITECH has answered a lot of our requests we are still left wanting more on a few items, enough to again have us wait for "the next release." This seminar aims to look at what's new in 5.6 and give real, honest, reviews of where that functionality stands.

This seminar aims to take a closer look at some of the most hotly anticipated and advertised functionality as it is brought into the clinical setting. Items of discussion will include:

- The IV Spreadsheet with Titration, Image Documentation and Documentation Co-Signatures for PCS.
- In BMV we will examine, Pain Re-Assessments, a more robust Compound Verification, and some visual additions to the eMAR home screen.
- POM also picked up some great new additions, like a more full-bodied and useable Order Set functionality, a more streamlined ability to continue Home Meds to Inpatient Meds, and a First Dose Now option to handle those tricky, give one now then DAILY situations.
- Lastly the EMR made great strides, with linked Mother/Baby records, buildable special panels, and a Pt Summary that quickly transitions to other visits.

All of this functionality has been reviewed and tested, some passed, some failed, and some floated along in a gray area being left open for interpretation.

If you are currently a Magic or CS client at a 5.4 or 5.5 release on that long upgrade list, then this presentation should give you a head start on what's coming and what challenges you may face; in some cases it may even prompt you to add your name to some MIX requests. Regardless of

your situation this seminar will give you an honest look at Advanced Clinicals 5.6 without seeing the enhancement upgrades through “rose-colored glasses”.

Christine Johnson, RN, has significant experience with the advanced clinical applications including PCS, BMV, AOM, OE, EMR and has had comprehensive involvement in design and implementation of advanced clinical applications. In addition to consulting for over six years, Christine has extensive clinical, IT and leadership expertise in the healthcare industry. She started her career as an RN in the Intensive Care Unit, later specializing in areas of clinical research and then working in management positions within a hospital system. Christine has held various roles in the healthcare technology field, including corporate team leader and Clinical Project Manager. Christine also has significant experience implementing MEDITECH's Corporate Management System (CMS) in complex environments. Most recently she worked on a multi-site upgrade from MEDITECH CS 5.5 to 5.6 which went LIVE in the fall of 2009. Christine is a consultant with Dearborn Advisors.

Erik Scorgia is a Consultant at Dearborn Advisors specializing in the implementation of MEDITECH's advanced Clinical Applications. Erik has recently been working on a large scale multi-facility implementation which utilizes CMS. He has worked as a member of the PCS, EDM and BMV teams to bring sites LIVE participating in all aspects of implementation from process flow and data collection, to end user training and Post-LIVE support. Erik has also been part of a multi-site upgrade from MEDITECH CS 5.5 to 5.6 which went LIVE in the fall of 09. Prior to joining Dearborn Erik worked for MEDITECH, in the Implementation division. He brought over 15 hospitals LIVE with PCS and BMV. Erik implemented both CS sites and 6.0 sites with the advanced clinicals working closely with MEDITECH development and clients to finalize the 6.0 product. Erik is a graduate of Boston College.

MEDITECH 5.64: EMR Continuity through Clinical Documentation

Session: 315

Scheduled: Wednesday June 2 at 11:00 am

Presenters: Rene McKinnon, Pam Prefontaine, and Joe MacDonald

Organization: Vitalize Consulting Solutions

Abstract: With so much attention focusing on the EMR (Electronic Medical Record) and meaningful use, people can't afford to lose sight of 'Ease of Use' regarding the EMR. The effort spent implementing clinical documentation (EDM, PCS and ORM) directly impacts the longitudinal continuity of your facility's EMR. Too often when clinical documentation is being implemented, the core teams tend to work in silos and not together as a team when building assessments and CDS's. To begin with a clean and 'easy to use' EMR, the attention and focus begins in the dictionary build of your clinical documentation modules. Lack of end user training will also sabotage the look and feel of your EMR. End users who don't understand the concept of editing their occurrences will continue to turn your EMR into 'Swiss cheese' ... they will be leaving behind lots of holes!

This presentation will focus on:

- Preparation needed by the hospital prior to the start of the project
- How to utilize workflows to assist with the build for EDM, PCS & ORM
- Importance of incorporating regulatory measures such as Joint Commission Standards and Core Measures into the build
- Formation of the project teams – a new way of thinking
- Why your project needs a hospital MEDITECH champion & the importance of their participation in all aspects of the project
- The EMR should not be treated like a dumping ground for information

Rene McKinnon BS RN, is a Senior Consultant in the MEDITECH Practice at Vitalize Consulting Solutions. Rene has 27 years Clinical Experience years, 14 years of MEDITECH experience implementing, and supporting various modules from Magic 3.6 to Client Server 5.6.

Pam Prefontaine MSMI, RN, is a Senior Consultant in the MEDITECH Practice at Vitalize Consulting Solutions. Pam has over 25 years of experience as a Registered Nurse in the field of information technology, nursing management and direct patient care. She has experience implementing PCS and the other advanced clinical modules from Client Server 5.3 through 5.64.

Joe MacDonald is a Senior Consultant in the MEDITECH Practice at Vitalize Consulting Solutions. Joe has over eight years of MEDITECH experience implementing and supporting MEDITECH's various platforms. Joe has worked with MEDITECH MAGIC 4.6 to the present.

Sustaining the Gain: Embedding a Focus on Transformation into Your Electronic Health Record Implementation

Session: 316

Scheduled: Friday June 4 at 1:30 pm

Presenters: Heidi Chevrier and Laura Waltrip

Organization: Dell (formerly Perot Systems)

Abstract: Electronic health record imperatives are part of most healthcare systems today and offer tremendous opportunities for both clinicians and organizations to minimize human error and improve patient safety. The key benefits of implementing an advanced clinical electronic system are improved quality of service and increased patient safety through the reduction of adverse events and errors. However, experience shows that up to 70% of these implementations fail. The evidence shows that inadequate attention to people and change management is a major reason for this failure rate.

The aim of this presentation is to show how using an evidence-based framework and methodology will benefit the planning and implementation of an Electronic Health Record and how embedding proven transformation and change management efforts as part of the implementation journey helps achieve success. The ADOPTS methodology and framework is presented with the premise that the technology solution is the product, and the implementation and adoption of this product is best supported by a combined and sustained focus on six domains: Governance and Leadership; Process Redesign; Change Management; Clinician Participation and Adoption; Benefits Realization; and Technology Enablement.

Ongoing commitment and support for the EHR initiative must be demonstrated by clinical and operational leadership with a focus on the critical assets of people, understanding and communication of the EHR value proposition, business process integration and training resulting in a successful implementation and adoption of the clinical system. The ROI for an organization's clinical transformation efforts can then be seen through sustaining "the return" in three measures of an institution's health: 1) service improvements such as patient satisfaction, turnaround, and wait times, 2) quality through improved patient outcomes and reduction in errors, and 3) financial benefits through cost savings and increased revenue generation.

This presentation will illustrate how the ADOPTS framework was utilized in a multi-organization region, to standardize nomenclature and support implementation of a consolidated Health Information System, including advanced clinicals, across the region.

Heidi Chevrier is a Senior Specialist in the Dell (formerly Perot Systems) North American Practice. Ms. Chevrier has just recently joined the Dell Healthcare Consulting team and brings 25+ years of healthcare experience including clinical, operational and leadership positions. Ms.

Chevrier is a Registered Nurse and a Clinical Informatics Specialist, with well developed Change Management and Adoption skills.

Laura Waltrip is a leader Dell Systems Consulting Practice and brings a variety of professional accomplishments. Ms. Waltrip joined Perot Systems' healthcare transformation team in 2006 with 25+ years of broad-based healthcare experience, including clinical, operational, and leadership positions. Since joining Dell, Ms. Waltrip has been responsible for the oversight of client health system consulting engagements for technology-enabled business and clinical transformation. Current responsibilities also include providing thought leadership and guidance for the ongoing development and implementation of the "ADOPTS" Healthcare Transformation methodology.

It'll Only Sting for a Second – Immunizations throughout the Continuum

Session: 317

Scheduled: Thursday June 3 at 9:30 am

Presenters: Debra Ramsey and Steve McFadden

Organization: CSC

Abstract: We will discuss the configuration of the Immunization dictionaries and use of the functionality from the physician's office through hospital encounters and submission for surveillance. We will demonstrate and discuss the issues related to functionality. Learn about the distinct needs of the stakeholders (nurses, IP physicians, ambulatory physicians, pharmacists, Infection Control, and surveillance organizations).

Debra Ramsey, R.Ph. is a former Pharmacy Director at a medium-size hospital and former Patient Safety Officer. Currently, she is a consultant helping organizations implement Hospital Information Systems. Debra has over 15 years of MEDITECH experience and over 25 years of hospital/pharmacy experience.

Steve McFadden, R.Ph. is a former Pharmacy Director. He is currently working as an IT analyst for a large healthcare network. Steve has over 25 years hospital/pharmacy experience.

Delivering Results to Providers: The Facts about Fax, and the Dish on HL7 Data

Session: 318

Scheduled: Friday June 4 at 9:30 am

Presenter: Lee Howard

Organization: Forward Advantage

Abstract: You're delivering results to your physicians now, and whether you're faxing or sending HL7 data, it seems like there's always something new to consider. How do I do what my providers want and make the most of my budget? What are the current rules for prescription faxing? How and when do we move from faxing to data exchange with our physicians?

In this session, we will deliver answers and provide updates; we will break out the opportunities and considerations for you and your physician community; and we will discuss delivery options, deployment strategies and review the impact of each option on time, cost, and ongoing maintenance and support efforts.

Lee Howard is the Vice President of Client Services for Forward Advantage, Inc. and has over 17 years of experience in healthcare information technology.

Electronic Claims Submission: 837 "How To" Manual

Session: 319

Scheduled: Wednesday June 2 at 3:30 pm

Presenters: Julia Carter and Rita Calvin
Organization: Consultant People

Abstract: If you haven't converted your claims submission into an electronic format because you're not sure where to start, then this session is for you. This can be a daunting task, but with this "How To" manual, you'll be able to accomplish this at your facility. This insures that your claims are submitted in a HIPAA-compliant format and enables you to avoid extra charges from your claims vendor for customized mapping of MEDITECH data. You retain control of your claims and eliminate the possibility of vendor manipulation.

Rita Calvin, Senior Consultant, has implemented this process in dozens of hospitals and is fluent in "837-speak". She will expertly instruct you on what to avoid and how to maximize your claims.

Julia Carter, Senior Consultant, has automated many processes in MEDITECH financial services and will give you step-by-step instructions.

Single Sign-On and Strong Authentication in a MEDITECH Environment

Session: 320

Scheduled: Friday June 4 at 3:30 pm

Presenter: Mike Knebel

Organization: Forward Advantage

Abstract: Attend this session to review some of the practical problems encountered when implementing Single Sign-on and Strong Authentication technologies, and learn ways to avoid these pitfalls. This pragmatic review demonstrates how a combination of technologies including enterprise single sign-on, proximity detection for "walk-up, walk-away" security, and biometrics for authentication can be combined to improve the quality and utilization levels of clinical computing resources.

Mike Knebel is the Vice President of Sales for Forward Advantage, Inc. and has over 17 years of experience in the healthcare industry including roles in Finance, Operations, Business Development and Information Technology.

EMAR: Implementing Reassessments

Session: 321

Scheduled: Thursday June 3 at 1:30 pm

Presenter: Pat Coindreau

Organization: Consultant People

Abstract: The reassessment enhancement was introduced in Magic 5.63. This presentation will discuss the implementation of EMAR at a small 5.63 site, focusing on their use of reassessments and rules. We will walk through the set up of reassessments and discuss some of the documentation issues to consider when determining how to best use this functionality at your facility.

The hospital involved in this project was not live with nursing documentation in all areas at the time EMAR was introduced. There were additional challenges for EMAR due to the physical layout of the patient care areas and the lack of 24-hour pharmacy coverage. The immediate goals were to implement EMAR and NUR, and the long term vision includes CPOE and BMV.

Topics to be covered:

- A review of the implementation, including hardware issues, pharmacy coverage and other challenges
- Step-by-step instructions on how reassessments are created and used
- Points to consider when implementing reassessments
- Considerations for EMAR implementation that will smooth the way for BMV and CPOE
- Examples of additional rules relevant to EMAR

Samples of reassessments from other facilities will also be shared.

Pat Coindreau, BSN RN-BC, a Senior Consultant with Consultant People, has over 30 years experience in healthcare and IT. Pat began working with MEDITECH in the late 1980's at a 350-bed community hospital in the Midwest, and has held positions as a nursing supervisor, nurse manager, project coordinator, nursing analyst and IT director. Pat also has experience working for vendors as an implementation specialist and account manager. Recent experience includes implementation of EDM, ORM, Quality/Risk Management, EMAR/BMV, nursing redesign, CPOE, Scheduling, transcribed reports in ITS and MEDITECH's Scanning and Archiving product. Pat began working with CPeople in 2009.

The ARRA Puzzle: Does Your MEDITECH Piece Fit?

Session: 322

Scheduled: Thursday June 3 at 11:00 am

Presenter: Karen Thorpe

Organization: Dell (formerly Perot Systems)

Abstract: This presentation's objective is to provide the most up to date information released through the Interim Final Rule, outlining standards, implementation specifications and certifications demonstrating Meaningful Use and how that information impacts your MEDITECH HCIS.

Attendees will have an understanding of recent changes to ARRA and Meaningful Use requirements and definitions based on the latest government ruling (December 30, 2009) and discuss how the changes translate into strategies for deploying the needed MEDITECH functionality. A roadmap to MEDITECH Magic and CS Advanced Clinical Applications will be provided. Also, a discussion on "Lessons Learned" from clients we have worked with.

Karen Thorpe has more than 30 years of healthcare experience with 18 years in healthcare information technology. She is a senior level manager and nurse with knowledge and experience in nurse/clinical practice, departmental operations and information systems management, and consulting and business development. She has worked with large healthcare networks to design and launch a formal project management office (PMO) and has authored numerous process toolkits to support PMO methodology. Karen has background as a Practice Leader, having grown MEDITECH consulting practice for a midsized consulting firm, has lead business development teams, large account business development pursuits, and managed MEDITECH implementations of varied scale. Karen has experience in MEDITECH MAGIC and Client/Server environments with expertise in strategic planning, personnel management, and project planning.

HL7 Demystified

Session: 323

Scheduled: Friday June 4 at 11:00 am

Presenter: Doris Dorn

Organization: Dell (formerly Perot Systems)

Abstract: This presentation is geared towards those individuals beginning to work with interfaces and is intended to familiarize participants with the key elements pertaining to HL7. A brief history of HL7 will be presented, followed by discussion of the following:

- Vocabulary – Learn abbreviations and special characters contained in HL7 messages; Recognize HL7 Data types, Delimiters
- Message types – Identify the basic types of messages and for what they are used
- Event types – Identify different ADT event types and explain reasoning; Understanding why there are standard interface rules
- Segment descriptions – Show how the messages are broken down into segments and how the segments are further delineated
- Interface engines – Explain the difference between point to point interfaces and Engine use
- Working with MEDITECH interfaces
- MEDITECH Web Site overview (finding interface specs) – Printing messages; Searching for messages
- Other Vendors Interfaces – Working with vendors and managing testing of interfaces

Doris Dorn, RN, BSN, began her career with 25 years professional nursing experience, primarily as charge and acting Assistant Manager in Labor and Delivery, Nursery and Mother-Baby. Serving as Patient Care Management Co-Lead for South Valley Hospital, she worked with associates from a five-hospital system to implement MEDITECH. Supporting Medical staff as PCI coordinator she moved into an applications support and education role following implementation for physicians, office staff and Nursing staff.

Thirteen years of MEDITECH experience have expanded her knowledge base to include the integration of the finance realm with the clinical applications. Developing technical expertise, she has been responsible for equipment management and troubleshooting, installation and troubleshooting of instruments, management of printers, terminal servers, and training operations personnel. Her responsibilities have included upgrades, dictionary management for all modules, NPR report writing and remote maintenance as well as extensive onsite maintenance of the entire MEDITECH system.

Most recently, Doris has been integral in HL7 interface development and testing with other vendor interfaces, connecting Surgery, the Emergency Room, Infection control, mammography and physician offices with MEDITECH.

Physician Track

Aligning Physicians Within Your Community

Session: 324

Scheduled: Thursday June 3 at 11:00 am

Presenter: Sara Schaeffner

Organization: Dell (formerly Perot Systems)

Abstract: Given the operational impacts of healthcare reform legislation, the struggling US economy, and competition in the marketplace, the alignment of hospital and physician practice operations has become an important element of every hospital's strategic plan. Indeed, patient care and a hospital's ability to prosper are very much dependent upon having strong operational and data sharing relationships between hospitals and physician practices. Therefore, it is critical that hospital leadership is poised to address the new operational and technological requirements that productive hospital/physician interoperability schemas will introduce.

Maintaining data integrity while improving process workflow will be key to preserving patient and provider satisfaction as well as to promoting operational efficiencies. Some key areas that will be impacted as interoperability is implemented are:

- Appointment scheduling
- Patient registration and in-take
- Primary and specialty care physician referrals and eligibility checks
- The secured sharing of practice-level and hospital clinical data ("durable"/episode of care)
- The processing of orders/requisitions from the practice to hospital service centers
- The processing of clinical results (per orders and requisitions) from the hospital service center to the practice
- The flow of patient billing data required to process timely and accurate hospital and practice claims

Is your organization adequately positioned to respond to physicians' needs for an integrated delivery system that optimizes patient care/satisfaction, maximizes reimbursements, streamlines staff productivity, minimizes costs, and allows physicians to focus on delivering patient care? Where might challenges develop in the areas relative to thought leadership and workflow redesign, hardware/infrastructure procurement and deployment, application services (implementation, training, support, hosting), and other related services (web-delivered reporting, revenue cycle services, patient portals etc.)? Achieving interoperability goals is a daunting but worthwhile challenge – one that will call for Information Technology leaders to be well prepared with vision, methods, and tools.

This session will help you to better understand your roadmap to success. Join us to explore the path to operational and technological alignment.

Sara Schaeffner is Managing Director of the MEDITECH Consulting Services Group within Dell Services. Sara joined the company in 2004 and has served in various leadership roles since that time, including Director of Product Management, Vice President of Technology Integration, and Managing Director of International Healthcare Services. In her current role, Sara is responsible for leadership of the MEDITECH practice group, including quality assurance, customer and employee satisfaction, and growth. She also maintains responsibility for leadership and expansion of healthcare services internationally.

Before joining Dell, Sara worked in management, business development, partner relations, and sales roles for a healthcare information systems consulting and software development firm, and a national integrator specializing in data management consulting and product solutions. Sara received a bachelor's degree, summa cum laude, in corporate communications, cross-cultural relations, and Spanish from the University of Vermont and served as a delegate for the university to Honduras and Spain.

MEDITECH CS 5.6 or 6.0 – What's the Difference?

Session: 325

Scheduled: Wednesday June 2 at 10:30 am

Presenters: Debbie Martin and Janet White

Organization: Dearborn Advisors, LLS

Abstract: There has been much speculation and discussion about MEDITECH Client Server Version 5.6 and 6.0 and what it means to the end-user. This session will provide a high level overview of each version across multiple applications, with a focus on similarities and differences between the two. Functionality and integration will be discussed as will identification of major process redesign opportunities and/or requirements. Comparison to more familiar versions (5.5 and below) will be made when helpful to demonstrate significant changes. Attendees should expect to leave this session with a good understanding of what to expect as they look forward to future upgrades or implementation of the latest products.

Debbie Martin has over 35 years of experience in healthcare, 25 of which have focused on healthcare information technology design and implementation. Debbie's broad range of clinical applications implementation and management experience is complemented by her knowledge of systems design and healthcare operations. Her diverse background includes implementation of integrated Laboratory, Radiology, Pharmacy, Nursing, Order Entry, Appointment Scheduling, Enterprise Medical Record, Emergency Department, and Provider Order Management applications in various sized facilities. Debbie has extensive experience in software testing, staff training, and team leadership and she specializes in MEDITECH Magic, Client Server, and 6.0 products. In addition, Debbie has experience with multiple third party software solutions and the Corporate Management System in complex multi-facility environments.

Janet White has over 35 years of experience in healthcare. She spent most of her career working as an ICU and Psych RN in both staff and management roles. For the past 18 years, she has been focused on healthcare information technology design and implementation. Janet has experience in clinical applications implementation and has acted as both as team member and team lead. Her background in IT includes implementation and support of Laboratory, ITS, Nursing, Order Entry, Enterprise Medical Record, and Provider Order Management applications in various sized facilities. Janet has experience in software testing, staff training, and team leadership, her specialties being MEDITECH Magic and Client Server. Janet also has experience working with MEDITECH's Corporate Management System in a complex, multi-facility environment.

Physician Summit

MEDITECH 6.0: Advanced Clinical Implementation from a Physician's Vantage Point

Session: 326

Scheduled: Friday June 4 at 10:30 am

Presenter: Dr. Luke Webster and Mike Piasecki

Organization: Dearborn Advisors, LLC

Abstract: Focusing on implementation of CPOE and ED documentation in 6.0, the presenters (a physician and a subject matter expert) will discuss ordering, physician documentation and discharging. A strategic view of 6.0 will also be discussed including adoption by physicians and clinicians, the role of governance, and what needs to be in place for successful implementation.

Luke Webster, M.D. has over 15 years of clinical and healthcare information technology experience. In his role with Dearborn Advisors, Dr. Webster specializes in clinician adoption, clinical transformation, process improvement and evidence-based medicine work. In his most recent project, Dr. Webster served as the Physician Lead advising on clinician adoption for a new MEDITECH 6.0 implementation that was implementing MEDITECH's advanced clinicals. Prior to joining Dearborn, Dr. Webster was a senior physician with The Southeast Permanente Medical Group in Atlanta. He has also served as the Physician Lead for the EPIC MyChart implementation, practiced adult Psychiatry and was the Medical Director for Behavioral Health Quality and Resource Management-Inpatient. Dr. Webster has worked on many clinician adoption-related projects, including Epic Ambulatory implementation, change leadership, process

redesign, and clinical workflow standardization and improvement, as well as strategy development initiatives.

Mike Piasecki, Senior Associate at Dearborn Advisors, LLC, has over 14 years of experience with Healthcare Information Systems. Mike has worked in both the vendor and customer sides of Health Information Technology. His expertise is in implementing and optimizing the MEDITECH Patient Care System, Emergency Department Management, Bedside Medication Verification, and Ambulatory Order Management Applications. Most recent accomplishment was a 6.0 Go LIVE with the full complement of MEDITECH's Advanced Clinical Applications. Prior to joining Dearborn Advisors, he worked at MEDITECH. While there, he supported a variety of clinical applications for many clients. He also worked in the Development Division, designing and testing one of the company's newer applications, Oncology Management.

Downtime – Can We Work Without Computers

Session: 327

Scheduled: Thursday June 3 at 11:00 am

Presenter: Arthur H. Young

Organization: Interbit Data, Inc.

Abstract: While every system has some downtime, MEDITECH has always been better than most. The industry talks about three nines (99.9%), four nines (99.99%) and five nines (99.999%) – that's about as good as it gets. But what if MEDITECH is up, and you can't get to it?

As our environments have gotten more complex, our infrastructure has introduced more potential points of failure. It is no longer the case that your device is connected to the host via a physical cable. Now it may go through any number of intermediary connections before actually reaching the host system. Each link must be examined for its own uptime.

Coincidental with the growth of the environment is the growth of the applications and the increased use of on-line and real-time documentation and processing (eMAR, PCOE, etc). This means our sensitivity to downtime becomes even more acute.

This presentation will talk about the different aspects of downtime and the different approaches to data protection and service protection, identifying points of failure and creating policies and procedures to protect against them, and tools to help identify and quantify existing risk.

Arthur Young, President of Interbit Data, has been providing products and services in the MEDITECH community since 1984. At Interbit, he has continued to direct the development of solutions to simplify the management and operations of the IS environment for MEDITECH hospitals. Arthur holds a BA from Boston University and MSW and MBA degrees from Washington University in St. Louis.

Report Delivery Via HL-7

Session: 328

Scheduled: Friday June 4 at 1:30 pm

Presenter: Arthur H. Young

Organization: Interbit Data, Inc.

Abstract: HL-7 by itself does not constitute plug and play. As an extension of report delivery to clinician offices, reports are now being requested to be integrated into physician's EMR systems. This presentation will discuss some of the requirements, obstacles, and experiences in implementing this capability.

Arthur Young, President of Interbit Data, has been providing products and services in the MEDITECH community since 1984. At Interbit, he has continued to direct the development of solutions to simplify the management and operations of the IS environment for MEDITECH hospitals. Arthur holds a BA from Boston University and MSW and MBA degrees from Washington University in St. Louis.

The End of the Innocence: Developing International Programs to Secure Your Health Information Technology

Session: 329

Scheduled: Thursday June 3 at 10:00 am

Presenter: Jim Fitzgerald

Organization: Dell (formerly Perot Systems)

Abstract: The days when IT security meant being able to blame either your anti-virus vendor, your intrusion detection and prevention vendor, or your firewall vendor for any security breaches are over. The recent HITECH extensions to HIPAA legislation in the United States, as well as provincial laws in Canada like the Ontario Personal Health Information Protection Act, will drive healthcare providers to examine security holistically, from policy to workflow to technology. Join a panel of industry experts for a direct and soul-searching review of industry best practices, the state of security technology, and a practical roadmap for beginning to implement your own security plan.

Since 2001, Jim Fitzgerald has served as CTO of the MEDITECH Solutions Group (formerly JJWild) which was acquired by Perot Systems Corporation in 2007, and then Dell Corporation in 2009. Jim has been an integral part of the network, systems, and storage technology design team for over 400 hospitals using the MEDITECH Healthcare Information System, and has envisioned and shepherded the creation of a solutions portfolio that includes MEDITECH's support VPN, turnkey virtualized internal private cloud data centers for MEDITECH hospitals, self-hosted and managed disaster recovery services, and MSite, Dell Systems' private external cloud MEDITECH Hosting Service. Jim's current focus is on expanding the benefits of virtualized servers, clients, and networks to the healthcare community and working with his colleagues at MEDITECH to drive towards zero downtime healthcare information systems. Jim holds a BA in Psychology from Bates College and an MBA concentration in technology entrepreneurship with high distinction from Babson College.

MEDITECH Systems Update 2010

Session: 330

Scheduled: Friday June 4 at 1:30 pm

Presenter: Jim Fitzgerald

Organization: Dell (formerly Perot Systems)

Abstract: Whether you're running MAGIC, C/S 5.X or C/S 6.X, 2010 has been a year of many watersheds in the HCIS community. Driven by both ARRA and the Patient Safety and Quality movements, there is a continued strong push to implement and utilize advanced clinical software and physician EMR's. Industry trends towards virtualization and the cloud are driving us to rethink the data center. Government mandates have heightened our awareness of security needs at every point in our extended IT infrastructures. These broad trends inject urgency into initiatives to improve availability, shrink backup and recovery windows, secure clients, data, and networks, and manage burgeoning amounts of data through its lifecycle.

Join a group of expert presenters as they unroll a blue print for an IT infrastructure management and development strategy that is applicable to the enterprise while being aligned with MEDITECH's development direction. Participants will gain an understanding of both MEDITECH-specific and general technology trends that will allow them to examine meaningful alternatives and help their organizations better forecast future IT requirements.

Since 2001, Jim Fitzgerald has served as CTO of the MEDITECH Solutions Group (formerly JJWild) which was acquired by Perot Systems Corporation in 2007, and then Dell Corporation in 2009. Jim has been an integral part of the network, systems, and storage technology design team for over 400 hospitals using the MEDITECH Healthcare Information System, and has envisioned and shepherded the creation of a solutions portfolio that includes MEDITECH's support VPN, turnkey virtualized internal private cloud data centers for MEDITECH hospitals, self-hosted and managed disaster recovery services, and MSite, Dell Systems' private external cloud MEDITECH Hosting Service. Jim's current focus is on expanding the benefits of virtualized servers, clients, and networks to the healthcare community and working with his colleagues at MEDITECH to drive towards zero downtime healthcare information systems. Jim holds a BA in Psychology from Bates College and an MBA concentration in technology entrepreneurship with high distinction from Babson College.

Do You Believe in Magic!!

Session: 331

Scheduled: Wednesday June 2 at 2:30 pm

Presenter: Timothy Gray

Organization: Consultant People

Abstract: With all of the hype of MEDITECH 6.0 and Meaningful Use, many organizations are scrambling to convert their magic system in order to assist them with meeting the 2011 criteria for ARRA funding. For some organizations, make this leap to 6.0 or another HIS just isn't practical. Enhancing the existing magic platform can bring your organization to the following: increased user satisfaction, increased adoption, meaningful use criteria all without leaving the stable - low cost magic platform. Come see a successful approach to "believing in magic"

Timothy Gray, President, Consultant People, LP has over 14 years healthcare IT experience.

Timothy has a deep background in the MEDITECH information system, implementations, system optimizations, upgrades, software/hardware selections, strategic planning and meaningful use adoption.

Do You Have a BURA Strategy for Client/Server 6.0?

Session: 332

Scheduled: Thursday June 3 at 1:30 pm

Presenter: Charles Mallio, Jr.

Organization: BridgeHead Software

Abstract: MEDITECH's new Client/Server 6.0 platform is a revolutionary system that empowers care providers with immediate access to the information they need, presented in an intuitive and easy to use format. As clinicians grow to become reliant on the 6.0 system to aid them in their daily routines, IT departments will be under increasing pressure to ensure the underlying data is protected, secured, and always available. In this session, you will learn more about a cohesive Backup, Recovery, and Archiving (BURA) strategy for your Client/Server 6.0 system that employs MEDITECH-endorsed technologies (such as ISB/IDR) for complete data management and protection.

Charles Mallio, Jr. is Vice President of Business Development for BridgeHead Software. He is responsible for ensuring the successful development, release, and market penetration of BridgeHead's healthcare data management products. Prior to joining BridgeHead, Mallio worked for 12 years at MEDITECH, the last six of which he was responsible for worldwide customer technical support for all MEDITECH platforms.

Meaningful Use and MEDITECH: Meeting the Meaningful Use Criteria for the Exchange of Key Clinical Information

Session: 333

Scheduled: Friday June 4 at 2:30 pm

Presenter: Mike Knebel

Organization: Forward Advantage

Abstract: Attend this session for a focused review of the Meaningful Use criteria for clinical information exchange with the professional health care team, and the MEDITECH strategies to meet the criteria for clinical results. Hear about ways MEDITECH customers are already meeting these criteria – and how to position your facility for stimulus bill and grant opportunities. Participate in a discussion about the challenges in achieving meaningful use, and ways to overcome the barriers to successfully exchange clinical information.

Mike Knebel is the Vice President of Sales for Forward Advantage, Inc. and has over 17 years of experience in the healthcare industry including roles in Finance, Operations, Business Development and Information Technology.

Show Me the Money – Debt Collection System in MEDITECH 6.0

Session: 334

Scheduled: Thursday June 3 at 1:30 pm

Presenter: Deborah Meredith

Organization: CTGHS

Abstract: MEDITECH has created a dictionary called the Debt Collection System. In this dictionary the "system" is labeled and attached to an outbox delivery service to transfer accounts automatically to the Collection Agencies. The Background Job Process runs a routine that will extract data files created specifically for your business partners. The Delivery service has inbound and outbound files in the business partner's folders that will allow information to be sent to and receive information from the business partner. To implement DCS there is minimal setup to build these dictionaries. We will go through the process of setting up an Agency.

Deborah Meredith is an Implementation Specialist in the Consulting practice of CTGHS, and has served with the firm for the past two and half years. She has 20 years in Healthcare and 11 years in MEDITECH practice. Deborah has implemented MEDITECH B/AR module in multiple healthcare facilities. She has also been the Project Manager for multiple Financial Conversions.

Streamlining the Path to "Meaningful Use" – MEDITECH CMS in 6.0

Session: 335

Scheduled: Wednesday June 2 at 3:30 pm

Presenter: Cynthia Bacon, PhD, CNA, PMP

Organization: CTG Healthcare Solutions

Abstract: The Health Information Technology for Economic and Clinical Health Act (HITECH Act) of the American Recovery and Reinvestment Act of 2009 was enacted to improve health care quality, safety, and efficiency through the promotion of health information technology (HIT) and the electronic exchange of health information. The HITECH Act puts forth an initial set of standards and implementation specifications to enhance the interoperability, functionality, utility, and security of health information technology. Certified EHR technology must provide the capabilities for meeting the criteria for "meaningful use" to be eligible for incentives and for the prevention of penalties under the Medicare and Medicaid EHR Incentive programs. MEDITECH's Corporate Management Software (CMS) is a tool for meeting the requirements of the HITECH Act and the criteria for "meaningful use" effectively and efficiently across the Enterprise.

Cynthia Bacon is an Implementation Specialist in the Consulting practice of CTGHS. She has 30 years in healthcare and more than a dozen years with MEDITECH. In addition to direct patient care, Cynthia has experience with many leading vendors, leading implementation and support, as well as serving as CIO. She holds a number of industry certifications, including PMP.

5 for 6.0 – User Provisioning for MEDITECH's 6.0 Platform

Session: 336

Scheduled: Wednesday June 2 at 1:30 pm

Presenter: Cynthia Bacon, PhD, CNA, PMP

Organization: CTG Healthcare Solutions

Abstract: The approach to user provisioning is all new for 6.0. The presentation will provide an overview of the 5 levels of user provisioning in MEDITECH's new technology. Topics will include considerations for: Role-based access, Additional security for the HITECH initiative, Active Directory / Single sign-on and Providers. We'll also talk about approaches for preparing for role-based access and user security in MEDITECH 6.0.

Cynthia Bacon is an Implementation Specialist in the Consulting practice of CTGHS. She has 30 years in healthcare and more than a dozen years with MEDITECH. In addition to direct patient care, Cynthia has experience with many leading vendors, leading implementation and support, as well as serving as CIO. She holds a number of industry certifications, including PMP.

Driving a Medication Safety Strategic Initiative

Session: 337

Scheduled: Wednesday June 2 at 1:30 pm

Presenters: Suma Krishnaprasad and Debora VanRaes

Organization: The Shams Group

Abstract: While the hectic pace of healthcare often forces immediate patient needs and priorities to take precedence over planning for the future, the strategic planning process allows an organization to strike a much needed balance between managing the short term goals of the organization and achieving long term goals such as patient safety. Safe medication use requires careful planning and cannot be achieved if all of the organization's resources are spent meeting the patient's immediate needs.

This presentation provides hospital executives with a key set of tools that will help them drive medication safety strategic initiatives in their organization, monitor the progress, and successfully attain the goals that they set out to achieve.

Using Computerized Physician Order Entry (CPOE) as a sample key change project, this presentation proceeds to provide a framework for driving medication safety strategic initiative using the best practice 5P model -

- Philosophy - Setting the organizations vision and mission around patient safety and making it their mantra.
- People - Organizing core teams to drive the initiatives. Right people for the right job.
- Project Management - Using sound project management principles to deliver a successful project.
- Process Mapping - Using industry standard process mapping techniques to lean, clean and green current processes and design future state workflows.
- Problem Solving - Using Root Cause Analysis (RCA), Failure Mode and Effects Analysis (FMEA) and other tools for risk management and solving implementation issues that may arise. Medication error reporting and performance monitoring for CPOE usage.

CPOE implementations, due to the failure rate of past implementations have garnered a bad rapport and healthcare organizations dread having to take it on. With ARRA and meaningful use requirements, hospitals now being forced to implement CPOE to earn their stimulus funds, find themselves in a bind. However hospitals do not have to be afraid of CPOE, with the help of some proven techniques, they can very easily be able to achieve the minimum requirements for 2011 meaningful use and beyond.

Suma Krishnaprasad is the Director of Software Development at The Shams Group Inc. As the Director of research and development, she is responsible for the entire development team at TSG. Suma works closely with software architects, product technical leads, product managers

and developers both off-shore and on-shore to manage projects, resources, timelines and budgets. She has led all major projects for this organization where her team has built several applications on various platforms Suma is a talented Senior Executive with comprehensive experience delivering high technology solution to the healthcare industry. Suma holds a B.S. degree in Computer Science and Engineering from Bangalore University, India (1996) and MBA in Healthcare and IT from the University of Dallas (2010).

Debora Van Raes R.N., is the clinical systems Product Manager at The Shams Group Inc. As Product Manager, she is responsible for the implementation, support and ongoing enhancement of these products. As implementation specialist and project scope manager she coordinates with project management office to ensure simple or complex implementations are conducted and completed in an efficient and timely manner. Deb is a registered nurse (1973) and spent many years in the hospital setting, NICU specialty. Her passion for rapid access to critical patient information, spurred Deb to join the Hospital's Information Systems department as a clinical systems analyst.

Reporting for “Meaningful Use” – Will You Be Ready?

Session: 338

Scheduled: Thursday June 3 at 9:30 am

Presenter: Dr. Zahid Butt

Organization: Medisolv Inc

Abstract: ARRA/HITECH “Meaningful Use” imposes significant quality and EHR usage reporting requirements for both hospitals and physicians. This timely presentation will review these reporting requirements in detail and discuss compliance options for health systems using the MEDITECH system. Automation strategies wherever possible will also be explored.

With more than 25 years of experience in a variety of healthcare settings Dr. Butt provides a unique combination of clinical, technical and administrative skills. As Director of Clinical Informatics at St. Agnes Healthcare, Baltimore he played a key role in the early implementation of a complete health information system that last year achieved Stage Six of the HIMSS Analytics EMR Adoption Model. He is an expert in online physician documentation and is an active user of an Ambulatory Medical Record system since October 1996.

Dr. Butt has also held Medical Staff leadership positions including President of the Medical Staff and Chairman of Quality and Utilization Management at St. Agnes Healthcare. He was a member of the Board at MAMSI, a publicly traded Managed Care company prior to its acquisition by United Healthcare. He has served on technical and administrative task forces both in government and the private sector. Most recently he was invited by AHRQ to serve as a panel member to revise a GI inpatient quality measure. As CEO of Medisolv, a MEDITECH business alliance company, his current efforts are focused in building software applications that leverage hospital data sets for Quality improvement and Business Intelligence.

Those Pesky, Involved Contracts

Session: 339

Scheduled: Thursday June 3 at 11:00 am

Presenter: Debe Wroble

Organization: CSC

Abstract: Need help with those long involved contracts? Join us for an in-depth look at Medicare, Medicaid and others contracts and how to build Proration rules that work for you. Whether you need help with DRG's, APC's, etc; bring your questions and problems; even bring your contracts if you wish. We will have an interactive discussion regarding building rules and the NPR language used in building those rules. Have odd requirements for your state? Bring those questions and any other concerns as well.

Debe Wroble has 11 years experience with MEDITECH in both the Magic and Client Server platforms. Her strong point includes all financial applications but has supported all clinical apps as well. Debe has been employed by CSC for two years and was with FCG prior to that.

Reimbursement Management: Basic Training Skills

Session: 340

Scheduled: Wednesday June 2 at 1:30 pm

Presenter: Julia Carter

Organization: Consultant People

Abstract: Reimbursement Management (proration) can be a powerful tool in managing AR. However, this is often a complex undertaking, requiring much time and effort. In this session, you will receive basic skills to begin your rule writing using Magic code and enhanced reimbursement management screens. Real life examples are furnished.

Julia Carter has been in the financial and technical healthcare arena for 30 years. Prior to becoming a member of CPeople, she was a Systems Analyst and PFS Assistant Director. Julia has been a MUSE presenter from the facility side and the commercial member side.

Making Sense of the Workflow in ED: A Process to Help Smooth the Transition from Paper to an Electronic System

Session: 341

Scheduled: Friday June 4 at 2:30 pm

Presenter: Paulette Schroeder

Organization: Jacobus Consulting

Abstract: Complicated and interconnected, the processes in the ED are critical for smooth patient flow, patient safety, and communication interdepartmentally and within the ED. When implementing EDM, it is imperative that the current processes, workflows, and communications lines are evaluated for improvements and enhancements. This presentation will focus on documenting the current and future state of ED workflows for the purpose of creating efficient, improved, and simplified processes in your hospital.

Paulette Schroeder, RN, BSN BC in Nursing Informatics, has a clinical background in oncology, rehab, med-surg, pediatrics, ICU, and ED working as a staff nurse and clinical director. She worked four years as a clinical analyst in information services at one of the first hospitals to implement EDM. Paulette also worked at an organization with 75 hospitals across the United States during which she implemented clinical modules and advanced clinicals as an implementation analyst and project manager. As a Clinical Practice Manager for Jacobus Consulting, Paulette is active in implementing MEDITECH's advanced clinicals in both the Magic and Client Server platforms. She also assists hospitals with clinical documentation improvement projects.

Documentation Standardization: Big Decisions That Align and Empower Success for Clinical Projects

Session: 342

Scheduled: Thursday June 3 at 3:30 pm

Presenter: Paulette Schroeder

Organization: Jacobus Consulting

Abstract: The issue of Clinical Documentation Standardization is not always well understood and consensus on an approach is not always attained. Yet it is a critical success factor when implementing Advanced Clinical applications or most effectively reaching meaningful use. What are the most important pieces of standardization when implementing or optimizing your online clinical documentation? This presentation looks at what standardization means, how it applies to a health care organization (with implementation examples) why it is so important and the optimal outcomes. We will also explore what “big decisions” need to be made prior to software delivery and build. These decisions and the early work in the project can be the key to the success of your project and prevention of re-work as you add new modules, processes and functionality.

Paulette Schroeder, RN, BSN BC in Nursing Informatics, has a clinical background in oncology, rehab, med-surg, pediatrics, ICU, and ED working as a staff nurse and clinical director. She worked four years as a clinical analyst in information services at one of the first hospitals to implement EDM. Paulette also worked at an organization with 75 hospitals across the United States during which she implemented clinical modules and advanced clinicals as an implementation analyst and project manager. As a Clinical Practice Manager for Jacobus Consulting, Paulette is active in implementing MEDITECH's advanced clinicals in both the Magic and Client Server platforms. She also assists hospitals with clinical documentation improvement projects.

Who's on First? The Peri-Op Challenge: Utilizing the ORM Big Board to Streamline Communications and Decrease the Interruptions in Care Delivery

Session: 343

Scheduled: Wednesday June 2 at 2:30 pm

Presenter: Maud Huber

Organization: Jacobus Consulting

Abstract: We all know that as soon as the OR schedule is printed it is already out dated. Between multi-faceted delays and changing patient conditions, paper doesn't have a chance in the fight for streamlined communications. Enter in the ORM Big Board – a real-time schedule with patient location information displayed in all Peri-Op areas (including the OR waiting room) and accessible by all surgery clinicians, nursing units, the nursing supervisor, surgeons, and anesthesia. There is an effort to maintaining the Big Board, but the benefit far outweighs the cost by freeing up time for clinical care and rapid communication of changes to the schedule as well as improved customer satisfaction. This presentation provides an overview of the implementation process for this important aspect of the ORM system.

Maud Huber, RN, BA, has a clinical background in L&D, Newborn Nursery, NICU and Pediatrics. Her work experience also includes Laboratory and Medical Records. She worked 22 years in IT in the roles of System Quality Manager, Customer Service (Help Desk) Manager, Clinical Analyst Manager, Computer Education Manager, as well as, a Clinical Analyst and Systems Educator. She has managed the implementation of Order Communications, OR Management, ED

Management, Wireless POC Testing and Certification Management and participated as an analyst in medical record scanning and nursing documentation projects as well. Currently working with Jacobus Consulting, Inc. Maud is implementing MEDITECH's advanced clinical applications.

Revenue Cycle Performance Improvement: Efficiently Turning Medical Services into Cash

Session: 344

Scheduled: Wednesday June 2 at 10:30 am

Presenters: Sandra Jacobs and Dave Boucher

Organization: Jacobus Consulting

Abstract: In the push to "meaningful use, an efficient revenue cycle is more important than ever, as it is the engine that empowers a facility's day to day operations. And much can go wrong in the complex interplay between people, processes, and revenue cycle systems. Recent legislation will soon drive even more costly change and complexity. This session will focus on operational and system projects you should be focus on to ensure your revenue cycle remains at peak efficiency.

The session will provide you with the following:

- An overall view of the "pillars" of the revenue cycle and the cross functional processes and departments that should be part of your initiatives
- Discuss tools to assess the revenue cycle to establish the baseline needed to measure and monitor your progress as you optimize your MEDITECH modules and processes
- Techniques on how to prioritize and organize your projects and identify instant wins throughout your organization (with methodology based on industry best practices and ideal models)
- Within the MEDITECH suite of applications, identify the modules and functionality to target to optimize, with examples for practical application
- Provide suggestions for project management based on proven Project Management Institute (PMI) methodologies and tools.
- Suggestions for bolt on technology will also be discussed. However, the focus will be on what you can do in your current environment to optimize, strengthen, and continuously improve your IT investment.

This session is recommended for long term MEDITECH analysts and users, as well as facilities new to MEDITECH. The presentation will provide assistance in implementing your system and ensure the revenue cycle is optimized before, during, and after the project for system implementation.

Dave Boucher is the Manager of Financial Applications with Jacobus Consulting, specializing in but not limited to MEDITECH implementation and optimization. Dave is an experienced systems analyst, systems coordinator, and project manager who has been crafting solutions using MEDITECH for nearly a decade. Dave has been a regular presenter at International MUSE conferences since 2006, and has been personally invited to teach the same courses on many occasions. Dave is committed to working with healthcare organizations to provide innovative and timely solutions for all of their MEDITECH and Revenue Cycle needs.

Sandra Jacobs is President and CEO of Jacobus Consulting and a member of the Jacobus Executive Committee. She has spent more than 20 years in the healthcare industry at hospitals in the Finance Divisions, Information Technology Divisions and Health Information Divisions. Prior to founding Jacobus in 2005, Sandra was Partner and CFO of Dimensions Consulting where she was responsible for the Health Delivery business unit and for building the leadership team and

revenue cycle infrastructure that is the backbone of Jacobus' delivery model. Prior to Dimensions Sandra worked for JJ Wild and Superior Consulting, implementing healthcare software, delivering revenue cycle re-engineering projects, and providing project management leadership. Sandra has held several offices within the Washington State Health Information Management Association, American Health Information Management Association, Healthcare Financial Management Association, and Healthcare Information Management and Systems Society.

Optimization of Collection Stream Events – BAR C/S 5.5 & 5.6

Session: 345

Scheduled: Wednesday June 2 at 3:30 pm

Presenter: Dave Boucher

Organization: Jacobus Consulting

Abstract: Within the MEDITECH C/S B/AR application, there lies a complex series of dictionaries that are designed to assist the hospital with their collections activities. All too often, these dictionaries are not designed correctly and usually backfire on the analyst team doing the building and the users trying to actually perform the follow up functions. With the use of a proper plan and leadership support, we will take you on the journey of optimizing the client server collection streams. Through account assignments, reminder generation, statement printing, process re-design, and training & education, we will illustrate one hospital's success story of optimizing the collection functionality with cash goals & staff efficiency achieved as the benchmark of success.

Dave Boucher is the Manager of Financial Applications with Jacobus Consulting, specializing in but not limited to MEDITECH implementation and optimization. Dave is an experienced systems analyst, systems coordinator, and project manager who has been crafting solutions using MEDITECH for nearly a decade. Dave has been a regular presenter at International MUSE conferences since 2006, and has been personally invited to teach the same courses on many occasions. Dave is committed to working with healthcare organizations to provide innovative and timely solutions for all of their MEDITECH and Revenue Cycle needs.

Surviving (and Conquering) RAC Audits by Leveraging MEDITECH Capabilities

Session: 346

Scheduled: Wednesday June 2 at 1:30 pm

Presenters: Dave Boucher and Kim Scaccia

Organization: Jacobus Consulting

Abstract: The focus of this presentation is to provide each MEDITECH facility with a key piece of information that you may not be aware of. Each of you has an untapped opportunity to utilize MEDITECH to track and trend your data without expensive interfaces, additional third party, or other software vendor purchased software applications, and while avoiding costly and error prone duplicate data entry. And best of all – it is FREE and is in your existing system.

The session will not focus in depth on the RAC demonstration project, discuss Microsoft Excel nightmares or even Access Database issues. The session will provide you with information based on real RAC case study experience and will go beyond what many of us have already discussed regarding RAC or seen at previous conferences at this point. It will provide you with the example set up, flow chart and information necessary for you to review and potentially implement your own program as well as see the ability to track the RAC and report on the necessary data

Dave Boucher is the Manager of Financial Applications with Jacobus Consulting, specializing in but not limited to MEDITECH implementation and optimization. Dave is an experienced systems analyst, systems coordinator, and project manager who has been crafting solutions using MEDITECH for nearly a decade. Dave has been a regular presenter at International MUSE conferences since 2006, and has been personally invited to teach the same courses on many occasions. Dave is committed to working with healthcare organizations to provide innovative and timely solutions for all of their MEDITECH and Revenue Cycle needs.

Kim Scaccia is a Senior Management Consultant for Jacobus Consulting and has been in healthcare for over 12 years. In her experience she has held positions as Patient Financial Services Director, Billing Supervisor, BAR , ADM and System Analyst positions , and Vendor Liaison to name a few. Her strong technical skills and background include Magic and Client Server experience along with implementation and development of SSI, ePremis, Ascent, Boston Workstation and I People. While at a large healthcare system involved in the demonstration project, Kim met with the RAC Team and brainstormed the use of the ABS Denial/Underpayment program within MEDITECH for tracking. It was her passion during a strong economic crisis to find a way for the hospital to implement an effective program without the need to spend additional funds on unnecessary software.

BPMN – The Advantages of Using This IT Industry Standard for Healthcare Process Redesign

Session: 347

Scheduled: Wednesday June 2 at 2:30 pm

Presenter: Dan Ward

Organization: Jacobus Consulting

Abstract: Business Process Modeling Notation (BPMN) has become a best practices approach to workflow process analysis across many industries, yet BPMN is still largely underutilized within healthcare. Yet the healthcare industry – with critical but often fragmented process participants – stands to benefit more than perhaps any other industry from the diligent application of BPMN. This session is intended to provide participants with an overview of BPMN's process redesign and change management applications. The session will outline basic BPMN fundamentals and their application to both process redesign and appropriate oversight of process redesign from a project management perspective. It will culminate in the review of a case study demonstrating the applicability of BPMN within a healthcare process redesign environment.

Dan Ward heads the Business Process Modeling and Redesign division of Jacobus Consulting. He has served as a Business Process Modeling instructor for three years, teaching to process redesign consultants as well as healthcare professionals within both the clinical and Revenue Cycle realms. Dan is credentialed by the OMG (Object Management Group – the governing body of the BPMN process modeling language) as a Certified Expert in Business Process Modeling at the advanced designation level. Additionally, he has created iterations of the modeling language specifically for use within the healthcare industry.

Use your Health Information Technology Projects to Drive Clinical and Interdisciplinary Process Improvement through the Use of a Proven Industry Tool: Business Process Modeling Notation (BPMN)

Session: 348

Scheduled: Wednesday June 2 at 3:30 pm

Presenter: Lyda Gardiner

Organization: Jacobus Consulting

Abstract: Clinical processes are the highly specialized business processes. Business Process Modeling Notation (BPMN) has become a best practices approach to workflow improvement in the greater IT industry. And the benefits of BPMN can easily be realized when applied in the clinical environment.

This session delves further into clinical applications for BPMN and will focus on the process redesign benefits and capabilities that may be gained when BPMN is applied to clinical projects. This session outlines differences between flow charting and process modeling, and focuses on using BPMN methodology as a blueprint to success.

Areas discussed include:

- Using BPMN to drive and support clinical change
- Identify the processes to re-design
- Identify decisions needed at every level of the project from sponsors to core teams
- How to utilize the BPMN and supporting tools to present complex issues to leadership
- How to identify and present the impact of process change across clinical disciplines and departments (impacts of process change on “silos”)
- How to plan the work of the project teams
- How to approach standardization of workflow
- How to use BPMN to focus teams and groups and involve key areas within the organization such as Quality, Patient Safety, Risk and Clinical Education
- Support training and “Go-Live” and beyond into the ongoing management of the system

Note: This session is intended as a second part of the earlier BPMN session titled: “BPMN - The Advantages of Using This IT Industry Standard for Healthcare Process Redesign.”

Lyda Gardiner, M.Ed., BSN, RN is a Senior Management Consultant for Jacobus Consulting Inc. Ms. Gardiner has been involved in the implementation of advanced clinical applications, clinical documentation and system re-design, organizational development, education, quality and regulatory initiatives and project management across multiple organizations. She is currently involved in all of the outlined areas either through direct project management, program development, or other similar initiatives.

The Quickest Path To Increased Revenue: Best Practices To Optimize Your CDM and Charging Processes

Session: 349

Scheduled: Thursday June 3 at 11:00 am

Presenter: Dan Ward

Organization: Jacobus Consulting

Abstract: Too frequently, an organization's charging processes and charge description master (CDM) are considered to be only broadly related when the reality is that the two are inextricably linked to one another. The organization's CDM must explicitly support its operational charging practices and, similarly, the processes must support the specific structure and design of the CDM. Failure to recognize the intimacy of this relationship can result in fully functioning charging practices being undermined by a non-reflective CDM or vice versa. Accordingly, this session is intended to outline charge capture best practices within the context of this inextricable relationship – providing strategy for ensuring that not only is the CDM optimized and that charging practices reflect best practices, but also that the two components of charge capture compliment one another effectively.

Dan Ward has worked extensively across the spectrum of charge capture – from all aspects of best practices CDM management to the redesign of charging workflows across a multitude of clinical departments. Within the context of this experience, Dan has worked with both clinical and administrative staff on charging matters ranging from pricing transparency and defensibility to automated charge auditing processes. Over the years Dan has created a variety of tools to enable hospitals to optimize their CDM.

Readiness, Implementation, and the Journey to Meaningful Use – What Does “Readiness” Mean?

Session: 350

Scheduled: Wednesday June 2 at 1:30 pm

Presenter: Lyda Gardiner

Organization: Jacobus Consulting

Abstract: In today's fast-paced, multi-initiative environment, how does an organization adequately assess the evidence based readiness factors known to impact implementation of advanced clinical applications, attainment of meaningful use and return on investment from health information technology? This presentation identifies the components of organizational readiness, identifies the relationships between each of these areas, and presents recent informatics research and proven methodologies that include both assessment tools and mitigation strategies to ensure successful organizational alignment with ARRA and other healthcare information technology initiatives

Lyda Gardiner, M.Ed., BSN, RN is a Senior Management Consultant for Jacobus Consulting Inc. Ms. Gardiner has been involved in the implementation of advanced clinical applications, clinical documentation and system re-design, organizational development, education, quality and regulatory initiatives and project management across multiple organizations. She is currently involved in all of the outlined areas either through direct project management, program development, or other similar initiatives.

Dose Range Checking: Set-up and Use

Session: 351

Scheduled: Friday June 4 at 11:00 am

Presenter: Bob Beagley

Organization: Jacobus Consulting

Abstract: How do you prevent flag fatigue with dose range checking? This session will discuss the set-up and use of the dose range checking files available from the formulary service vendors. We will discuss: formulary service parameters, customer defined parameters, drug files, and strategies for decreasing constant flagging.

Bob Beagley, RPh, is a licensed pharmacist who has over 30 years of experience in the healthcare industry. Bob has over 10 years of experience in healthcare information systems utilizing MEDITECH Magic and Client Server. He has implemented the MEDITECH Pharmacy system, converted Pyxis and other systems to MEDITECH Pharmacy, as well as implementing BMV and eMAR with MEDITECH Pharmacy. Bob is a senior management consultant with Jacobus Consulting and is currently working with a client in the Midwest US.

Optimizing Use of Dispensing Machines with MEDITECH Pharmacy

Session: 352

Scheduled: Thursday June 3 at 2:30 pm

Presenter: Bob Beagley

Organization: Jacobus Consulting

Abstract: Many pharmacies use dispensing machine technologies as one method of distributing medications to patients within a health system. Do you understand the use of this technology within MEDITECH? Do you know what issues arise when using these technologies with MEDITECH?

This presentation will discuss this functionality within MEDITECH as well as dispensing machine considerations to optimize the use of this type of technology. The presentation will cover: parameter settings, eMAR considerations, floor stock charging, interface options, drug file builds, one time orders, allergy information, and using multi-component orders such as IVs, compound, and split orders.

Bob Beagley, RPh, is a licensed pharmacist who has over 30 years of experience in the healthcare industry. Bob has over 10 years of experience in healthcare information systems utilizing MEDITECH Magic and Client Server. He has implemented the MEDITECH Pharmacy system, converted Pyxis and other systems to MEDITECH Pharmacy, as well as implementing BMV and eMAR with MEDITECH Pharmacy. Bob is a senior management consultant with Jacobus Consulting and is currently working with a client in the Midwest US.

Are You Ready for Pharmacogenomics?

Session: 353

Scheduled: Thursday June 3 at 11:00 am

Presenter: Bruce Matthias

Organization: The IN Group, Inc.

Abstract: Pharmacogenomics will revolutionize medication treatments of diseases in the near future. This session will give an introduction to pharmacogenomics. Discussion will continue with how this new knowledge can be integrated into the patient's EMR in MEDITECH. A prototype of a patient record with a pharmacogenomic profile will be presented along samples of clinical decision support tools within Pharmacy and POM utilizing the genomic data provided by a formulary service vendor.

Bruce Matthias is has been a Pharmacist for over 30 years and has been using MEDITECH for over 20 years. He is well respected in the MEDITECH user community for his expertise in Pharmacy and Advanced Clinicals, specializing in patient safety and system optimization. He has worked with Major Medical Centers and Systems including Providence Health System, Saint Joseph Health System, and Huntington Memorial Hospital and served as President of MUSE International from 2000 to 2002.

Optimizing Your Pharmacy Practice with Bells, Whistles and Automation

Session: 354

Scheduled: Thursday June 3 at 3:30 pm

Presenters: Yvonne Birek and Steve Botwinski

Organization: The IN Group, Inc.

Abstract: Are you being required to do more and more but do not have the resources to comply? With limited resources in many pharmacies along with added responsibilities it is important to optimize your use of MEDITECH. This session will present the users with streamlining options that they can take home to help optimize their systems. It will focus on the use of clinical decision support tools (Rules and CDS's) as well as options to reduce duplicate transcription of data and ways to help streamline pharmacy workload and improve efficiency.

Yvonne Birek, Pharm.D, and Steve Botwinski are senior pharmacy consultants for The IN Group. Yvonne has worked with the MEDITECH PHA systems for more than 20 years. Her roles as a pharmacist have included: clinician, manager at a pediatric facility, director at an adult facility, IS support and pharmacy consultant. Steve has been a Registered Pharmacist in the hospital setting for 27 years and has worked with MEDITECH for 19 years. He is proficient at writing NPR reports and Pharmacy rules and is well versed in both C/S and Magic platforms. He is a long time MUSE participant and has served as peer group leader for pharmacy on the regional and international levels.

Integrating Evidence-Based Order Sets into MEDITECH – Lessons Learned

Session: 355

Scheduled: Friday June 4 at 11:00 am

Presenters: Penny Hilton and Bruce Matthias

Organization: The IN Group, Inc.

Abstract: For the past two years, the presenters have been working directly with MEDITECH developers to fine-tune the integration process for importing Evidence Based Order Sets created into MEDITECH. This session will review the basic processes of integration and provide lessons learned from this experience. Come and here the world experts in MEDITECH integration give you their personal insights into the process.

Penny Hilton is a senior consultant with The In Group and has worked in healthcare for over 28 years and with MEDITECH for 18 years. She specializes in Advanced Clinical offerings with recent focus on POM. She is well versed in the 5.6 release and is a long time MUSE participant and has previously served as OE and PCI peer group leader.

Bruce Matthias is has been a Pharmacist for over 30 years and has been using MEDITECH for over 20 years. He is well respected in the MEDITECH user community for his expertise in Pharmacy and Advanced Clinicals, specializing in patient safety and system optimization. He has worked with Major Medical Centers and Systems including Providence Health System, Saint Joseph Health System, and Huntington Memorial Hospital and served as President of MUSE International from 2000 to 2002.

MEDITECH's Corporate Management Software (CMS) from a Pharmacy Perspective

Session: 356

Scheduled: Friday June 4 at 10:00 am

Presenter: Bryce Ouelett

Organization: The IN Group, Inc.

Abstract: MEDITECH's Corporate Management Software allows for multiple HCIS's to be controlled by a single set of parameters in a "Standards" ring. This allows for up to 100% standardization of dictionaries in all of the associated HCIS's. Too much standardization will eliminate site autonomy, while too little standardization can be in-effective. This session will provide insight into how to make decisions for standardization of Pharmacy within a CMS environment.

Bryce Ouellet, a consultant with The In Group, has been working with Client Server 5.6 and MEDITECH Advanced Technology 6.0 since 2006. He assisted MEDITECH's development staff with developing and testing the pharmacy module. He was involved in the pharmacy implementation for MEDITECH's first migration from Magic to Client Server 5.6 in 2007. Bryce has assisted with several new installations as well as upgrades to the 5.6 environment. Currently Bryce is working on a massive standardization project utilizing MEDITECH's Controlled Management System (CMS).

What to Expect with C/S 5.6 Pharmacy

Session: 357

Scheduled: Friday June 4 at 1:30 pm

Presenter: Steve Botwinski and Bryce Ouellet

Organization: The IN Group, Inc.

Abstract: With the introduction of Client Server 5.6 to Pharmacy, MEDITECH has completely overhauled the workflow for end-users. Three role-based desktops are provided to standardize access. Individual screens and desktops now offer user-defined preferences to customize options per user. While most dictionaries remain the same, there are some changes. The drug dictionary, as well as formulary service information and processes, have been revamped with 5.6. The order entry process has also been changed to allow users to select meds before selecting order types. This presentation will provide a high-level introduction to MEDITECH's newest platform.

Steve Botwinski and Bryce Ouellet are senior consultants with The IN Group. Steve has been a Registered Pharmacist for 27 years and has worked with MEDITECH for 19 years. He is well versed in both C/S and Magic platforms. Bryce has been working with Client Server 5.6 and MEDITECH Advanced Technology 6.0 since 2006. He assisted MEDITECH's development staff with developing and testing the pharmacy module. He was involved in the pharmacy implementation for MEDITECH's first migration from Magic to Client Server 5.6 in 2007. Bryce and Steve have assisted with multiple new installations as well as upgrades to the 5.6 environment.

Winning the War on Talent: Finding, Growing and Keeping Great MEDITECH Resources in Your Facility

Session: 358

Scheduled: Friday June 4 at 11:00 am

Presenter: Laura Atherton

Organization: CTG Healthcare Solutions

Abstract:

- Finding (Here's where and how we find great talent and you can do the same!)
- Growing (MEDITECH continues to grow; why shouldn't your staff continue to learn?)
- Keeping (Here's what we're hearing when we recruit for consultants, and what you can do to keep them.)

With the burgeoning growth of healthcare technology capabilities, one of the biggest challenges we all face is the ability to attract, grow and retain qualified MEDITECH resources. The number of opportunities for today's MEDITECH professional has greatly increased, thus making it much more difficult than in the past to add and keep top talent. Fortunately, there are new tools – and new twists on some old tools – at the disposal of managers and recruiters to help meet the talent acquisition challenge! You'll be able to use the tools and ideas in the presentation to help you before, during and after the hiring process – and to help you continue to provide invaluable services to your patients and providers.

Laura Atherton is a Senior Recruiter for CTG HealthCare Solutions (CTGHS), a division of CTG a leading professional services consulting firm. Laura's approach continues to be on building relationships with MEDITECH talent and focusing on their career interests. Laura has 10 years of recruiting experience and has been successful in all types of organizations helping increase the value and capability of the organizations through quality hiring practices. She got her start in Healthcare Recruiting working with Certified Registered Nurse Anesthetists, Radiologists, and other clinicians and transitioned quickly into a concentration on Healthcare Information Technology. Throughout her career Laura has been able to gain valuable exposure to different recruiting/sourcing methods and best practices. Laura's extensive focus in MEDITECH and other clinical systems for the past few years has enabled her to expand her recruiting skills and success. Laura is a graduate from the University of Oklahoma and is based in Dallas, Texas; she enjoys spending time with her family and traveling.

Be the King or Queen of Denials – Denials Management in MEDITECH 6.0

Session: 359

Scheduled: Wednesday June 2 at 2:30 pm

Presenter: Deborah Meredith

Organization: CTG Healthcare Solutions

Abstract: Denials management has long been a challenge in the MEDITECH space. 6.0 implementations and conversions provide new approaches and technologies to get your arms around denials in order for you to improve efficiency and get the cash you are leaving on the table.

Deborah Meredith is an Implementation Specialist in the Consulting practice of CTGHS. She has 20 years in Healthcare and 11 years in MEDITECH practice. Deborah has implemented MEDITECH B/AR module in multiple healthcare facilities. She has also been the Project Manager for multiple financial conversions.

A Closer Look into Your Technology Options for Integrating MEDITECH with your Physician Office EMR Systems

Session: 360

Scheduled: Wednesday June 2 at 3:30 pm

Presenters: Nathia Karasch and Joyce Crook

Organization: Summit Healthcare

Abstract: Physician Office Integration (POI) allows for better patient care and increased productivity by accelerating access to vital patient information at the physician office. The main priority is to share data between the physician office EMR system and the hospital but as simple as that may seem, there is more to the picture.

Join us as we discuss your options for integrating with your physician offices. The presentation will outline technical options, ARRA requirements and cost benefits of integration. We will end the session with case studies that demonstrate how other MEDITECH facilities have made great strides towards improving the delivery of vital patient information to all critical parties.

This presentation is geared toward all audiences and can be attended by hospitals running MEDITECH Magic, C/S or 6.0.

Nathia Karasch is the VP of software engineering and Client Services for Summit Healthcare with experience in MEDITECH and integration technology. She brings over 13 years experience working with custom scripting solutions and XML/HL7 interface technology.

Joyce Crook is the Vice President of Sales for Summit Healthcare with direct experience in MEDITECH Technology. Joyce brings over 14 years of healthcare experience with prior positions held in the MEDITECH sales division and First Consulting group/CSC.

Do You Have All of the Pieces to the Puzzle for your MEDITECH 6.0 Migration?

Session: 361

Scheduled: Friday June 4 at 2:30 pm

Presenter: Tara Marchi

Organization: Summit Healthcare

Abstract: Your organization has decided to migrate to MEDITECH 6.0; you've mapped out your hardware needs, set up your core team and began your application planning. After all this planning, you are probably thinking what's left to consider?

Learn in our presentation how MEDITECH facilities such as Boulder Community, Cayuga Medical, Jordan Hospital and Beaufort Memorial are handling their MEDITECH 6.0 migration. We will provide a candid discussion on what the ENTIRE picture is for your MEDITECH migration. Don't be fooled – it's not just application and hardware it's much more!

This presentation is geared for all audiences, including facilities that may be upgrading to interim platforms prior to MEDITECH 6.0

Tara Marchi, Director of Marketing at Summit Healthcare, brings over nine years of MEDITECH experience to our presentation today. Prior to joining Summit Healthcare Tara worked as a consultant implementing and managing the advanced clinical modules and worked at MEDITECH as a Pharmacy/Nursing specialist.

Providing Continuous Care and Access to All Critical Data During a MEDITECH or Network Downtime

Session: 362

Scheduled: Thursday June 3 at 10:00 am

Presenter: Tara Marchi

Organization: Summit Healthcare

Abstract: Gone are the days of paper! Many organizations are striving to implement a MEDITECH system that is fully integrated and supports a comprehensive electronic medical record. Don't jeopardize your patients and staff if your MEDITECH system or network fails. Learn about protecting critical data and immediate access to data at ALL times. You don't have to wait for a SAN or an archive system to be budgeted in the next 1, 2 or 3 years – see what you can do now.

This presentation will review a simple cost effective way to protect significant data in case of planned or unplanned downtime. Come see how many MEDITECH organizations are tackling downtime and protecting their patients and staff from the perils of downtime.

This presentation is geared toward all audiences and facilities running any MEDITECH platform.

Tara Marchi, Director of Marketing at Summit Healthcare, brings over nine years of MEDITECH experience to our presentation today. Prior to joining Summit Healthcare Tara worked as a consultant implementing and managing the advanced clinical modules and worked at MEDITECH as a Pharmacy/Nursing specialist.

Advanced Clinicals Standardization in MEDITECH 6.0

Session: 363

Scheduled: Wednesday June 2 at 3:30 pm

Presenter: Diane Tomacelli, RN

Organization: CTG Healthcare Solutions

Abstract: Advanced clinical modules include PCS, EDM, ORM, and PCM with some strong pharmacy work as well. In the current 6.0 environment, ORM is hybrid between the new platform and the NPR code and pharmacy remains in the NPR code. This creates difficulties when trying to standardize for a corporate build that encompasses multiple facilities for implementation. Plus, the CMS factor adds another level of complexity. Knowing what approach to take is key to a successful standardization.

Diane Tomacelli is a Consultant with 20 years of experience in the healthcare industry and a four-year history of working with implementing MEDITECH clinical documentation and ordering systems. Diane has served as a team leader, project leader, team member, and support person. Diane has experience in various modules and is serving as Advanced Clinicals team lead for an enterprise-wide MEDITECH 6.0 conversion. Diane is also a certified legal nurse consultant and has extensive knowledge of Federal healthcare regulations, JCAHO regulations, and HFAP regulations as well as documentation and medical record requirements.

Overcoming the Challenges with Module and Platform Integration in MEDITECH 6.0

Session: 364

Scheduled: Friday June 4 at 3:30 pm

Presenter: Diane Tomacelli, RN

Organization: CTG Healthcare Solutions

Abstract: To utilize all the functionality in MEDITECH, it is key to design your build to be integrated. This adds some complexity to your planning and design. Integration between the advanced clinical modules alone has changed with the 6.0 platform and there are key areas where the modules do not “talk”. Then, add in the integration with the base/support modules and there is another level of complexity to overcome. Not all data easily flows between NPR code and the new 6.0 code and as long as the system is hybrid with some applications with NPR code and some with 6.0 code, this will be a challenge. Knowing how to overcome these challenges is key to success.

Diane Tomacelli is a Consultant with 20 years of experience in the healthcare industry and a four-year history of working with implementing MEDITECH clinical documentation and ordering systems. Diane has served as a team leader, project leader, team member, and support person. Diane has experience in various modules and is serving as Advanced Clinicals team lead for an enterprise-wide MEDITECH 6.0 conversion. Diane is also a certified legal nurse consultant and has extensive knowledge of Federal healthcare regulations, JCAHO regulations, and HFAP regulations as well as documentation and medical record requirements.

Protecting Patient Privacy in an Ever Changing Environment

Session: 365

Scheduled: Thursday June 3 at 10:00 am

Presenter: James Lawson

Organization: Iatric Systems, Inc.

Abstract: Healthcare institutions are at greater risk of falling short of patient privacy compliance than ever before. Movement to a complete electronic health record and constant changes to patient privacy regulations are key threats to compliance. In this session we will review the current changes to HIPAA as updated by ARRA and HITECH, including current breach notification rules and penalties. We will discuss how hospitals can maintain compliance with patient privacy laws by implementing auditing and incident tracking best practices. Multiple examples of patient privacy breaches from healthcare institutions will drive discussion of effective methods for protecting patient privacy.

James Lawson, Associate Vice President of Strategic Integration, has many responsibilities at Iatric Systems including management of the programming, implementation and support of Security Audit Manager. Before joining Iatric Systems, Mr. Lawson was the principal of HCT Consulting, assisting HIM departments (among other areas) across the nation. He has over 14 years of experience in the healthcare industry and is a systems integration and application security expert.

A First Look at the New FOCUS Report Designer

Session: 367

Scheduled: Friday June 4 at 2:30 pm

Presenter: Joe Cocuzzo

Organization: Iatric Systems, Inc.

Abstract: Since early 2008, MEDITECH has been hard at work on a replacement for the NPR Report Writer for the 6.0 (formerly known as FOCUS) platform. Join us for an overview of the new tool via a live demo from a 6.0 (test directory) site.

Joe Cocuzzo is the Vice President of the NPR group at Iatric Systems. Since 2000 he has headed the NPR Group at Iatric Systems, currently 21 strong, which provides NPR Report Writing, CDS Attribute and Rule writing, Proration rule assistance, and on-site training to MEDITECH hospitals in the US, Canada and the UK. Prior to joining Iatric Systems, Joe was a Senior Programmer-Analyst at Newton-Wellesley Hospital in Newton, MA from 1992-2000 and before that he was an Applications Consultant at MEDITECH.

Staying On FOCUS in a MAD, MAD, MAD, MAD World!

Session: 368

Scheduled: Wednesday June 2 at 10:30 am

Presenter: Frank Fortner

Organization: Iatric Systems, Inc.

Abstract: The MEDITECH Advanced Platform, also known as Client/Server 6.x and formerly known as 'FOCUS', is among us and here to stay. At least a dozen hospitals have implemented the latest platform technology from MEDITECH. Many more are planning a migration or at the very least taking a serious look at the opportunities 6.x may bring to their facilities.

In this session, we will take a more in-depth look at the MEDITECH Advanced Technology, which consists of:

- MEDITECH Advanced Programming Language
- MEDITECH Advanced Database
- MEDITECH Advanced Networking Protocol

Specific topics will include, but will not be limited to:

- History of Advanced Technology – how did we get here?
- Differences between Advanced Technology and previous platforms
- Basics of data access, storage and performance in the MAD (database)
- Locks replaced by the MUTEX – what that means to your end users
- The use of Inter-Process Communication (IPC) within Advanced Technology
- What to expect if migrating to Advanced Technology from MAGIC or C/S 5.x
- Scripting and screen scraping in Advanced Technology

Frank Fortner, Senior Vice President, is responsible for leading Iatric Systems' Application Software Division, overseeing all business functions including: software development, implementation and customer service. With almost 20 years in the hospital IT marketplace, Frank has earned a reputation for carefully listening to the needs of customers and consistently solving problems with leading edge, cost-effective software solutions.

Frank has also taught many MAGIC/NPR Programming and NPR Report Writer courses throughout the US and Canada, at client sites, at MUSE and other conferences.

Audits, Audits Everywhere – How Can We Survive?

Session: 369

Scheduled: Wednesday June 2 at 2:30 pm

Presenter: Kay Jackson

Organization: Iatric Systems, Inc.

Abstract: Post payment audits are flooding our medical records and Patient Financial Services (PFS) departments. The payors inundate us with paperwork for audits, thinking that will increase their recoupment results. The hospitals have limited time to review and appeal the audits due to the sheer volume and lack of staff. The audit companies are driven by contingency fees. Many hospitals don't have the resources to deal with these multiple audit types and are drowning. Many sites were prepared for RAC audits but the flood of additional audits is forcing sites to perform post payment reviews.

Attend this session and learn:

- Audit volumes you should expect
- How to train your staff and physicians
- Your appeal rights
- General information

This session will also include the following audit types:

- RAC
- CERT
- MAC
- PSC
- OIG
- QIC
- MIP
- Commercial

Kay Jackson, Financial Marketing Manager, has a wealth of revenue cycle improvement knowledge and experience. For 15 years she was in management at third party payor companies developing methods for delaying and denying medical claims submitted by hospitals. When she "saw the light" she moved into the hospital environment where she spent 10 years in management of Scheduling, Access and Patient Accounts. Kay was then rewarded by being given the privilege to develop and manage the Case Management department. She also developed one of the first denials management teams at a hospital in 1989. For the past 11

years, Kay has consulted on strategic hospital planning, redesign of access and patient accounts processes and developed software for the admitting and business offices. Kay has been a requested speaker at more than 100 conventions.

Sometimes It Feels Like WRECKonciliation

Session: 370

Scheduled: Thursday June 3 at 9:30 am

Presenter: Michelle Schneider, RN

Organization: Iatric Systems, Inc.

Abstract: The Joint Commission has recently extended their hiatus on providing definitive requirements around medication reconciliation for hospitals. The US hospitals have been waiting for these regulations in order to solidify their processes and obtain the buy-in needed from administration. To further complicate this, the ARRA regulations require US hospitals to perform medication reconciliation but they don't give any exceptional direction either. Basically, they don't want any medication errors and they want the patient to know how to be safe at home. No problem! That sounds easy enough; so why aren't we doing it?

We cannot; should not, sit back and wait for a clear directive. The time is now to make our patients safer and lucky for us, Medication Reconciliation is common sense. Whether you're Magic or Client Server, 6.x or 5.x, CPOE or written orders, US or Canada, we are bound in our commitment to safer patients! Join me as we make sense of what direction we've been given and discuss the common sense of a successful implementation.

Michelle Schneider, RN, Clinical Marketing Manager, is a registered nurse with clinical background in cardiac and intensive care nursing. She worked for 14 years in a MEDITECH hospital. During her eight years as a clinical analyst she implemented and supported all clinical modules including Nursing, OE, PCI, Pharmacy, Laboratory and Radiology. She also spent one year as the Nursing Information Systems Manager for a health network. Michelle has played a very active role in MUSE since 1992 and took on the role of RPGL for many peer groups while working at the hospital. In her role with Iatric Systems Michelle has installed and supported Visual FlowSheet Suite (VFS Suite), Physician Discharge Prescriptions (PDRx) and Patient Discharge Instructions (PDI). She is now a Clinical Marketing Manager.

Personal Health Records and Healthcare Consumerism

Session: 371

Scheduled: Thursday June 3 at 2:30 pm

Presenter: Mark Johnson

Organization: Iatric Systems, Inc.

Abstract: This session will focus on the current state of patient-driven healthcare and how patient health records are changing the landscape of American healthcare. This session will cover privacy concerns and government regulations concerning patient health records. We will review

trends among various demographic segments to help providers target Personal Health Record (PHR) implementations. We will also discuss the various meaningful use criteria directly related to PHR and patient access to health information.

Specific topics will include:

- Patient Health Records around the world, how are we different in the USA?
- Discuss patients' rights vs. traditional (business intellectual property rules)
- Patient-directed sharing of data in PHRs: current methods and future trends
- Privacy concerns for PHRs
- HITECH and Meaningful Use criteria
- Future outlook for the PHR software industry

Mark Johnson is the manager for the IatricConnect Solutions suite of portal applications at Iatric Systems. At Iatric Systems, Mark has also implemented and supported other applications. He has more than 10 years of bedside nursing experience and 14 years experience in healthcare delivery systems. Mark has a Master's in Health Administration from the Medical University of South Carolina. He is an ANCC-certified Informatics nurse and is CPHIMS certified by HIMSS.

Mobile Madness

Session: 372

Scheduled: Friday June 4 at 2:30 pm

Presenter: Steve Walker

Organization: Iatric Systems, Inc.

Abstract: So many wireless devices – laptops, instruments, handheld devices and phones! It's not just staff that wants to access the wireless network now; its patients and visitors, too! Wireless networks can be a jungle and without a map it's easy to get lost. This session is designed to help individuals – from beginners to experts – understand the challenges involved and identify the deployment methods best suited to each organization's particular environment.

Primary topics to be covered include:

- Site Surveys and Physical Challenges
- Network Topology and Roaming Devices
- Application Deployment vs. Handheld Deployment
- Bandwidth Considerations
- Authentication and Security

As the Director of Application Development at Iatric Systems, Steve Walker supervises programmers and manages the development of all server, desktop and handheld software offered by Iatric Systems. Prior to joining Iatric Systems in February of 2006, Steve was the Network Services Manager at Central Missouri State University (CMSU), where he also managed the network and servers for affiliated University Health Center. Steve regularly presented at MORENet conferences (Missouri Research and Educational Network), acted as the network security contact for CMSU and was a member of the MORENet Security Committee. He received his BS in Computer Information Systems from CMSU and has been programming professionally for 16 years. Steve served in the military and received four letters of commendation during his US Naval career. In his spare time, Steve enjoys programming, woodworking and automating home control (he can turn his lights on by saying, "Computer – lights on!").

Pharmacy Descriptions Inside and Out

Session: 373
Presenter: William Salemi
Organization: Santa Rosa Consulting

Scheduled: Wednesday June 2 at 10:30 am

Abstract: Attend this session to discuss the need for building drug descriptions in PHA, RXM and OE so that the intended user will know what they are ordering. Many times the descriptions are built with that intention, but if done without the intended end user in mind, it can cause the project to fail.

PHA – Consider the pharmacists' needs, including output on labels and eMAR. For the longest time, the pharmacy module would be edited to suffice the needs of the pharmacist and the output for the labels. Now with eMAR and BMV, the descriptions are seen by nursing and edits to the descriptions and/or proper education is usually needed for the nursing staff.

RXM – Consider the nurses and physicians use for medication reconciliation and script writing. When the RXM formulary is loaded from the FSV, edits usually need to be made to distinguish between different strengths of medications. For example: combination items and topicals with varying strengths.

OE (Quick Scripts) – Consider the physicians' ordering purposes. When building the Quick Scripts it's important to understand how the physicians want to order the medication and incorporate a tiered lookup while going through the process. Distinguish between the different types of medications on the formulary for the same generic name. For example: Acyclovir has a cream, ointment, oral tablet, oral susp and IV form. Allow for the physician to know which one they are ordering.

Editing the descriptions properly allows for the clinicians to use the system in the most efficient manner.

William Salemi has over 15 years experience in healthcare IT as a Project Manager, Applications Director and Consultant as well as several years experience as a Certified Pharmacy Technician. Currently working at Santa Rosa Consulting as a Senior Implementation Specialist, Mr. Salemi specializes on the implementation and optimization of the pharmacy database along with MEDITECH's Advanced Clinical Applications.

Making Sense of Meaningful Use

Session: 374
Presenter: James Lawson
Organization: Iatric Systems, Inc.

Scheduled: Thursday June 3 at 3:30 pm

Abstract: In this session we will examine the major points of the Preliminary Definition of Meaningful Use released by ONCHIT on December 31st 2009, and discuss their impact on reimbursement for healthcare institutions. We will talk through the challenges and benefits that

hospitals will face and how these changes will affect our industry. We will look at historical examples of similar industry wide changes and how they impacted the future of those industries as well as the eventual results of those changes.

James Lawson, Associate Vice President of Strategic Integration, has many responsibilities at Iatric Systems including management of the programming, implementation and support of Security Audit Manager. Before joining Iatric Systems, Mr. Lawson was the principal of HCT Consulting, assisting HIM departments (among other areas) across the nation. He has over 14 years of experience in the healthcare industry and is a systems integration and application security expert.

Interoperability – Are You Ready?

Session: 375

Scheduled: Wednesday June 2 at 2:30 pm

Presenter: Ken Hoffman

Organization: Iatric Systems, Inc.

Abstract: Does your facility have an interoperability strategic plan? Attend this educational session to learn more about what interoperability means to you. We will discuss how interoperability may be impacted by:

- HITECH Act/American Recovery and Reinvestment Act (ARRA)
- Codification/Standards/HL7/Clinical Document Architecture (CDA)/Continuity of Care Document (CCD)
- The U.S. Electronic Medical Record (EMR) Adoption Model (Stages 1-7)
- Health Information Exchange (HIE)/Electronic Master Patient Index (EMPI)/Personal Health Records (PHR) and Insuring Privacy/Security Protection

Ken Hoffman has worked as a healthcare IT professional for over 16 years and is well known for his ability to effectively integrate systems. He actively seeks to use proven technology, industry standards and strategies to achieve client goals. Ken spent six years working in hospital IT, where he gained his technical and application experience. He has extensive knowledge of clinical, administrative and financial processes. This understanding together with his technical expertise allow Ken to effectively consult with staff from every facet of healthcare - from clinicians to IS staff to senior management - on the benefits that can be realized by integrating previously "stand-alone" software solutions into hospitals' HIS systems. Ken received his formal education in programming and technical design from Northern Illinois University and spent seven years supporting the US Navy SEAL Teams where he received training on team building.

Improving Efficiency and Physician and Patient Satisfaction Via A Secure Clinical Portal

Session: 376

Scheduled: Wednesday June 2 at 3:30 pm

Presenter: John Tempesco

Organization: Informatics Corporation of America

Abstract: For years, inpatient clinical staff updated physicians on patient status by manually assembling patient information from MEDITECH and other systems onto flow sheets for review and relaying changes in patient status by telephone or fax. Hospitals, physician practices, and

ancillary health care organizations have invested millions of dollars automating various functions to change this, but adoption of electronic health records (EHRs) has been slow. One key barrier has been that patients seek health care throughout a community. The result: compromised standards of quality, patient and physician dissatisfaction, administrative waste, and unnecessary expense.

Join us to hear about how one hospital confronted such challenges by finding tools to aggregate data from a multitude of in-place health care information systems and allow physicians to monitor, assess, and treat patients across various treatment settings. The solution extracts information, which is updated in real time from source systems, displays it on electronic flow sheets available to physicians anywhere they have Internet connectivity. It collects this data from the hospital's core information system, as well as laboratory, radiology, quality-assurance, ambulatory electronic medical records (EMRs), yielding a comprehensive longitudinal patient record.

By the end of this session, attendees will understand how adoption of secure clinical portals that collect data from the hospital's information system into a comprehensive longitudinal patient record improves standards of quality, safety, patient and physician satisfaction, and costs.

John Tempesco was promoted to Vice President of Client Services for Informatics Corporation America (ICA). His role within ICA has been expanded to include marketing responsibilities in addition to his responsibilities of implementation and support of the ICA solution across the country. Mr. Tempesco joined ICA in February of 2008 from HealthPort and has 34 years of healthcare experience including 18 years of experience in HIT in both the civilian and government sectors. Prior to these civilian endeavors, Mr. Tempesco completed a career in the United States Navy as a healthcare administrator. He holds a BS in Business at Lock Haven University and a MHA from Baylor University. He is a Fellow in the Life Management Institute, a Certified Managed Care Executive, and a Fellow in the American College of Health Care Executives.

Any Client, Anywhere, Any Version – Virtualizing the End User Experience

Session: 377

Scheduled: Wednesday June 2 at 1:30 pm

Presenter: Jim Fitzgerald

Organization: Dell (formerly Perot Systems)

Abstract: Hospital IT departments are crushed between an array of parallel and intersecting forces when it comes to managing desktop, rolling mobile, and fully mobile client devices for healthcare/clinical computing. End users want support for a variety of devices, from their smart phones to their home desktops, regardless of operating system, network connection, or form factor. Administrators are worried about the endless queue of help desk calls on client devices and the difficulty in retiring these queues inherent in the complexities of each individual device configuration. Governments, payers, and consumers want privacy, security, and audit control. Clinicians want all of that with session mobility, easy sign in, and context sensitivity.

Join a panel of industry experts for a product-agnostic view of desktop virtualization, single sign-on, and mobile clinical device management that will ground each attendee in the basics of the technology, provide a pragmatic checklist for driving decisions and actions around client management, and share the current state of MEDITECH and the enterprise with regards to virtual clients for all versions of MEDITECH.

Since 2001, Jim Fitzgerald has served as CTO of the MEDITECH Solutions Group (formerly JJWild) which was acquired by Perot Systems Corporation in 2007, and then Dell Corporation in 2009. Jim has been an integral part of the network, systems, and storage technology design team for over 400 hospitals using the MEDITECH Healthcare Information System, and has envisioned and shepherded the creation of a solutions portfolio that includes MEDITECH's support VPN,

turnkey virtualized internal private cloud data centers for MEDITECH hospitals, self-hosted and managed disaster recovery services, and MSite, Dell Systems' private external cloud MEDITECH Hosting Service. Jim's current focus is on expanding the benefits of virtualized servers, clients, and networks to the healthcare community and working with his colleagues at MEDITECH to drive towards zero downtime healthcare information systems. Jim holds a BA in Psychology from Bates College and an MBA concentration in technology entrepreneurship with high distinction from Babson College.

Barcode Specimen Collection – Gain the Benefits with Real World Examples

Session: 378

Scheduled: Wednesday June 2 at 2:30 pm

Presenter: Linda Trask

Organization: Iatric Systems, Inc.

Abstract: Numerous hospitals have implemented barcode specimen collection – some with great success. What benefits do the successful sites experience? How can your hospital overcome the challenges organizations face in order to achieve those benefits? During this session, we'll share information and statistical data from several hospitals operating the MEDITECH Laboratory Information System (LIS) that have implemented barcode specimen collection successfully.

We'll also use real world examples to show that elimination of mislabeled specimens and improved patient safety aren't the only advantages barcode specimen collection offers. Benefits occur throughout the Laboratory – and in many other areas outside the department. Learn how barcode specimen collection can improve relations between Nursing and Laboratory. Turn that dream of decentralized specimen collection into reality. Implement barcode specimen collection even in a challenging Emergency Department. Come to this session to learn how others have succeeded and how you can, too!

Linda Trask, Laboratory Solutions Manager, a former hospital Laboratory administrator, has been involved in the implementation of barcode specimen collection at over 75 healthcare organizations across the US and Canada. She has worked in the Laboratory setting of the healthcare industry for over 20 years. Her positions, which range from medical technologist to administrative director, have exposed her to all facets of the Laboratory. She also has extensive experience with the MEDITECH LIS. In 1999, Linda helped design a new Laboratory for two hospitals merging around Y2K. Prior to joining Iatric Systems in 2005, Linda was the Performance Improvement Manager overseeing both sites.

1, 2... 20, 21... Did I Really Just Count That Many Ways to Utilize Scripting?

Session: 379

Scheduled: Thursday June 3 at 3:30 pm

Presenters: Matt Johnson and Tara Marchi

Organization: Summit Healthcare

Abstract: Let us do the thinking for you! We will present how scripting technology can be utilized by all departments in your hospital. Whether you have an immediate need to eliminate redundant data entry or perhaps you have that vital sign point of care device that is just too costly to interface let us demonstrate how you can produce more with less.

Take out the guess work, grab your notebook and pen and start manually jotting down the ways you can use scripting. Just maybe by the end of the session this too can be an automated process! This session is geared toward all audiences and all MEDITECH platforms.

Matt Johnson, Product Manager at Summit Healthcare, brings over 10 years of MEDITECH experience. Prior to joining Summit Healthcare, Matt worked as a technical programmer with Picis.

Tara Marchi, Director of Marketing at Summit Healthcare, brings over nine years of MEDITECH experience to our presentation today. Prior to joining Summit Healthcare Tara worked as a consultant implementing and managing the advanced clinical modules and worked at MEDITECH as a Pharmacy/Nursing specialist.

Meaningless?? Or Meaningful?? You Be the Judge

Session: 380

Scheduled: Thursday June 3 at 2:30 pm

Presenter: Elizabeth Morgan

Organization: CPeople

Abstract: In February 2009, President Obama signed into law the American Reinvestment and Recovery Act of 2009. This law sets aside \$22B for Healthcare Information Technology and specifically the Electronic Medical Record. With the changes and comment period behind us, we will dissect the new provisions (NPRM) on payment and reporting. We will also address the difficult aspects of meaningful use and how hospitals are moving in a positive direction to take advantage of the millions of dollars in incentive payments.

Liz Morgan, Director at CPeople, and has been working in the MEDITECH arena for over 10 years. She has been in the healthcare industry in various capacities for over 18 years. Living in Washington DC with her three children and husband, she has been able to attend many of the meetings pertaining to HITECH and the American Reinvestment and Recovery Act. Attending the meetings has given her significant insight into the underlying thought for the criteria as it stands today.

Extending Collections Outreach and Improving Overall Return

Session: 381

Scheduled: Friday June 4 at 3:30 pm

Presenter: Alex Carter

Organization: TeleVox Software, Inc.

Abstract: Numerous organizations are partnering with messaging providers to leverage the technology's benefits in a collections role. This presentation tells you WHY these account balance notifications have been so effective. Why a messaging solution greatly increases the volume of accounts that can be contacted within a given timeframe. Why the average life of A/R has consistently decreased for organizations that have adopted such a system. And why the

interactivity of these messages leads to overall increases in dollars collected. Hear success stories from a wide variety of healthcare organizations that have outsourced account balance notifications with impressive results.

Alex Carter has over five years of experience working with healthcare organizations to reduce operating expenses, increase revenue and improve overall profitability. Prior to his role at TeleVox, Carter worked for GE Healthcare as a Strategic Account Executive with a similar focus on improving efficiency for GE clients. Carter received a BS in Technology from Purdue University in 2000.

DR Report Development in a MEDITECH 6.0+ Environment

Session: 382

Scheduled: Thursday June 3 at 1:30 pm

Presenter: Glen D'Abate

Organization: Acmeware, Inc

Abstract: You are considering or scheduled to upgrade your MEDITECH applications from MAGIC or Client Server to the new 6.0 platform. How will custom reports be written in this environment? What will become of your current NPR reports? Why is the MEDITECH Data Repository (DR) necessary? If these are questions you are pondering, you should plan to attend this session.

Per MEDITECH, "In 6.0, transaction servers control the writing of data to the database, and files are updated by appending — rather than overwriting — data. This provides a perfect audit trail of updates and protects organizations against failure." However, not all application modules have been transitioned to the new database structure in the 6.0 environment. Consequently, in 6.0 some applications (e.g., ABS, BAR, LAB, PHA) continue to utilize the classic NPR data structures while other applications (e.g., EMR, PCS, EDM, OM) utilize the new "appending" database structures. From an ad-hoc report development perspective, the consequence is that the NPR Report Writer can still be used against the 6.0 applications running on NPR data structures, and a new 6.0 Report Designer can be used against the application module running on the "appending" data structures, but writing ad-hoc reports that required data from multiple 6.0 applications spanning these technologies is problematic. The solution is to generate cross-database platform reports using the MEDITECH DR.

This educational session will focus on the trials and tribulations of using the MEDITECH DR as a source for generating cross-database platform reports. We will review the many nuances in this unusual environment and highlight practical information that will assist in successfully navigating report development in 6.0. We will also demonstrate an array of former NPR reports that have been converted to 6.0 cross-database platform reports.

Glen D'Abate is founder and President of Acmeware, Inc. Glen has nearly 25 years experience working in the healthcare IT field including 13 years at MEDITECH where he led development of the Data Repository (DR) application. Under Glen's guidance, Acmeware has earned a reputation as a leader in DR consulting field and is recognized for developing innovative DR-based reporting, custom application, and interfacing solutions. He has also developed a DR report writing training program that has been attended by participants from dozens of DR sites. Glen has an undergraduate degree in Engineering and Economics from Trinity College and graduate degrees in Biomedical Engineering and in Finance from R.P.I. and B.C. respectively.

SQL Server Upgrade Issues and Version Questions for DR

Session: 383

Scheduled: Friday June 4 at 3:30 pm

Presenter: Ian Proffer

Organization: Acmeaware, Inc.

Abstract: Your MEDITECH Data Repository (DR) relies on Microsoft SQL Server to do its job. This session will review the differences between SQL Server versions 2000, 2005 and 2008, so existing DR customers can know when to upgrade and why, and new DR customers can select the right version of Microsoft's RDMS software.

We will discuss the changes and new features in SQL Server since version 2000, since many sites are undergoing or planning for hardware refreshes and upgrades. SQL 2005 introduced many changes that require a thorough understanding by hospital IT staff; we will review those that affect DR reporting and development, including the replacement of Data Transformation Services (DTS) with Integration Services (SSIS).

Further enhancements in SQL 2008 while SQL 2005 is still in widespread use lead our customers to ask: which version is right for me? What considerations are there for support, report development and MEDITECH compatibility? We will answer those questions and more in this informative session. Even if your site doesn't have the DR but uses Microsoft SQL Server, don't miss it.

Ian Proffer worked for seven years in healthcare IT at Jefferson Healthcare in Port Townsend, WA (a MEDITECH C/S site) and Harborview Medical Center in Seattle before joining Acmeaware in 2007. Ian has over 18 years experience as a database analyst, administrator and architect, including four years at Microsoft Corp., where worked extensively with SQL Server starting on version 4.21. His practical work experience and in the healthcare industry includes database analysis and administration, report and application authoring and development, and user education and training.

Security Audits using DR and SQL Tools

Session: 384

Scheduled: Friday June 4 at 10:00 am

Presenter: Jamie McDonald

Organization: Acmeaware, Inc.

Abstract: The constant effort to stay HIPAA compliant and perform timely audits can be a challenge when MEDITECH data is purged from your MAGIC or C/S applications, not to mention the manual process involved with performing thorough audits. Using MEDITECH's Data Repository (DR) we will show you how you can monitor user activity and access to a patient's record.

You will be able to see how long a user was in a patient's account and in many cases the information that was updated. You'll know which menu items and routines were accessed in Abstracting, Admissions, Scheduling, Pharmacy, Lab and other modules. Since the Data Repository preserves all your historical data, you are not limited by the purge parameters that maintain your MEDITECH HCIS.

Since our reporting methods rely on the standard Microsoft SQL Server tools that are part of any DR implementation, we will demonstrate how you can develop these reports without any additional expense for software or hardware.

Jamie McDonald spent six years at Hays Medical Center (MEDITECH C/S) in the IT and Decision Support departments. She helped implement and support the MIS, OE, and BAR applications, and specialized in NPR report development. Jamie implemented MEDITECH's DR at Hays Medical Center in 2005 and its DR reporting is now an integral part of daily operations. Jamie brought her combination of MEDITECH knowledge and healthcare process experience to AcmeWare Inc. in 2008.

Digital Dashboards and Data Repository

Session: 385

Scheduled: Thursday June 3 at 10:00 am

Presenter: Ian Proffer

Organization: AcmeWare, Inc.

Abstract: Do your hospital administration and executives want up to the minute reports that show them – at a glance – key performance metrics? Are you managers clamoring to see more than simple table and chart based reports? In this session we will demonstrate how your MEDITECH Data Repository (DR) can be used as a platform for displaying digital dashboards, providing insight into clinical and operational data in a visually impactful form.

Starting with the foundation provided by Microsoft SQL Server, your DR already has the basic tools necessary to present visually appealing data in a graphical format. We'll demonstrate how different server platforms and applications can be used to take your reports to the next level, starting with Microsoft SQL Server Reporting Services and Microsoft Sharepoint. In addition, we'll show off the latest in other data visualization technologies. Join us for a session that will help you turn your DR data into compelling and useful information.

Ian Proffer worked for seven years in healthcare IT at Jefferson Healthcare in Port Townsend, WA (a MEDITECH C/S site) and Harborview Medical Center in Seattle before joining AcmeWare in 2007. Ian has over 18 years experience as a database analyst, administrator and architect, including four years at Microsoft Corp., where worked extensively with SQL Server starting on version 4.21. His practical work experience and in the healthcare industry includes database analysis and administration, report and application authoring and development, and user education and training.

The Cost to Capture

Session: 386

Scheduled: Thursday June 3 at 2:30 pm

Presenter: Rose Devadas

Organization: EDCO Group, Inc.

Abstract: Do you know how much it costs your facility to scan and index one document? Even with an EMR in place, traditional scanning practices drain revenue at an average of 20 cents per page. Multiply that by the thousands of documents being scanned and the costs become substantial.

Whether you have been scanning paper records for years or plan to start next quarter, it is critical to understand the cost of capturing paper as part of an overall Electronic Document Management System (EDMS) initiative.

Understanding the issues that impact quality, cost, and throughput enables hospitals to more effectively manage the capture process today and ultimately, enhance their MEDITECH environment.

Rose Devadas has more than 22 years of experience with EDMS systems, and was part of the IBM team that delivered the first document imaging solution on the mid-range system platform. Ms. Devadas has recently joined EDCO Group Inc. as a result of the merger between EDCO and SolCom, a healthcare software and services provider of which she was a co-founder.

Scanning and Archiving

Session: 387

Scheduled: Friday June 4 at 11:00 am

Presenters: Julia Carter and Patricia Coindreau

Organization: Consultant People

Abstract: Is it time for your facility to implement scanning and archiving? Do you know the prerequisites? Have you evaluated your current work flow and processes to know how they'll change? Who should be involved in the implementation? These questions and many more will be answered in this presentation. As well, you'll hear about one hospital's experiences and lessons learned in their MEDITECH scanning and archiving journey. Learn the benefits of SCA from people who have been there already.

Pat Coindreau RN is a 30-year veteran in healthcare and information technology. She has been in roles including nursing and IT leadership and has extensive experience with the MEDITECH HIS. Mrs. Coindreau holds a BS in Nursing and is a Board Certified Informatics Nurse.

Julia Carter has been involved in healthcare technology and financial applications for the past 30 years as Systems Analyst, PFS Assistant Director and consultant.

CIO: Dynamics of the Future

Session: 388

Scheduled: Thursday June 3 at 10:00 am

Presenter: Judy Kirby

Organization: Kirby Partners

Abstract: This presentation will examine where the CIO was and to a certain extent what has transpired over the last decade, looking at what it will take to be successful as a new breed of CIO with the advent of CPOE and what both CIOs and CEOs think about this changing role.

Judy Kirby is the President of the nationally renowned search firm Kirby Partners, who have specialized in healthcare information systems recruiting for the past 20 years. She is a member of CHIME, HIMSS and MUSE and has regularly shared her knowledge and experience via presentations to these National and International associations.

Optimize Your Revenue Cycle – How to Proactively Know Your Patient to Improve Front-end Collections

Session: 389

Scheduled: Wednesday June 2 at 10:30 am

Presenter: Glenn Gross

Organization: Provider Advantage

Abstract: Hospitals must learn to operate more like other business with an increased focus on financials to generate revenue and reduce expenses. Patient Access must streamline methods to collect payment for services performed. Identifying ways to know your patient, their insurance coverage, ability to pay, do they qualify for Medicaid and/or charity care are critical. Can you provide a defensible pricing estimate prior to or at the point of service to collect rapidly?

Successful organizations marry people, process and technology to empower access staff to better communicate with the patients about the services they will be receiving, benefit coverage and payment responsibility with the expectation that payment arrangements shall be confirmed prior to or at the point-of-service.

Glenn Gross, VP of Business Strategy with Provider Advantage, has been instrumental in identifying and selecting key business partners to develop Revenue360, an integrated revenue cycle solution suite. Glenn brings 20+ years of software solutions experience to Provider Advantage. His experience spans across several industries including telecommunications, financial and pension consulting, healthcare and software systems sales. In 1997, Glenn formed the nation's first sales organization to market the idea of automated Healthcare Access Management functions including verifying insurance eligibility, patient demographic validation, credit scoring, medical necessity checking and automated patient call-back reminders, to be launched at the first point of patient contact - scheduling.

The Financial Impact of ICD-10 and 5010: Keys to Reducing Your Revenue Risks and Positioning Your Hospital for the Future

Session: 390

Scheduled: Friday June 4 at 10:00 am

Presenter: Larry Watkins

Organization: Ingenix Consulting

Abstract: In an already challenging hospital regulatory environment, the biggest challenge of all may be transitioning to ICD-10 and 5010. This two-headed monster is Texas big, and it will impact every aspect of running your hospital.

ICD-10 is not just a code set change: it's a shift in our clinical nomenclature, and will fundamentally alter the way we communicate and code diagnoses and procedures. And the transition to the HIPAA 5010 transaction set will impact every electronic interaction between payers and providers in the United States. Hospital leaders who aren't prepared to put their revenue at risk must get this important regulatory change right by planning now for a comprehensive conversion.

In this presentation, we will share an implementation strategy that will help organizations reduce the risk to their revenue and take fullest advantage of this change.

Attendees will learn:

- The financial impacts and requirements of ICD-10 and 5010
- The pitfalls related to the 5010 and ICD-10 transition, including revenue cycle dangers, the "mapping trap," and the potential for unrealized benefits
- The opportunities related to ICD-10 and 5010, including improved efficiency, data integrity and increased transparency and standardization with payers
- How 5010 and ICD-10 pave the way for pay-for-performance
- The advantages of implementing ICD-10 and 5010 together, and the benefits of an effective migration
- How to assess the level of investment necessary to mitigate negative outcomes and make the most of this change

Larry Watkins, Managing Director, Health Care Solutions Delivery is Ingenix Consulting's electronic transaction and connectivity leader. He has more than 25 years of information systems experience, and for 20 years has been active in implementing and integrating electronic transactions for leading healthcare technology vendors. Mr. Watkins is a recognized expert and leader in the area of healthcare (HIPAA) electronic transactions, and has held many leadership positions within industry groups. In addition, he has served on the ANSI Healthcare Informatics Standards Board (HISB), the National Uniform Claim Committee (NUCC), and the National Uniform Billing Committee (NUBC). Mr. Watkins is a sought-after speaker in the areas of electronic healthcare transaction standards, HIPAA transaction and ICD-10 compliance.

Accelerating your CPOE Implementation: Integrating Pre-Built Medication Ordering Content into POM

Session: 391

Scheduled: Wednesday June 2 at 2:30 pm

Presenters: Karen Neidert, Warren Robinson, and Mili Gera

Organization: Maury Regional Medical Center and First DataBank

Abstract: Deploying a computerized physician order entry (CPOE) application requires a substantial allocation of dedicated pharmacy and technical resources. This session will review the methodology that a Client Server site followed in order to abbreviate the time demands placed on scarce pharmacy resources in the implementation of CPOE. Pharmacy and technical experts

from the site will detail the process used to integrate pre-built ordering content from a third-party drug information provider into MEDITECH's POM application.

Considerations discussed will include the mapping of MEDITECH data dictionaries to the ordering content provided by the drug information compendia, automated matching of the pre-populated order string content to a site's Formulary items, and incorporating the pre-built order strings into the appropriate fields in POM.

In addition, experts from the site will discuss other optimizations to consider. The site will share strategies used to minimize physician scrolling by producing an acceptable number of order strings per medication. Furthermore, there will be a discussion on types of orders (e.g. IV piggybacks, Weight-Based, PCA) that facilities may choose to include or exclude from this process.

From a technical perspective, the site will specify how they automated the upload of the pre-built content into the MEDITECH environment. Any considerations related to this automation will also be discussed.

Karen Neidert, PharmD, is a Clinical Pharmacist at Maury Regional Medical Center. She graduated from the University of Tennessee College of Pharmacy in 2000 and has been with Maury Regional Medical Center since then. She has been involved with pharmacy informatics at MRMC since 2006 and has been a member of the core teams for MEDITECH PHA, BMV, and CPOE implementations.

Warren Robinson has been at Maury Regional Medical Center (MRMC) for over six years. He joined the MRMC IT department in July 2005, and has been the IT Applications Manager since April 2008. Since taking over as Applications Manager, MRMC has gone live with PCS and PDOC and is currently in implementation of BMV and CPOE and has a planned upgrade to 5.6 scheduled to go-live Jan. 2011.

Mili Gera is an Implementation Engineer at First DataBank. Throughout her time at FDB, she has helped guide many users with the process of integrating FDB drug data content into their own Health Information Systems. Having worked with the multitude of market segments within the health care industry, she's had the opportunity to gain knowledge about EMR, E-prescribing, EMAR and CPOE implementations.

An Integration Engineer's Toolkit

Session: 392

Scheduled: Friday June 4 at 2:30 pm

Presenter: Dominic Green

Organization: Slainte Technologies

Abstract: Modern healthcare IT calls for a great deal of interaction. This educational session is aimed at MEDITECH users who wish to get more out of PCI, NPR and HL7 interfaces. In particular, it focuses on methods for using PCI as a central location for non-MEDITECH applications which share MEDITECH data, allowing facilities to use specialist applications while retaining MEDITECH as the EPR. Specific examples are cited, with walk-throughs.

Other topics covered include generating HL7 from within NPR reports, ensuring sites maximise the use of NMI interfaces and some potential pitfalls. The session is aimed at facility IT staff. Any experience of NPR, HTML, XML, NMI or HL7 will help, but is not necessary as all these topics will be introduced.

Dominic Green worked for several years in the IT department of a 600-bed MEDITECH hospital in Chester, England, with special responsibility for system inter-communication. Since 2008, he has been employed by Slainte Technologies, an Irish Healthcare IT company, as Integration Manager, continuing to work with several MEDITECH sites in the UK and Ireland, developing innovative methods of enabling interoperability.

Go With the (Work)Flow: Map Your Project Success Using Work Process Analysis

Session: 393

Scheduled: Friday June 4 at 11:00 am

Presenter: Becky Dawson

Organization: Santa Rosa Consulting

Abstract: You have been working on a project to design and build clinical documentation for a particular department. After collecting all the paper forms, then spending countless hours designing queries and screens to match the paper forms, the target users cry out... "This isn't working for us". Whether you are implementing documentation, POM or BMV, the solution is the same. Learn how Work Process Analysis will make the difference in your project.

Becky Dawson, RN, BSN, has over 30 years of relevant professional experience including 10 years of experience as a MEDITECH consultant, project manager, and application specialist in healthcare systems. Currently a Senior Implementation Consultant with Santa Rosa Consulting, she specializes in the implementation and support of MEDITECH's Advanced Clinical Applications with a particular emphasis on nursing and related patient care disciplines. Areas of expertise include implementation assessments, developing implementation and training plans, coordinating process and departmental workflow enhancement / redesign, facilitating / managing / training application implementation teams, training end-users and change management. Ms. Dawson is fluent in current versions of MEDITECH Magic and Client-Server.

Evidence-Based Clinical Decision Support at the Point of Care

Session: 394

Scheduled: Friday June 4 at 3:30 pm

Presenter: Gregory H. Dorn, MD

Organization: Zynx Health, Inc.

Abstract: During this session, we will review best practices for deploying evidence-based medicine (EBM) to the point of care. He will highlight implementation practices derived from the peer-reviewed literature; best practices derived from over 1,000 hospitals in deploying EBM to the point of care, and their respective impacts on quality and patient safety; and accelerating the process of clinical adoption of information technology (IT).

After this session, attendees should be able to answer the following:

- Why is using EBM at the point of care more effective than reference information?
- Which best practices are most appropriate for use at attendees' home facilities?
- When can using EBM at the point of care accelerate clinician adoption of IT?
- How can using EBM at the point care impact quality and patient safety?

Dr. Dorn is the executive vice president and chief operating officer of Zynx Health, a Hearst Business Media Company. He has helped guide the organization through changes of ownership and expanded the reach of Zynx solutions from less than 50 hospitals to more than 1700. Today, his major focus is the commercialization and international expansion of evidence-based point of care knowledge sources for deployment through computerized physician order entry systems, electronic medical record applications and medical devices.

Aligned with the international expansion of Zynx Health, Dr. Dorn has been appointed President of international efforts for Zynx Health and the Map of Medicine. The Map of Medicine Ltd (a UK Hearst Company) is the provider of evidence-based flow charts that map a patient journey from initial consultation through all levels of treatment. The Map of Medicine has contracts with the United Kingdom's National Health Service, Australia's State of Queensland Health Authority, Sweden and Denmark.

Work Process Automation Strategies

Session: 395

Scheduled: Friday June 4 at 3:30 pm

Presenter: Bryan Donovan

Organization: BizTech Healthcare Solutions Inc

Abstract: Historically, healthcare has been a paper and process intensive environment. The majority of MEDITECH hospitals have some type of paper scanning and document management system. These systems are the building blocks for powerful work process automation solutions. This presentation is an examination of one such solution that is in use at a MEDITECH hospital in Massachusetts. The solution has been in production for years and it has eliminated 48 hours out of the ED Billing process for this hospital.

The document management industry, outside of healthcare, has been a major advocate for process automation. The leading trade organization in the document management industry, AIIM (Association for Information and Image Management) is a tremendous source of information on the topic of business process automation inside healthcare and beyond.

Work Process Automation solutions vary but the principles of process automation are consistent:

- Deliver an "information package" to end users that contains a specific combination of MEDITECH data and scanned images required for that user's task.
- Unify multiple systems at the presentation level to end users and send the data where it is needed behind the scenes.
- Let knowledge workers, like coders for example, enter charges, apply codes and abstract records within a "unified desktop" view and have the process automation system push data into MEDITECH BAR, MEDITECH Abstract and third-party encoders downstream to fulfill the required data flow and billing process.

The design goals for process automation applications are tangible and quantifiable. They should include such things as:

- Eliminating a percentage of data entry or mouse clicks
- Reducing user data entry errors by a certain percentage
- Increasing daily end user transactions by a certain percentage

- Reducing overnight batch processing whenever possible

See the type of solutions that other industries (banking, insurance & utilities) have been using for years to reduce operating costs and improve user productivity. Learn how these same types of solutions are now being used within the MEDITECH community and their impact for operational efficiencies and improved cash flow.

Bryan Donovan is the Sales & Marketing Manager for BizTech Healthcare. He has over 14 years of experience in the document imaging and workflow industry. He has been with BizTech for eight years and previously worked for Digital Equipment Corporation and Keyfile Corporation. He is a Microsoft Certified Systems Engineer and a frequent speaker on the topic of healthcare process automation. Recent speaking engagements include MUSE International (May 2009, Vancouver BC), ILHIMA Annual Conference (May 2009, Lincolnshire, IL), and NEHIMA Six States Annual Conference (May 2008, Worcester MA).

Simplifying Healthcare Integration

Session: 396

Scheduled: Friday June 4 at 3:30 pm

Presenters: Ramraj Rajkumar and Pam Doherty

Organization: Dapasoft, Inc

Abstract: With the focus on EHR initiatives every hospital will face the challenge of implementing, managing and maintaining HL7 integration solutions. Whether your facility's HL7 integration are point to point interfaces, or uses an interface engine solution, all hospitals must be able to support mission-critical healthcare systems.

This session will discuss the importance of methodologies and best practices for HL7 Integration solutions. We will focus on key factors that will reduce HL7 Interface development effort and empower Integration analyst to easily manage the environment. Come and learn how proper methodologies and best practices can simplify and accelerate your healthcare integration initiatives.

Topic to include methodologies and best practices for:

Integrating Systems in a multi-vendor environment – Healthcare integration spans beyond the physical boundaries of the healthcare institution. The demand for health data has never been greater, and a complete integration solution requires the integration of data from personal health records, physician's offices, and the supply chain.

Regional interoperability with partner organizations – Implement healthcare interoperability with your partners, including Health Information Exchange, RHIOs, EHR, EMR, physician offices, clinicians, payers, and patients. Share specifications, documentation, and other artifacts between organizations to expedite the implementation and adoption of Health Information Exchanges and other regional initiatives.

Ramraj Rajkumar is Senior Architect for Dapasoft, Inc. He has in-depth architecture and design experience in Healthcare Integration solutions. He has architected and implemented large scale provincial, regional and hospital HL7 integration solutions in Canada. He has developed and shipped many products at Microsoft including the BizTalk HL7 Accelerator.

Pam Doherty is Director of International Business Development for Dapasoft, Inc. Pam is well respected in the healthcare industry with over 20 years experience providing integration products and solutions that allow hospitals, IDN's and integration vendors connect healthcare systems, automate business processes and streamline operations.

Patient Centered Medical Home

Session: 397

Scheduled: Thursday June 3 at 11:00 am

Presenter: Brad Block

Organization: IBM

Abstract: Many healthcare communities are evolving towards a Patient Center Medical Home (PCMH) care delivery model. This interactive discussion will explore the industry drivers and the specific value proposition for key stakeholders including patients, providers, health plans, employers, hospitals, and state entities. A brief evolutionary history of PCMH along with representative pilot case study summaries will also be addressed. The session will further explore the enabling technologies that help integrate the collaboration required for PCMH success. To round out the subject topic, all in attendance will be encouraged to participate in an open forum to discuss how we as champions of technology can enable healthcare organizations in their strategic pursuit of the Patient Centered Medical Home.

Brad J. Block, Associate Partner, IBM Global Business Services – Healthcare, has 23 years of healthcare information technology experience, including 10 years as CIO at Doylestown Hospital and seven years in a leadership role within the healthcare consulting industry. While CIO at Doylestown, he served as MUSE president, sat on healthcare vendor advisory boards, and participated as faculty at healthcare conferences at the local, national and international level. Brad has also published case studies in Advance for Health Information Executives highlighting Doylestown Hospital's technology and process improvement success stories.

Brad served on the MUSE Board from 1996 through 2001. During that time he co-chaired the inaugural CIO Executive Institute, co-sponsored the International Education Exchange, chaired the 1st annual Electronic Health Record Recognition Award, and designed the 1999 conference Physician & Executive Track. Since 2001 he has continued to support MUSE by presenting or moderating panel discussions at each year's International Conference.

Mr. Block originally joined Healthlink in May of 2003 to lead a successful start-up Meditech consulting practice. IBM acquired Healthlink in July of 2005 where he continued as Meditech Practice Lead until he was promoted to Healthcare Industry Liaison. He is now an Associate Partner for IBM's Global Business Services Collaborative Care team. Mr. Block earned his B.S. in Business Administration and Computer Information Systems at Delaware Valley College in 1994.