



IOWA HIMSS CHAPTER PRESENTS

2023 Health IT Fall Conference

IT'S *About Time*

NOVEMBER 8TH & 9TH 2023

**"Discovering what time has taught us and
exploring the future of Health IT together!"**

Register at : www.iowa.himsschapter.org



HOTEL MILLWRIGHT
AMANA, IOWA



Welcome

HIMSS Iowa Chapter

Tom Feldman

HIMSS IA Chapter President

November 9th 2023



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HOTEL MILLWRIGHT
AMANA, IOWA



Contact Information

- **Website**

- <http://iowa.himsschapter.org/>

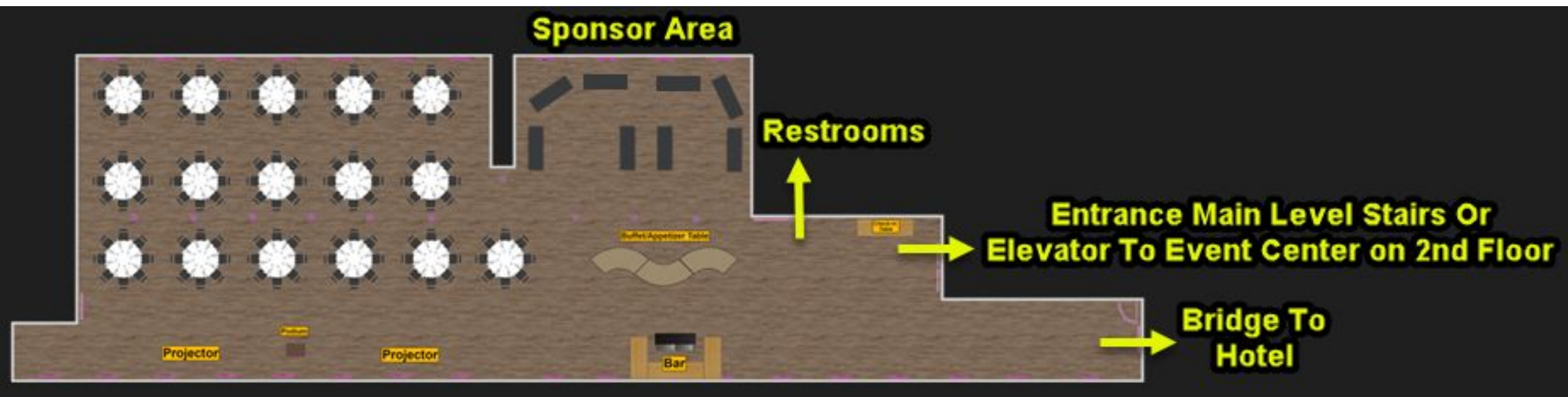
- **Email**

- iowa.info@himsschapter.org
- iowa.membership@himsschapter.org
- iowa.president@himsschapter.org
- iowa.sponsorship@himsschapter.org

- **Social Media**

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Conference Room



Wi-Fi

Connect to “Merino Loft”
No password needed



Hotel Millwright Contact Information

- If you are interested in Hotel Millwright or the Merino Loft for any of your upcoming events, contact Keeley Degel.



Keeley Degel

DIRECTOR OF SALES

hotelmillwright.com

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800 48th Ave., Amana, IA 52203

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37 Hospitals and Companies Represented

- 1call a division of Amtelco
- Anatomy IT
- Broadlawns Medical Center
- Cordea Consulting
- CyncHealth Iowa
- Experis Health Solutions
- Floyd County Medical Center
- GAVS Technologies
- GDIT
- Genesis Health System
- HEALTH Secure Now
- Healthwise
- iMethods
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- Iowa Hospital Association
- Iowa Primary Care Association
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- Myrtue Medical Center
- Rackspace Technology
- Redpoint Summit
- Ringgold County Hospital
- Telligen
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- The Iowa Clinic
- UCHealth
- UnityPoint Health
- University of Iowa Hospitals & Clinics
- Van Buren County Hospital
- Vera French Community Mental Health
- Voice Products, Inc.

Visit our Sponsors



Thursday, November 9, 2023

7:45-8:30	Registration & Breakfast
8:30 – 9:00	Getting to Know Iowa HIMSS
9:00 – 10:00	Keynote Address Hybrid and Remote Teams – Time to Enhance Workforce Flexibility
Presented By	Dr Jennifer Nahrgang
10:00-10:30	Audiology Telehealth and Throwback Thursday- Secret 1883 Octagonal Barn of Iowa
Presented By	Dr. Richard Tyler
10:30-10:45	Break and Vendor/Sponsor Visit
10:45 – 11:15	Accelerating Into the Future- HL7 FHIR Solutions Contributing to Healthcare Data Sharing
Presented By	Becky Metzger, Telligen
11:15-noon	Time and AI Wait for No One: The Fast-Changing Landscape of AI in Healthcare
Presented By	David Frerich, CEO Starling AI
noon-1:00	Lunch & Networking
1:00-1:15	Long term Thinking -Advocacy in Healthcare
Presented By	Susan Buchanan and Trent Lineau Iowa HIMSS Advocacy and HIE Co-Chairs
1:15-1:45	Prior Authorizations- Solutions
Presented by	Rayne Premo, Iowa Specialty Hospital & Martha McNulty, University of Iowa Healthcare
1:45-2:00	Break and Vendor/Sponsor Visit
2:00-2:30	What Keeps You Up at Night? Attendees Share Their Success
Lead by	Amber Pergande
2:30-3:30	Interoperability- Through the Years and Into the Future
Presented By	Jim Hood, COO CyncHealth Iowa
3:30 PM	Q&A, Closing Remarks and Prize Drawings – Must be Present to Win!

2023-2024
Iowa Chapter
Board of Directors



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Keynote
Hybrid & Remote
Teams -Time to
Enhance Workforce
Flexibility

Iowa HIMS Conference

Hybrid and Remote Teams: *Time to Enhance Workforce Flexibility*

Jennifer Nahrgang, Professor, Management & Entrepreneurship

November 9, 2023

Who said this?

LEADERSHIP

Back To the Stone Age? New
[redacted] CEO [redacted] Bans
Working From Home

[redacted]

[redacted]

To become the absolute best place to work, communication and collaboration will be important, so **we need to be working side-by-side.** That is why it is critical that **we are all present in our offices.**



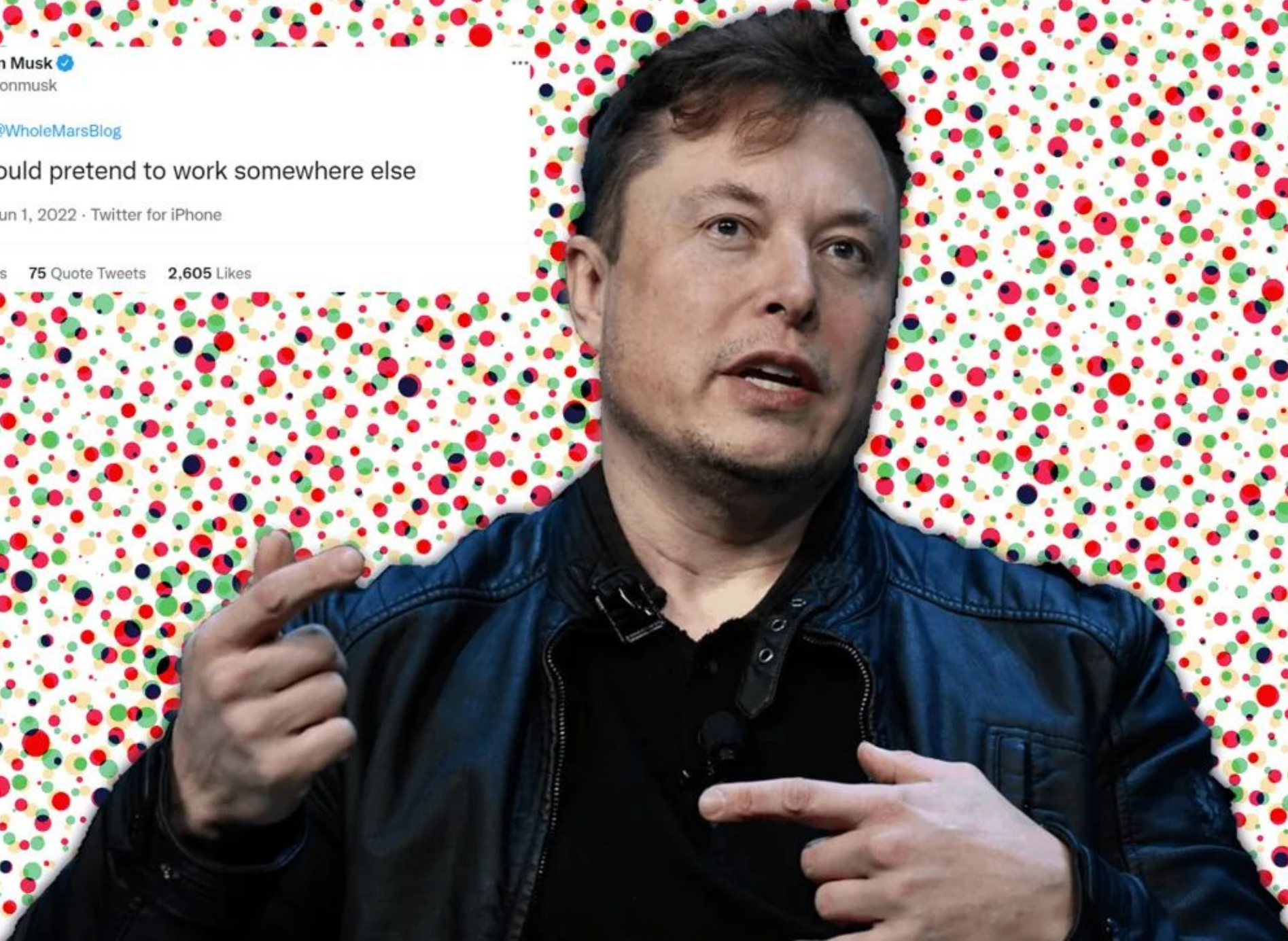
Elon Musk 
@elonmusk

Replying to [@WholeMarsBlog](#)

They should pretend to work somewhere else

10:45 AM · Jun 1, 2022 · Twitter for iPhone

253 Retweets 75 Quote Tweets 2,605 Likes



Who said this?

LEADERSHIP

Back To the Stone Age? New Yahoo CEO Marissa Mayer Bans Working From Home

Jenna Goudreau Forbes Staff
I write about business and women's leadership.

Feb 25, 2013, 04:31pm EST



February 2013!



To become the absolute best place to work, communication and collaboration will be important, so **we need to be working side-by-side**. That is why it is critical that **we are all present in our offices**. Some of the best decisions and insights come from **hallway and cafeteria discussions, meeting new people, and impromptu team meetings**. Speed and quality are often sacrificed when we work from home. We need to be one Yahoo, and that starts with **physically being together**



How does remote work change the way we manage teams and employees?

IOWA

Impacts of Remote Work on Teams



Performance = face to face teams if adjust to technology



Trust is essential: influenced by communication and timely responses



Best suited for idea generation but perform poorly on decision-making tasks



Need occasional face-to-face meetings, especially in beginning

Impacts of Remote Work on Employees



Increases job satisfaction, but can experience isolation



Maintain high levels of productivity (supervisor-rated and objective)

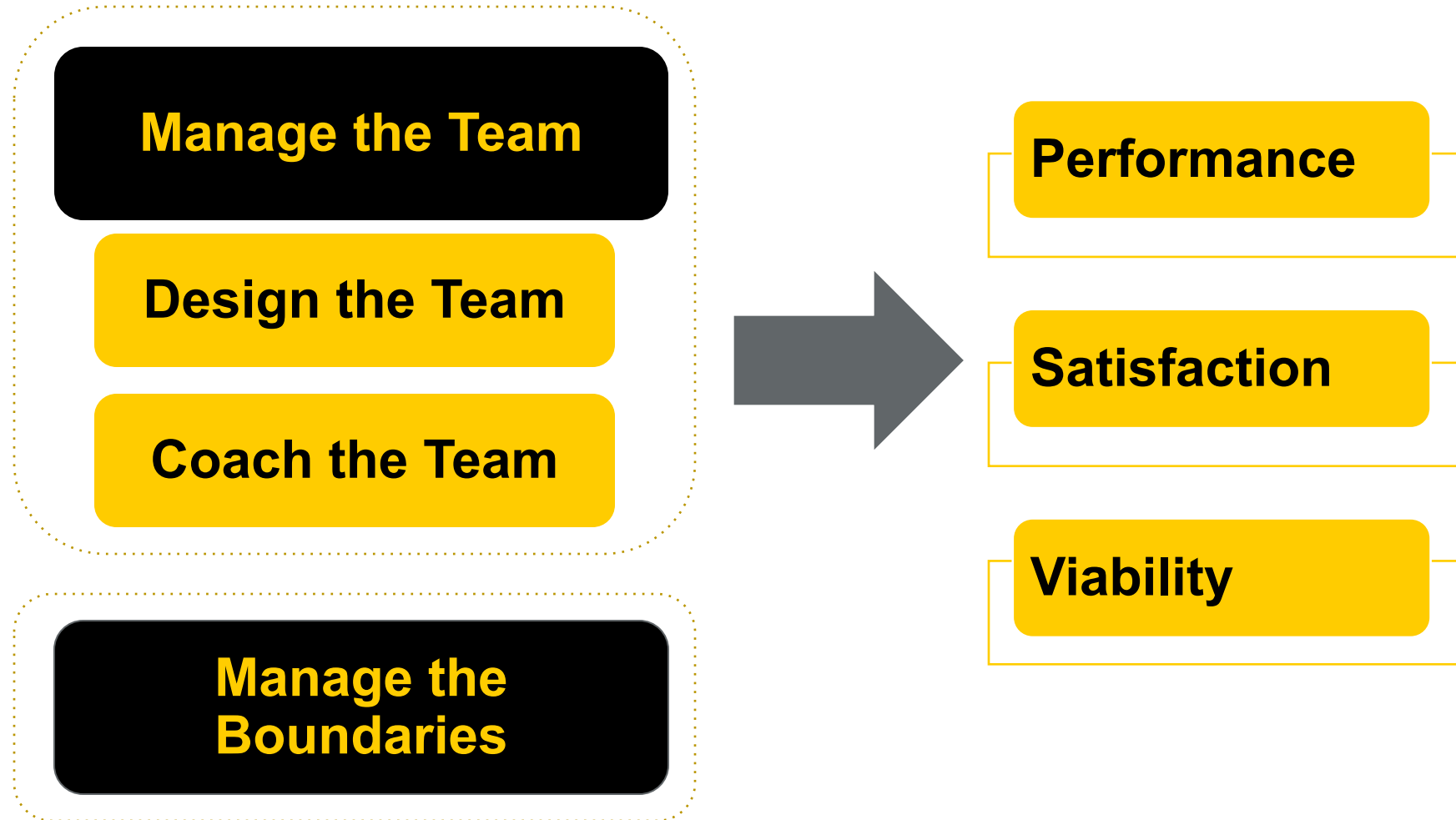


Stronger organizational commitment and less desire to leave



Supervisors matter! Highest levels of commitment, job satisfaction, and job performance with high-quality relationship

How can you make teams more effective?



Designing and Coaching Hybrid Teams



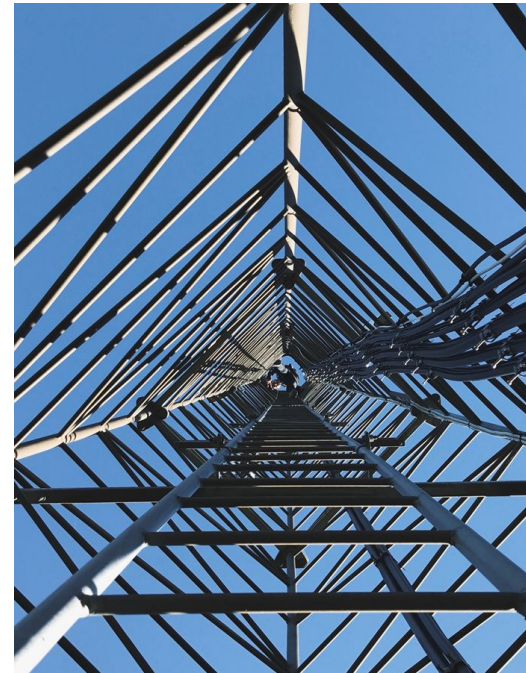
Consistent Features

Advantages to Leverage

Challenges to Manage

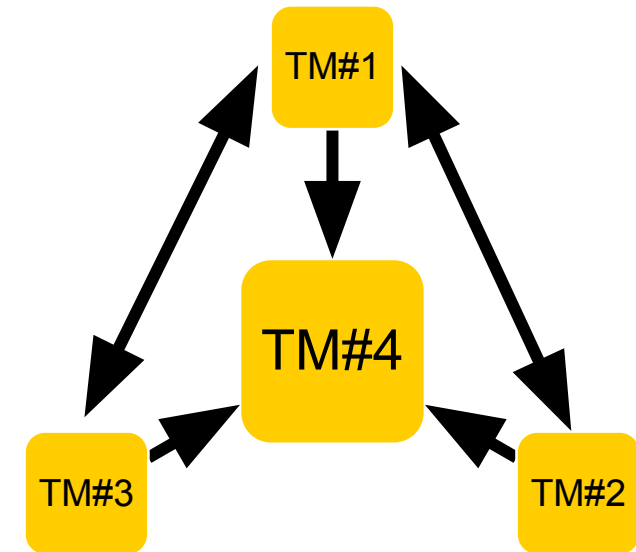
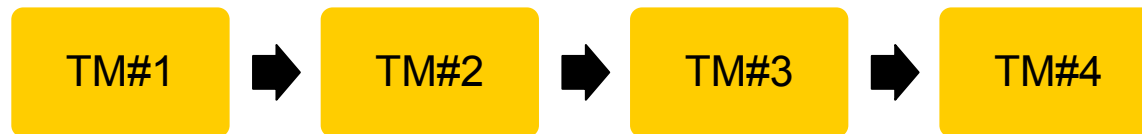
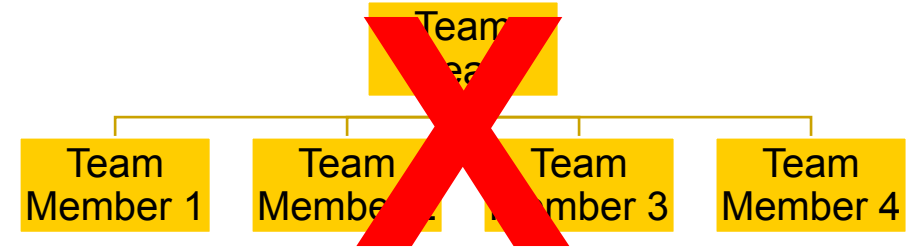
Design The Team

- Consistent Features
 - Set a clear and compelling direction
- Advantages to Leverage
 - Diversity in knowledge, skills and abilities
 - Match role to work arrangement
 - Flex time across roles
- Challenges to Manage
 - Interdependence between roles
 - Redistribution of work
 - Fairness in work arrangements

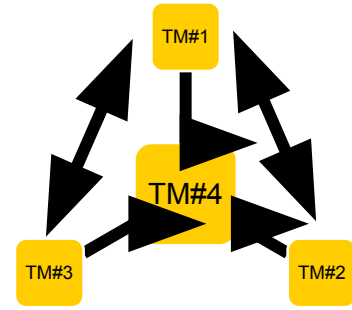


Team Member Interdependence

- Not about reporting relationships
- Consider workflow between team members
 - Information, resources, feedback
- Chart the workflow



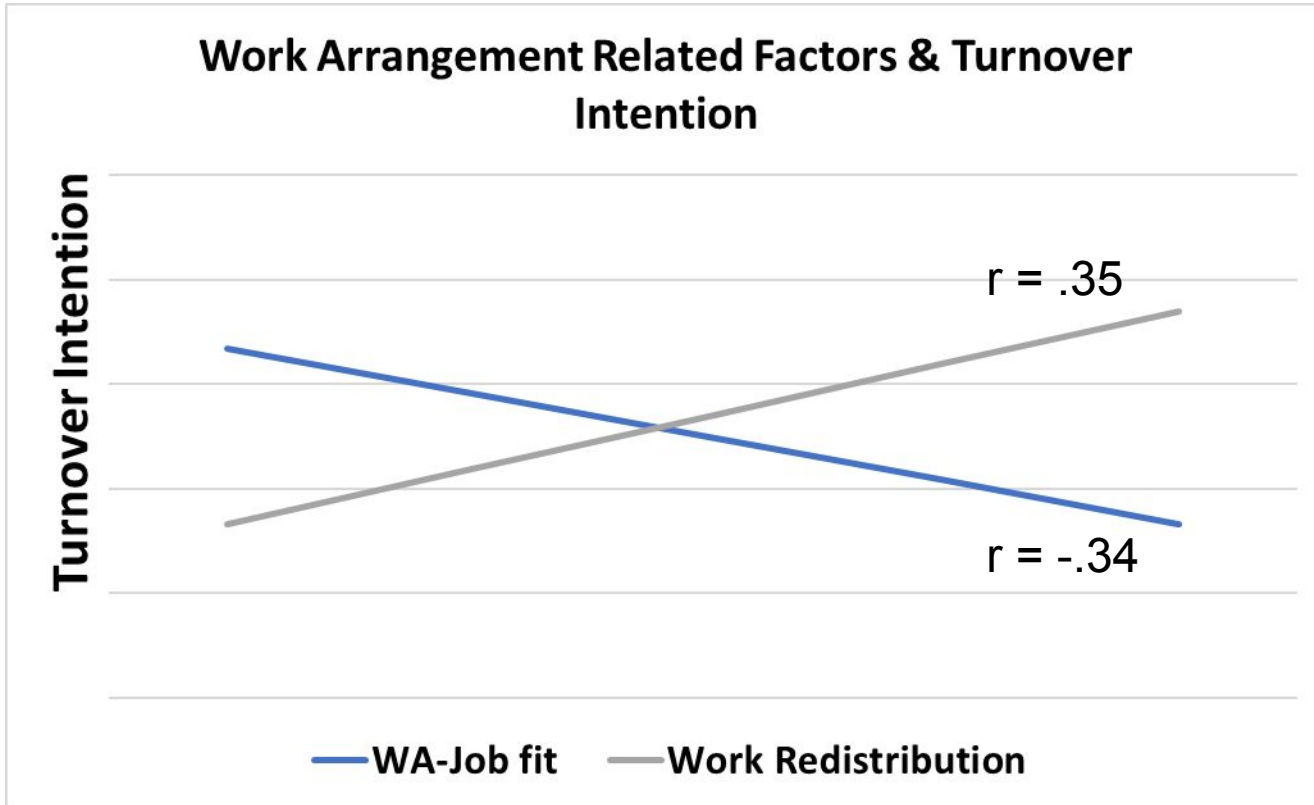
Team Member Interdependence



	Sends workflow to					Receives workflow from			
	TM1	TM2	TM3	TM4		TM1	TM2	TM3	TM4
TM1		X	X	X			X	X	
TM2	X			X		X			
TM3	X			X		X			
TM4						X	X	X	

- Where could hybrid work:
 - Help workflow?
 - Challenge workflow?
- Are there particular workdays, projects, months in which team members are more interdependent?

Design Challenges and Turnover Intentions



- Contributing Factors to Turnover Intentions
 - + Work redistribution due to other team members' work arrangement
 - Perceived fit between work arrangement and job

Perceptions of Fairness



Distributive

Outcomes are consistent with norms of allocation



Procedural

Voice in decision making process and adherence to fair process



Informational

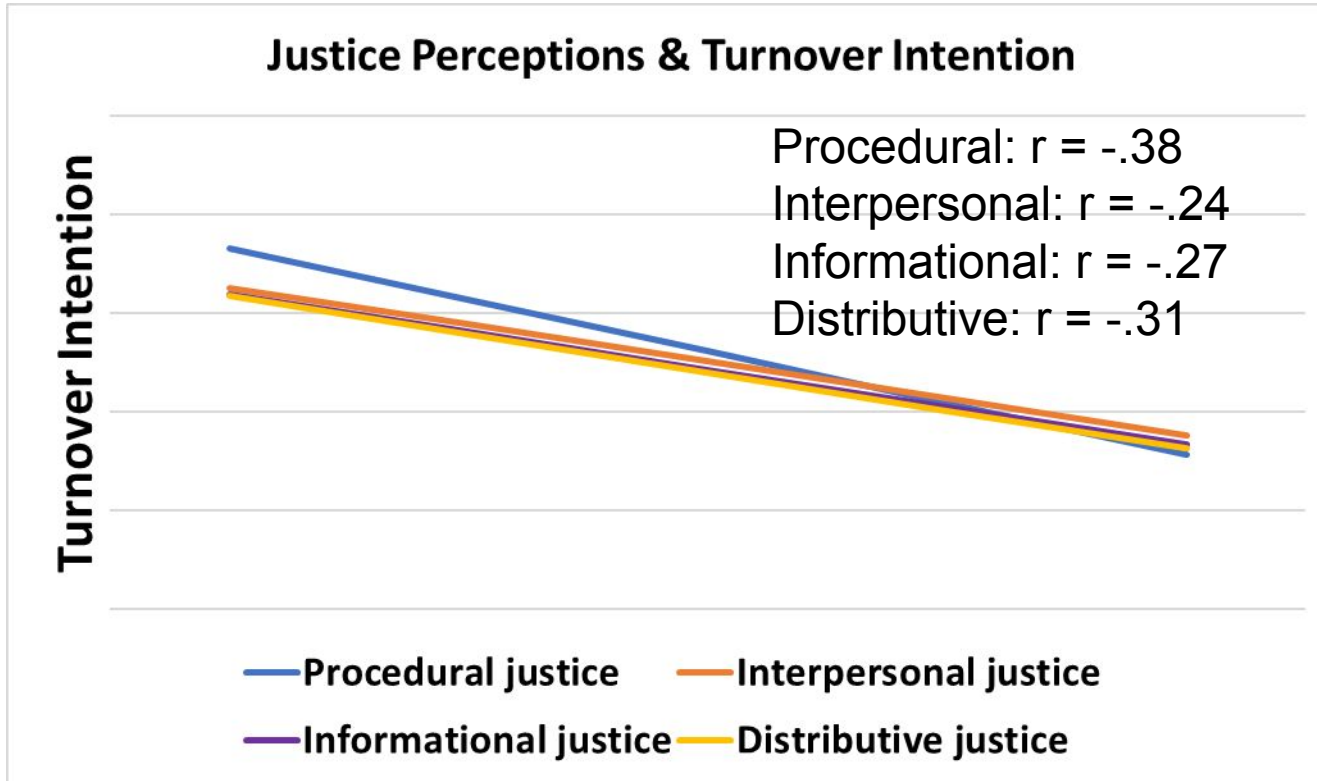
Procedures thoroughly explained, candid and timely communication



Interpersonal

Treated with respect and dignity when implementing procedures

Design Challenges and Turnover Intentions



- Contributing Factors to Turnover Intentions
 - Perceived fairness in procedures, interpersonal interactions, and explanations of decision-making procedures
 - Perceived fairness of work arrangements

Reflection: Design Challenges to Manage

- What opportunities and challenges do you see in terms of workflow (interdependence) between team members?
- Have you seen (or looked for) changes in redistribution of work? How have you handled those changes?
- How did you (and will you) ensure fairness in work arrangements?

Coach The Team

- Consistent Features
 - Establish psychological safety
- Advantages to Leverage
 - Idea generation and problem solving
- Challenges to Manage
 - Forming a team identity
 - Rules of engagement and collaboration across technology
 - Professional isolation



Developing Team Identity

- What are some labels that might be applied to a team?

Collaborative Stable Warm
Inclusive Competent
Dynamic Competitive

- Think of the most important descriptor by which you would like your team to be known
 - How would you like others with whom the team interacts (clients, co-workers) to describe your team?

Developing our Team Identity

- Narrow down the list to 5 descriptors
- What are some of the opposites of the descriptors you named? (think inverse, absence or undesired)
- Take the pair of descriptors (original and opposite) and develop a set of behaviors for each pair of descriptors
 - What behaviors would evoke the desired descriptor?
 - What behaviors would evoke the undesired descriptor?

Developing our Team Identity

- Where is your team currently on these descriptors?

1

2

3

4

5

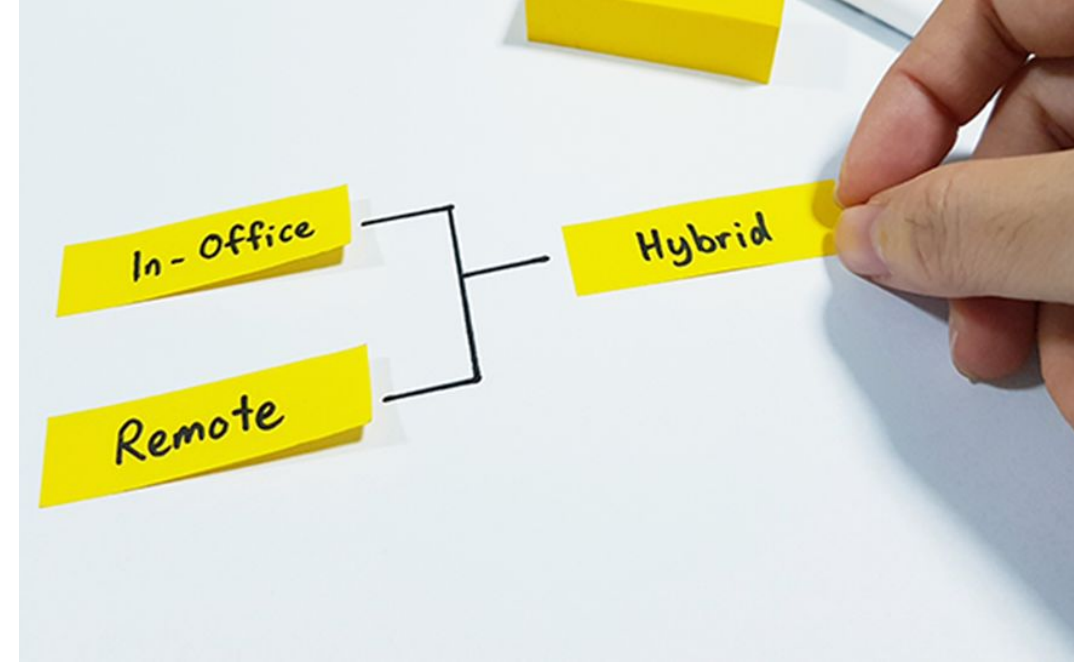
Competitive

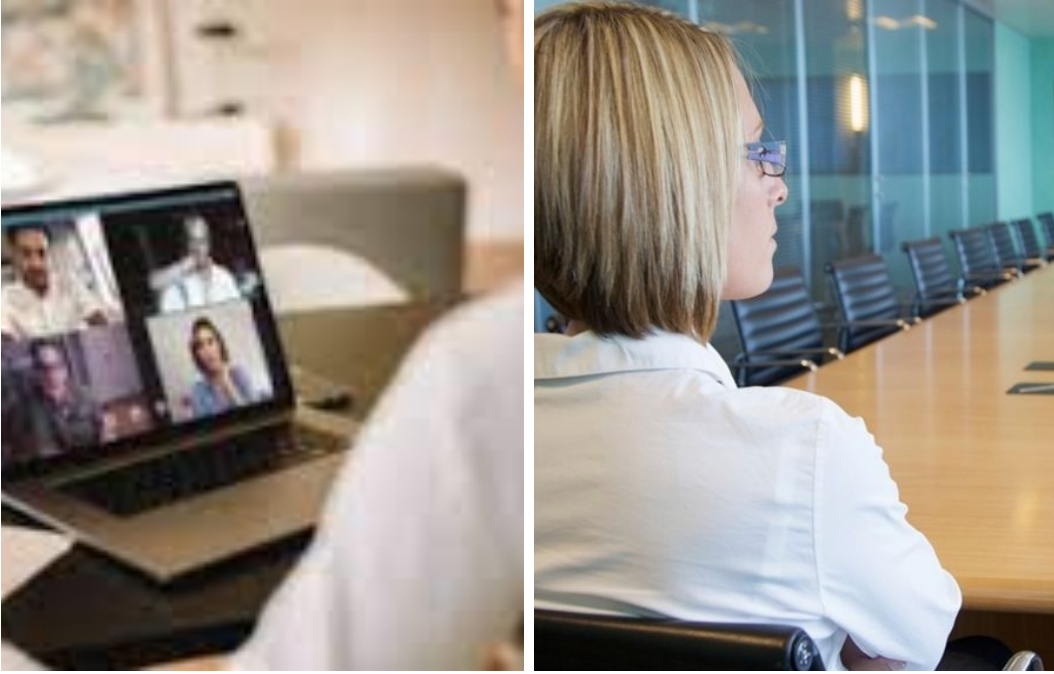
Cooperative

- Average the team member's ratings of descriptors
- Discuss the team's averages
- What is one thing that each team member can do to move the team's image toward the ideal?

Rules of Engagement & Collaboration Across Technology

- Establish rapport and relationships early in a team
- Establish “netiquette” and regular cadence of communication (1:1s, town halls, etc)
- Delegate meeting agendas or new ideas to team members prior to meeting





Professional Isolation

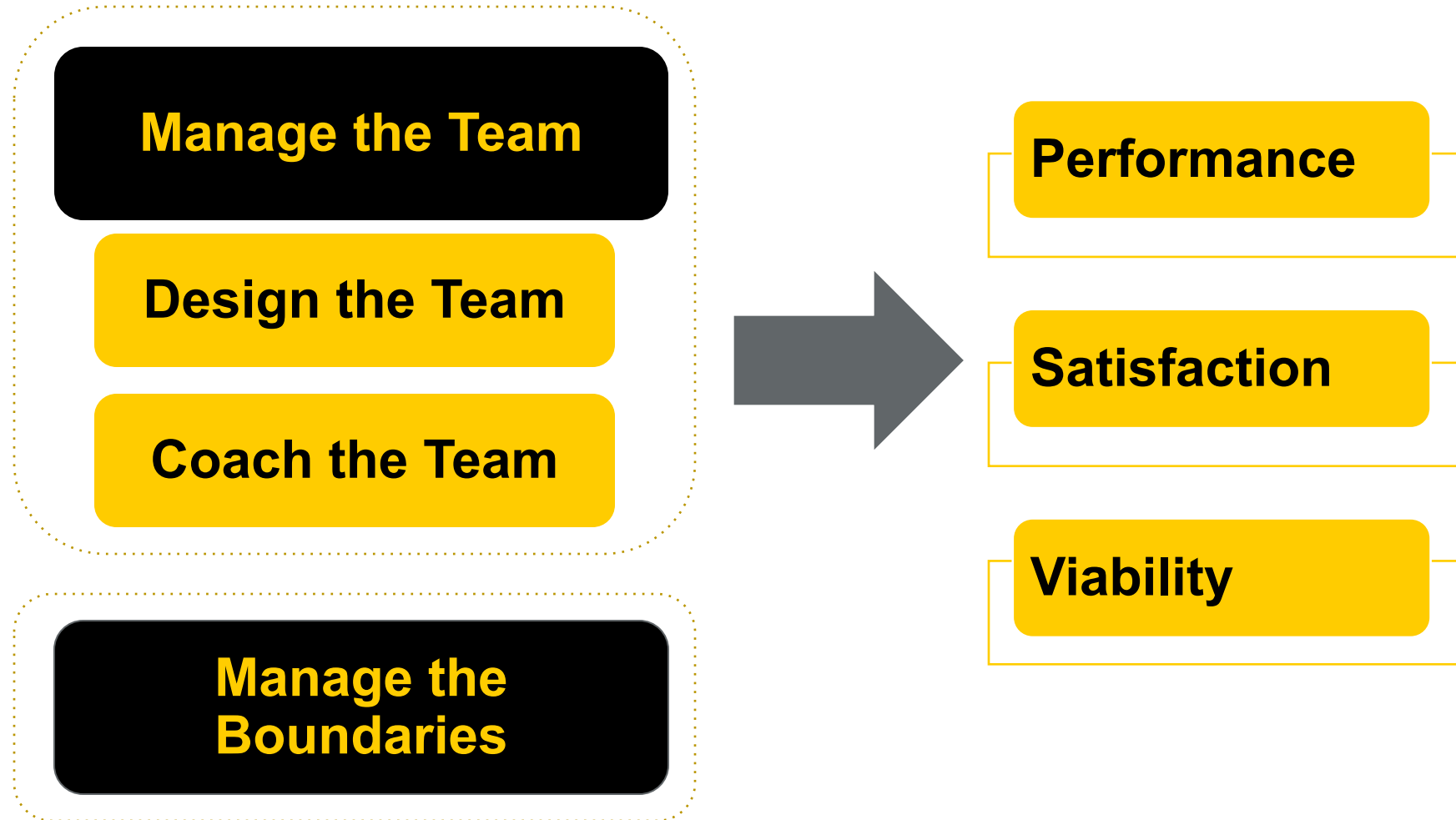
- Basic Psychological Needs:
 - Autonomy
 - Competence
 - Relatedness
- Hybrid workers pulled between independent (remote) and interdependent (face-to face) work
 - Days in office – Zoom meetings or collaborating with others?



Reflection: Coaching Challenges to Manage

- How are you building a team identity or culture?
- What “rules of engagement” have you established or do you need to establish?
- How are you maximizing time spent face-to-face?

How can you make teams more effective?



Wrap Up: Hybrid Teams



What is one **conversation** you will have when you return to work based on our discussion today?



What is one specific **action** you will take when you return to work based on our discussion today?

- Questions, Comments, Reflections?

- Contact Me:

- Jennifer Nahrgang Craig
- jennifer-nahrgang@uiowa.edu



Audiology Telehealth
and Throwback
Thursday- Secrest 1883
Octagonal Barn of
Iowa

Audiology Telehealth
and
The Secret 1883 Octagonal Barn

Richard S. Tyler, Ph.D.

Departments of Otolaryngology – Head and Neck Surgery and
Communication Sciences and Disorders
University of Iowa

Presentation
Highlight

IT's
About Time



Audiology Telehealth— Exploring How Design Impacts Success

With Special Design Discussion of
Secret Barn of Iowa



Richard Tyler, PhD
Audiologist



- Describe the current applications of telehealth modalities and mobile health in audiology
- Apply ethical principles in the use of telehealth modalities
- Historical achievements in telehealth development
- Share design and history of Secret Barn of Iowa and weave how history and design impact success

LOCATION:

AMANA COLONIES

HOTEL MILLWRIGHT
AMANA, IA 52203

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NUTANIX

View Full Agenda:
www.iowa.himsschapter.org

Current Applications of Telehealth - Audiology

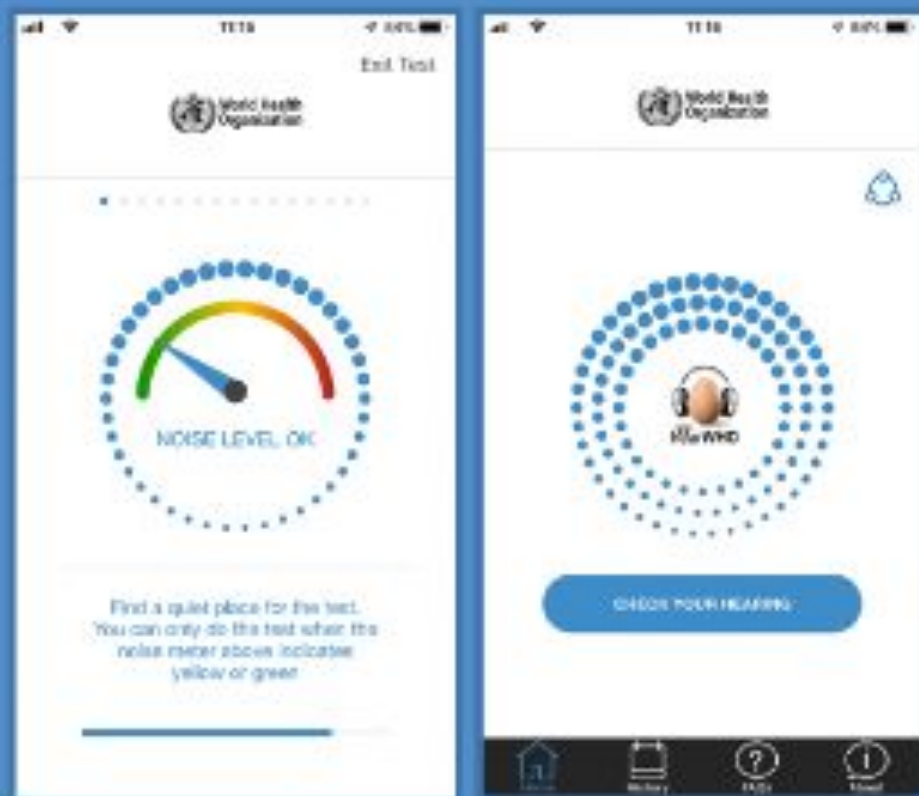
- Measuring your hearing
- Providing Hearing Aids
- Tinnitus Counseling
- Providing Tinnitus Sound Therapy Device

Measuring your hearing

- Press button when you hear the tone
- Threshold levels of tones (250-8000 Hz)
- Relevant to speech perception
- To decide if you need hearing aids or not....



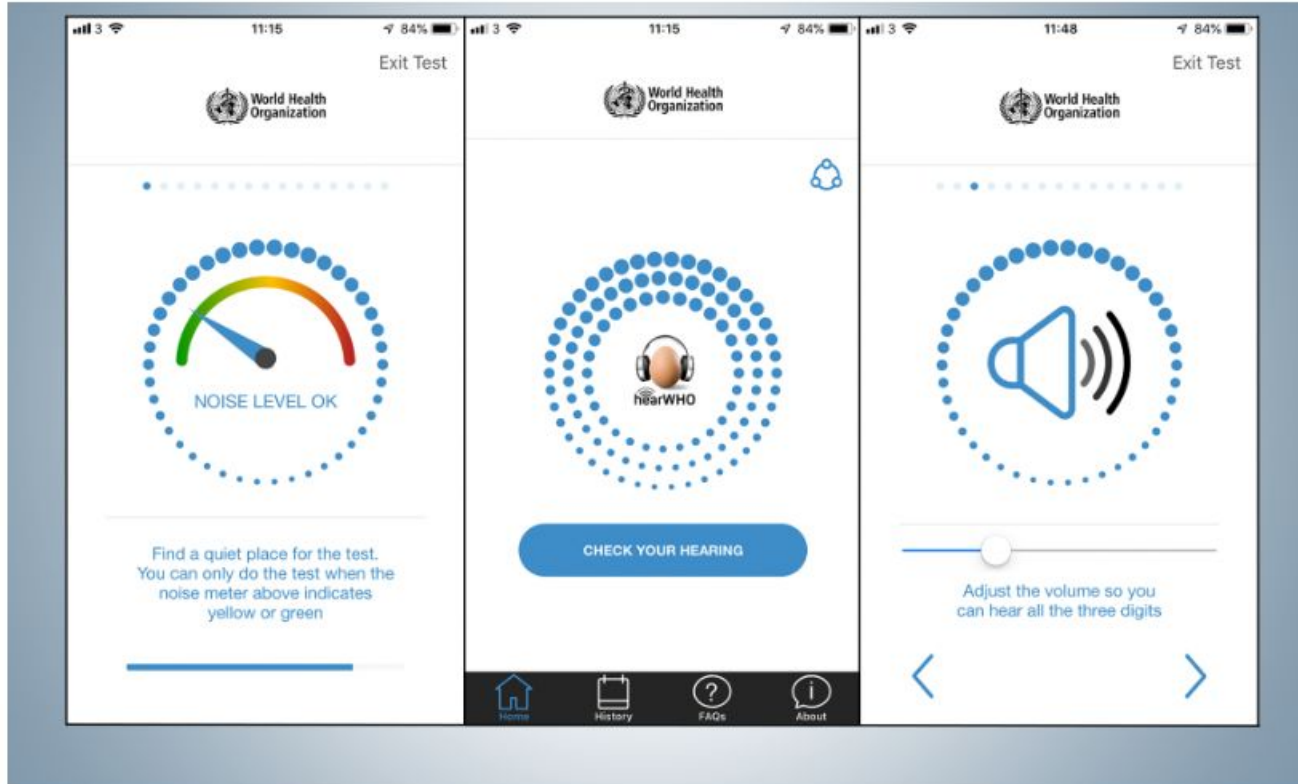
hearWHO



Apps -- Measuring hearing

- Calibration issues ??
- Background noise ??
- Decision on what to do ??
- Further testing needed ??
 - (brain tumor)

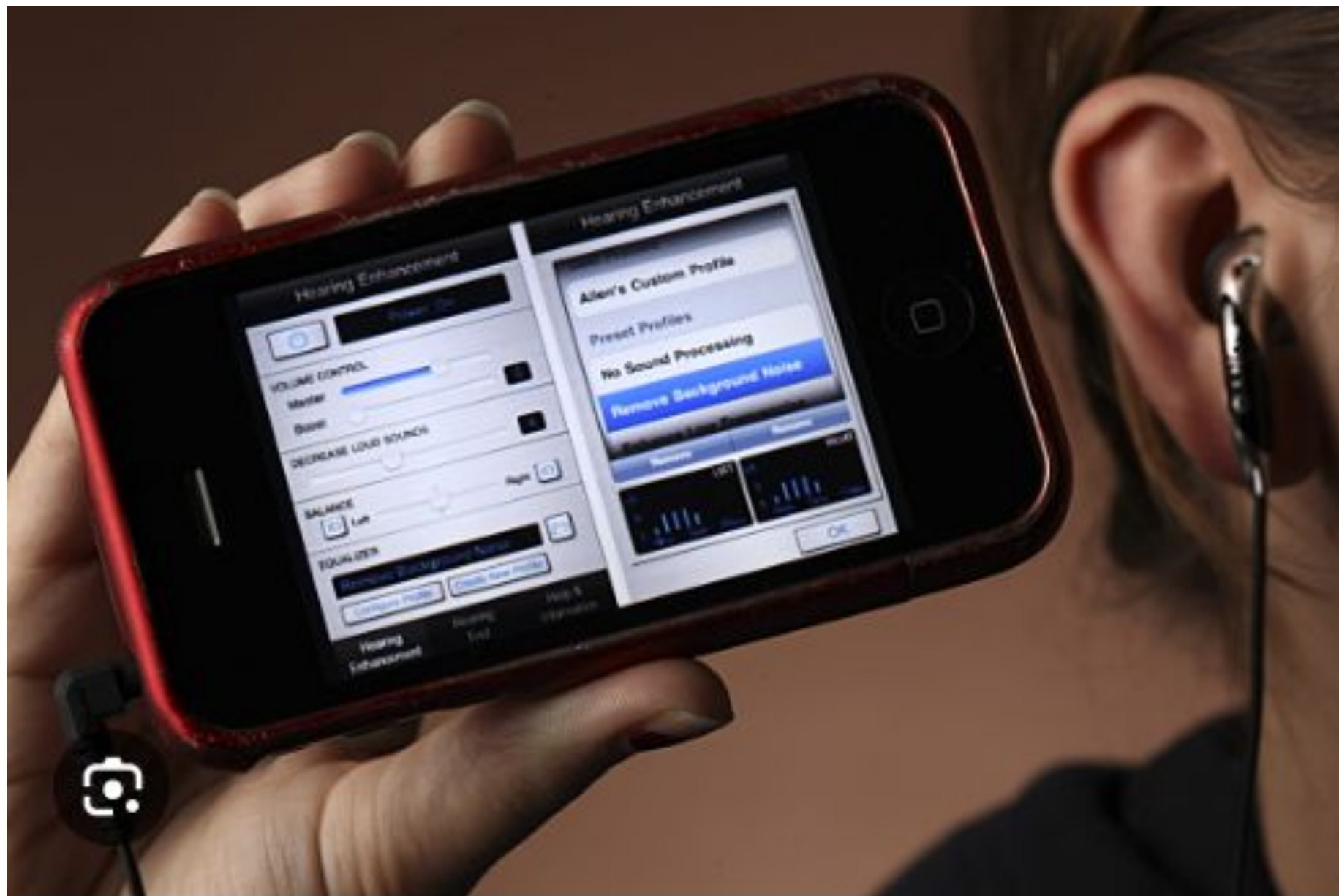
How does the hearWHO app work?



[WHO](#) says the hearing test on the app is based on a validated 'digits-in-noise' technology: users need to listen out for and identify numbers spoken against varying levels of background sound, simulating listening conditions in everyday life.

Remote Fitting of Hearing Aids

- Hearing is VERY important
- Audiologists can now fit and program and update hearing aids remotely
- Fit based on hearing threshold test



Remote Fitting of Hearing Aids

- Was correct hearing aid selected
- Was audiogram (hearing test) accurate?
- Hearing changes over time



Tinnitus Online

- Pill to cure.....
- New device...
- Online counseling....



WITH
GINKGO
MAX.
26/7

arches

Tinnitus

Formula™

*For ringing in
the ears*

100

Capsules



THERE IS NO MAGIC PILL !!!



Tinnitus Counseling

- PROBLEMS EXPERIENCED

- 1.Thoughts and Emotions

- 2.Hearing

- 3.Sleep

- 4.Concentration

- Tinnitus Activities Treatment

•Reactions
• to
•Tinnitus

•Thoughts
• and
•Emotions

•Hearing

•Sleep

•Concentration

Tinnitus Counseling

Tinnitus Activities Treatment

- 1.Thoughts and Emotions
- 2.Hearing
- 3.Sleep
- 4.Concentration

Developed here in Iowa

Remote Counseling Problems

- Effective or not...???
- Not for some.....
- Free or fee
- Licensure... not across state lines....

Audiology and Apps

- Great to provide easy access
- To measure hearing and provide hearing aids
- Remote counseling Tinnitus

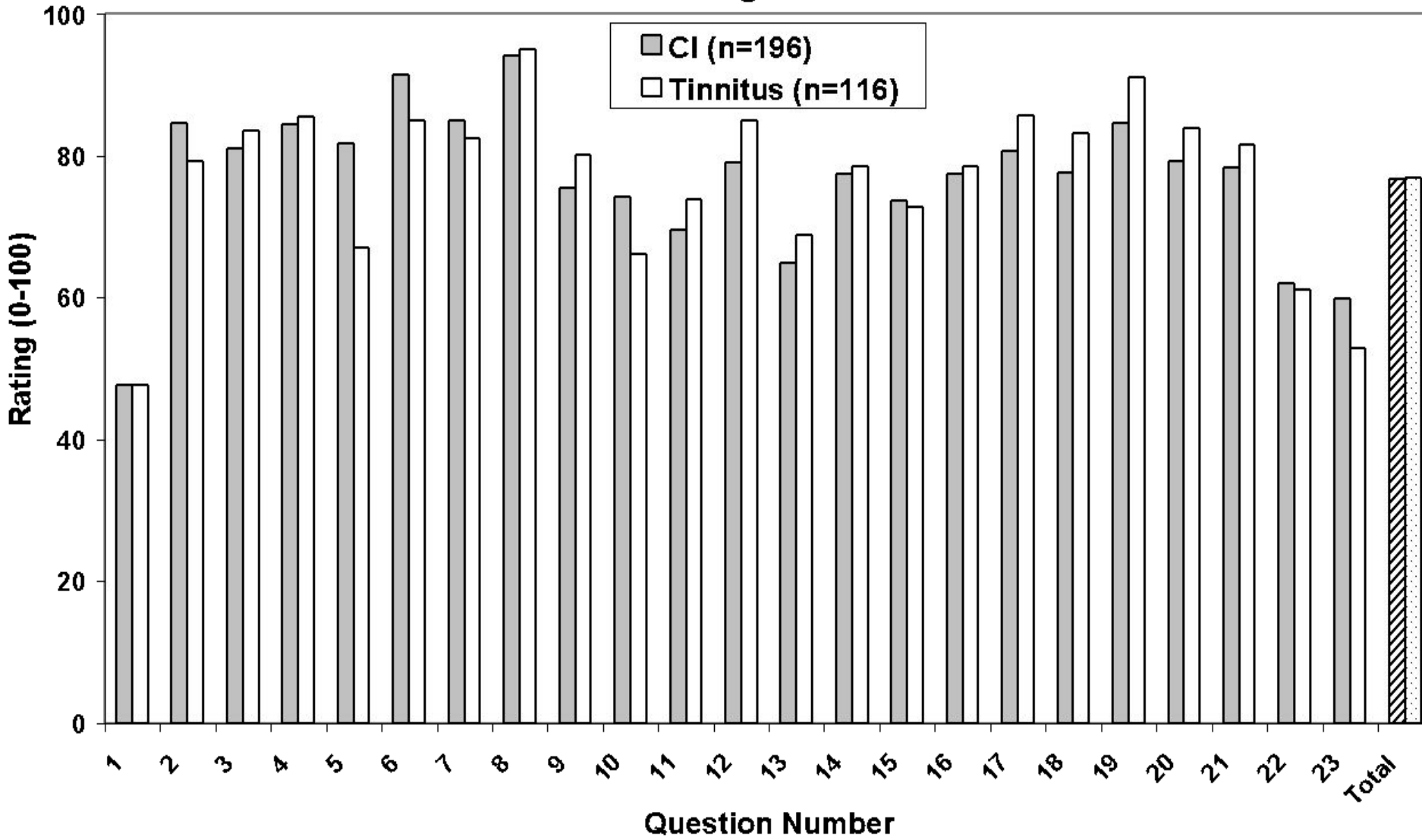
- Might not be best for individual's hearing and needs
- Hearing and Tinnitus impact ...
 - Meaning of Life...

The meaning of life and how to measure it!

Richard S. Tyler, Ph.D.

Department of Communicative Sciences and
Disorders

Meaning of Life



CI versus tinnitus

1. I hear well in any situation.
5. I sleep well

Male or female

11 I have many hobbies.

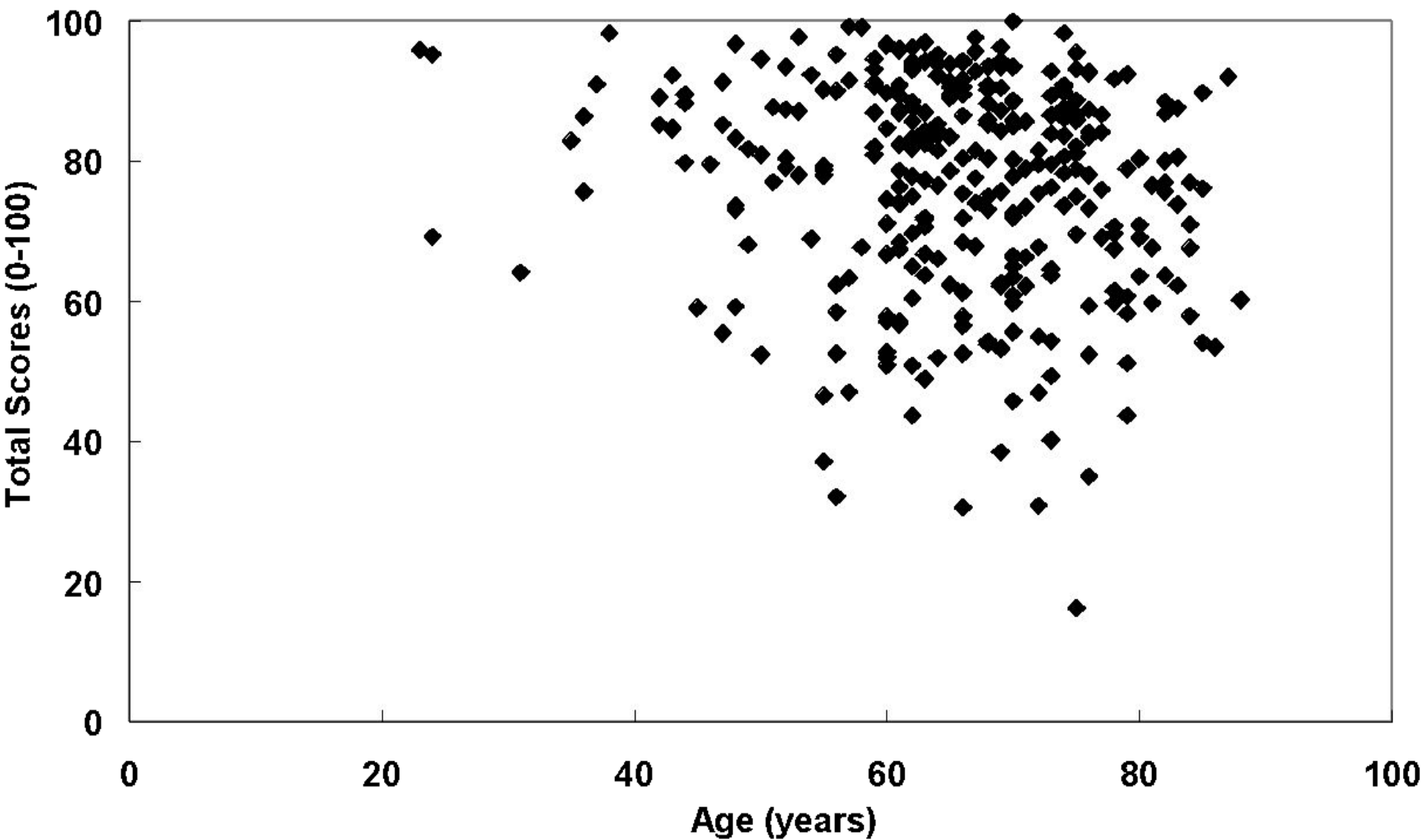
15 I am satisfied with my sex life.

Age

10 I always remember things

16 I am satisfied with my financial situation.

Meaning of Life (Female and Male)



Meaning of Life

- Friendship
 - Positive outlook
 - Physical health
 - Mental health
-
- Tyler R, Perreau A, Mohr AM, Ji H, Mancini PC (2019). An Exploratory Step Toward Measuring the 'Meaning of Life' in Patients with Tinnitus and in Cochlear Implant Users. J Am Acad Audiol. 2019 Sep 27. doi: 10.3766/jaaa.19022.

The Secret 1883 Octagonal Barn

- History and Design Influence
- Success

Round Barns

- Does anyone know that famous American farmer with one of the first round barns,
– **From Washington DC**

GEORGE WASHINGTON · PIONEER FARMER



HERSHEY BARN 1878 MUSCATINE



The Benjamin Hershey stock farm and residence was built in 1878 on the west end of Hershey Avenue. It was constructed by a man named

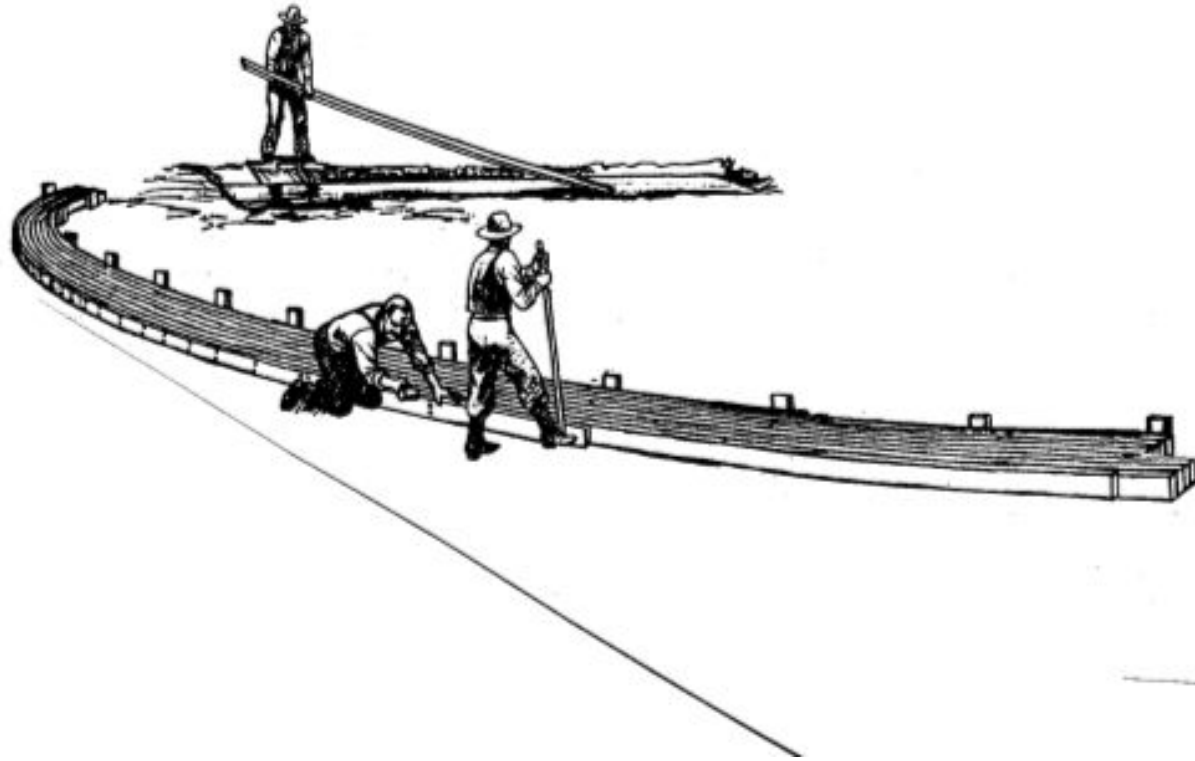
1883

BROOKLYN BRIDGE
NEW YORK CITY
1883

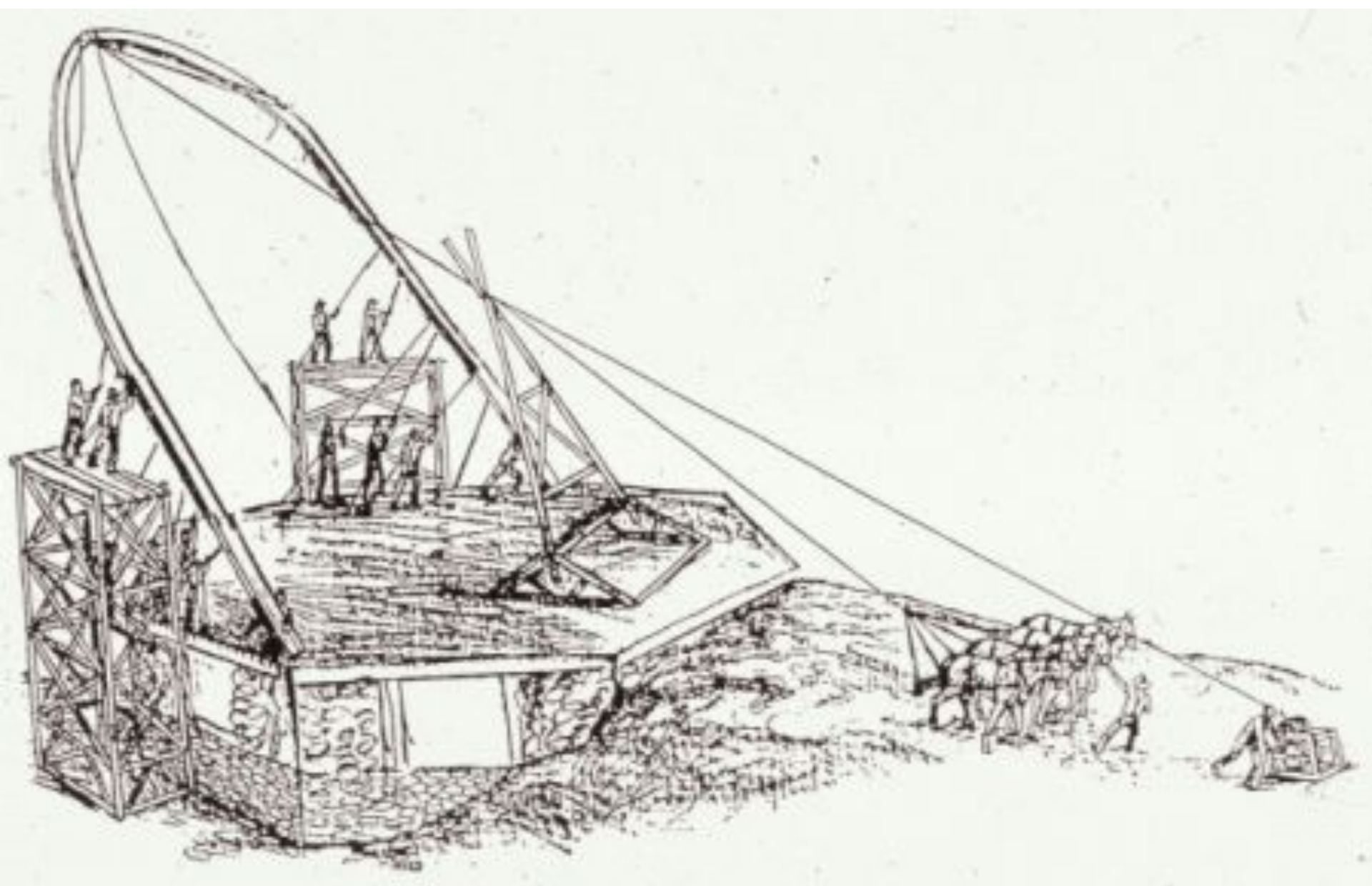


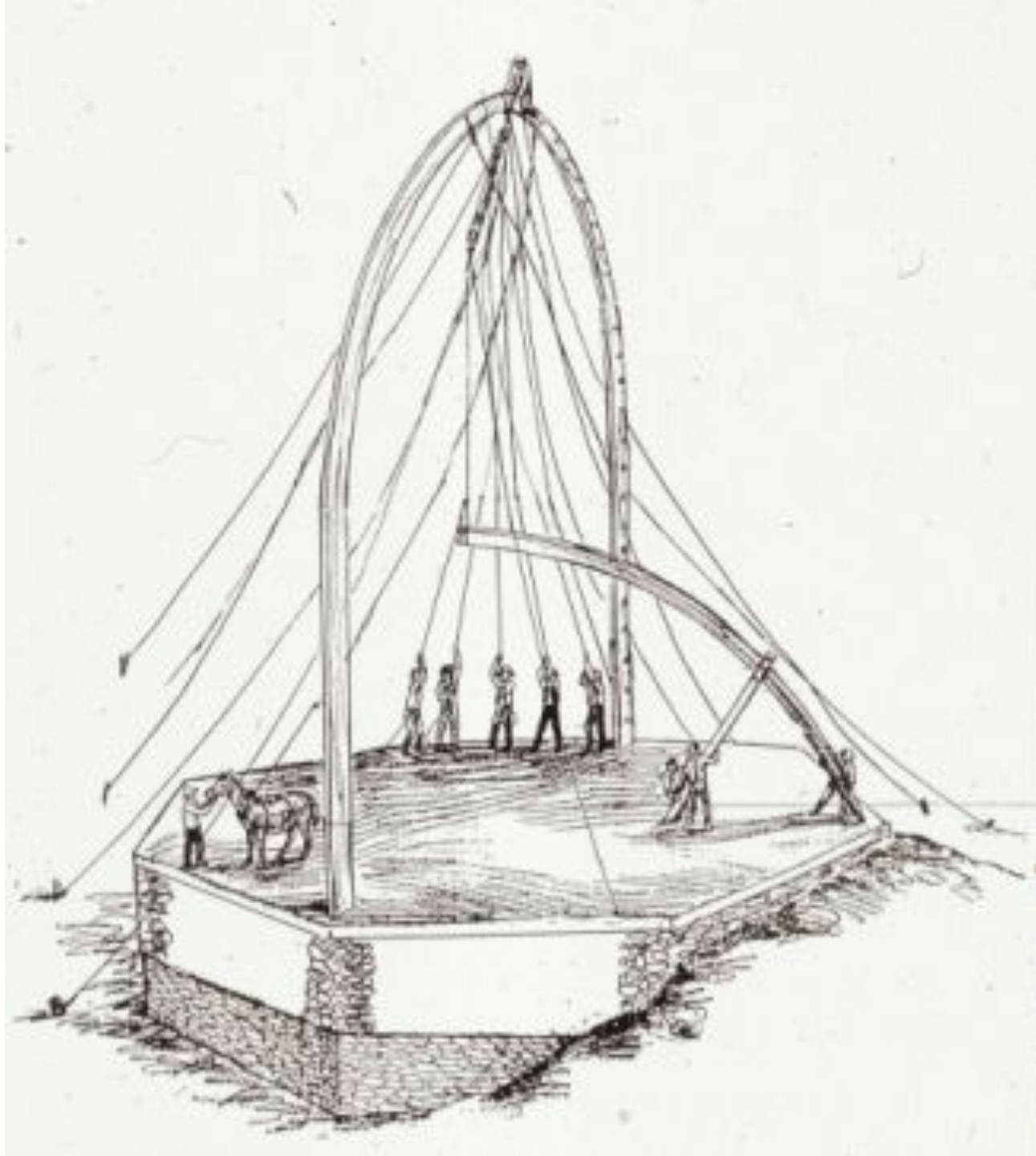
Building the Secret 1883 Octagonal Barn

BUILDING THE BELL SHAPED ROUND BARN



Wood soaked in water, bent around stakes, nailed, bolted

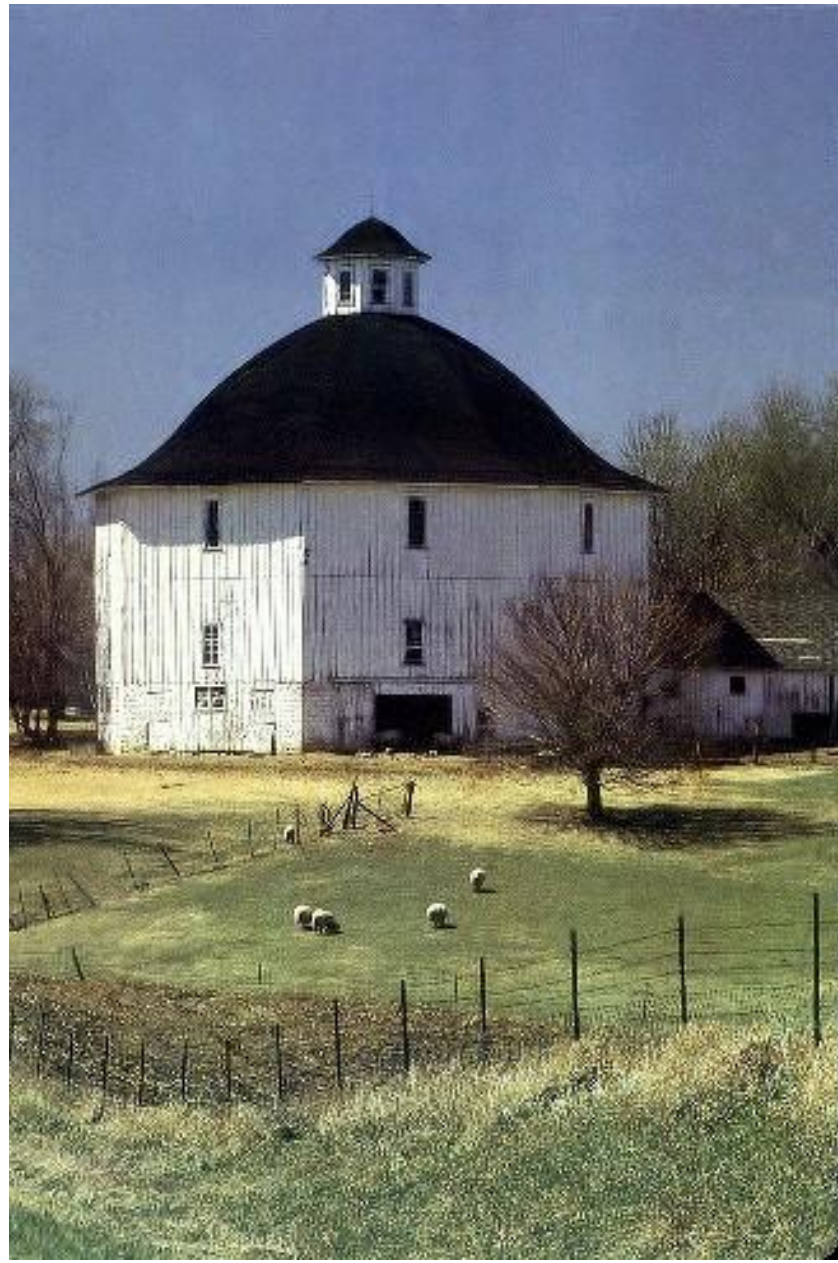






1893 – Johnson Country History





1992







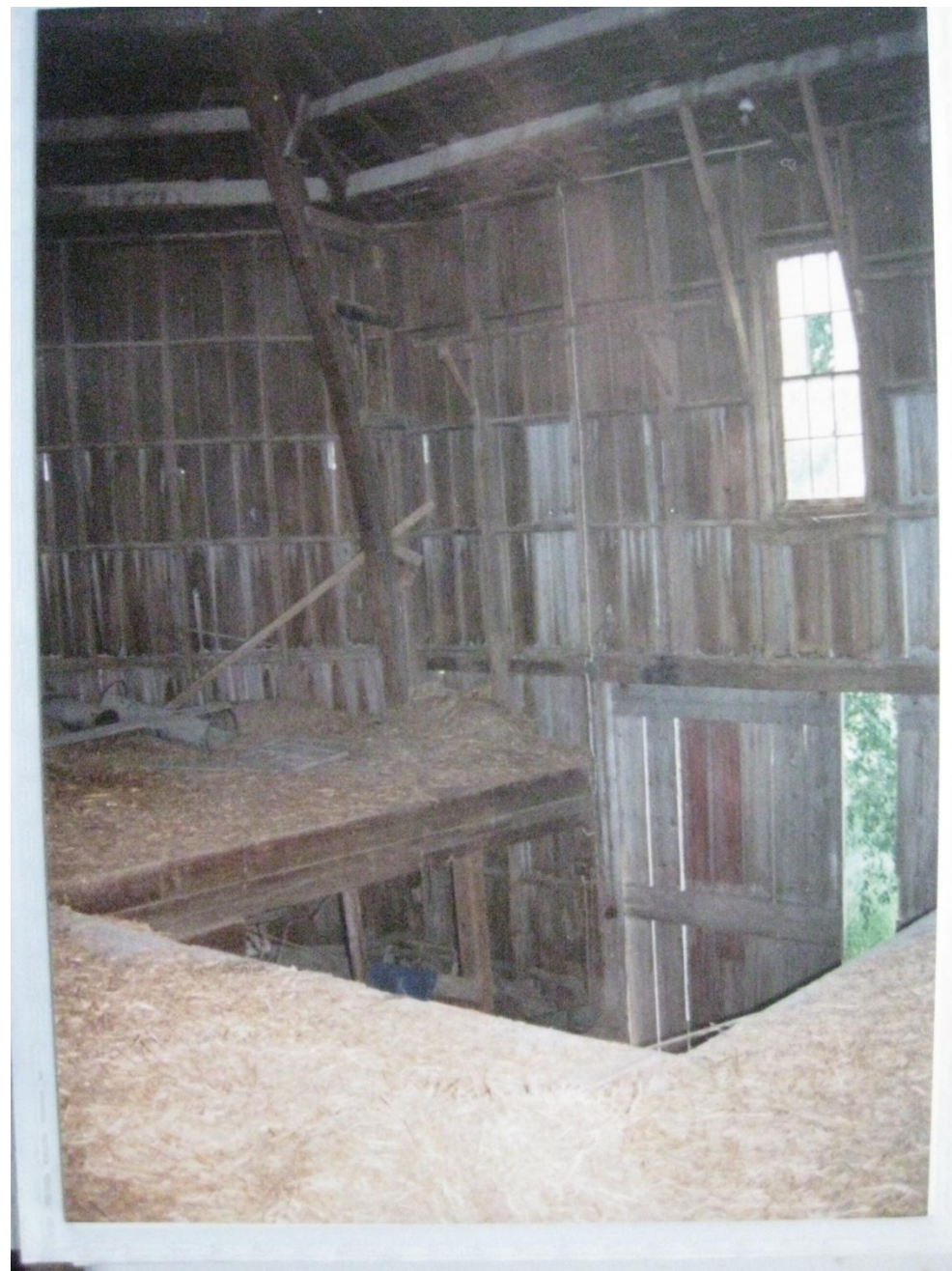










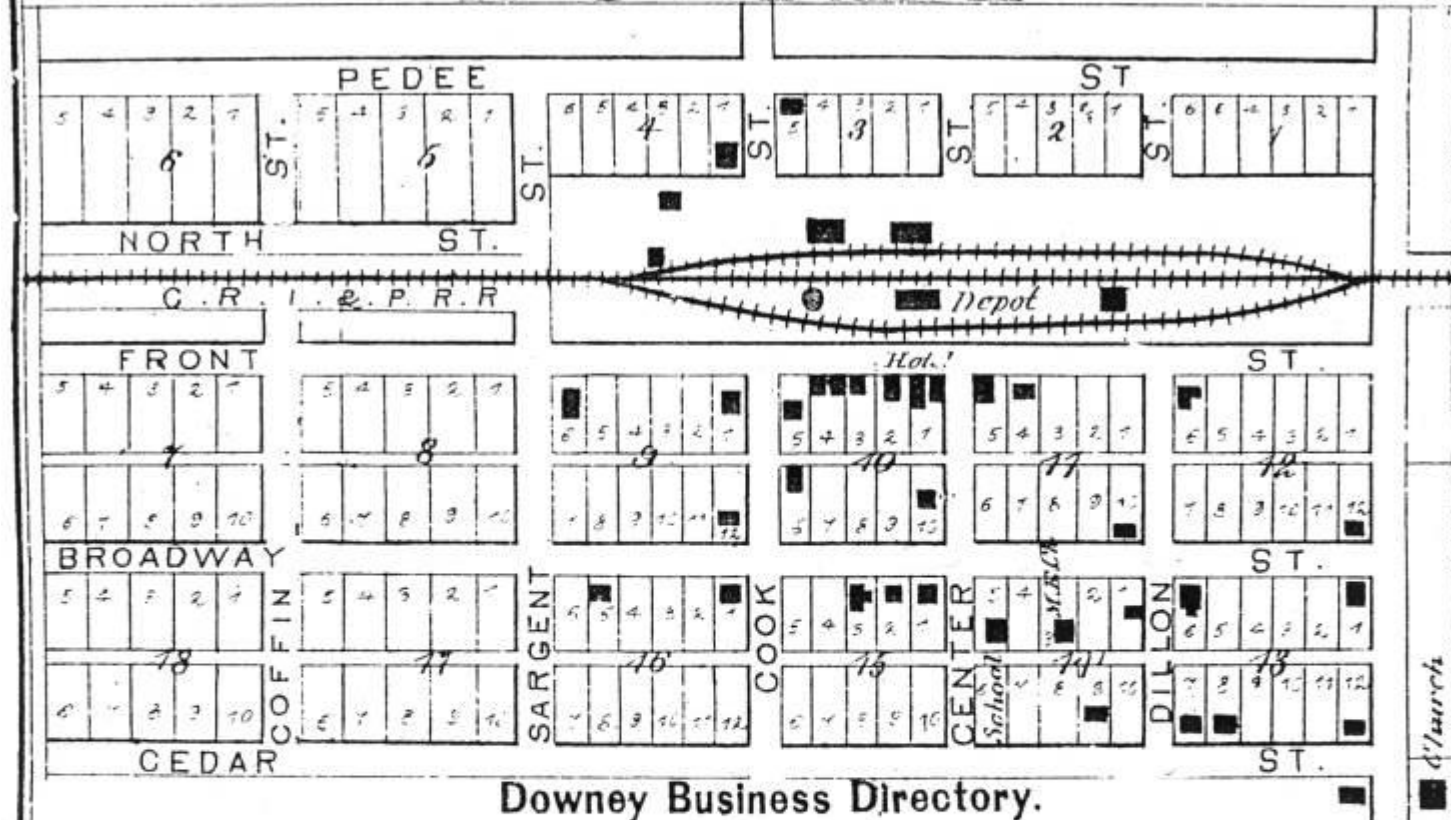


Why save an old barn?

Rich Tyler



DOWNEY



Downey Business Directory.

Jas. Crozer, Dealer in Dry Goods, Groceries, Boots and Shoes, Queensware, Hardware, and Notions.
 A. B. Cornwall, Land Agent and Notary Public.

ATLAS
 OF
 CEDAR COUNTY
 IOWA

HARRISON & WARNER
 MARSHAL TOWN, IOWA
 1872

1872

32 houses

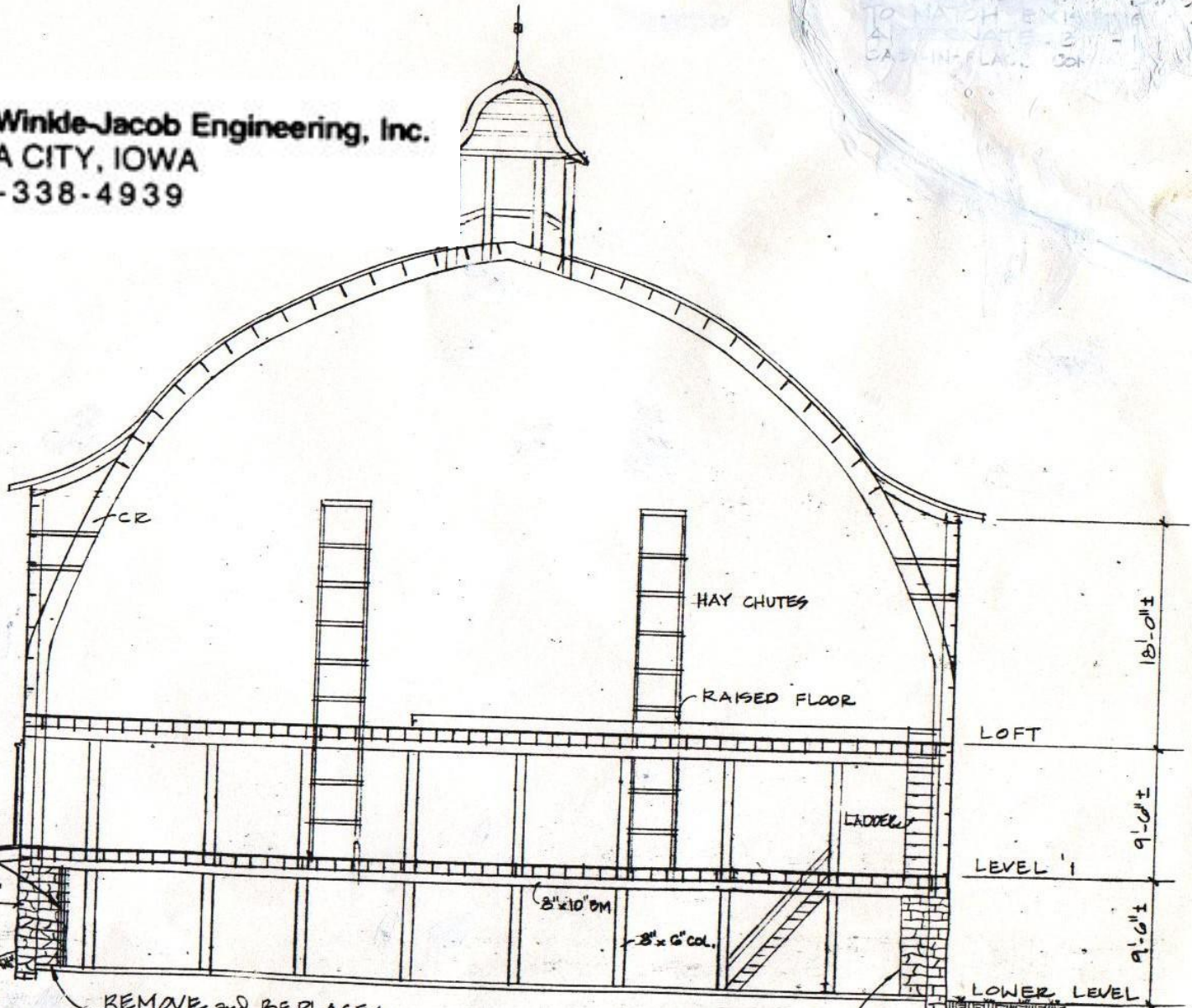


Sister Sheila....”what is he doing??????”



Van Winkle-Jacob Engineering, Inc.
 IOWA CITY, IOWA
 319-338-4939

CASE ETC 7
 TO MATCH EXISTING
 41
 CASE IN PLACE 30x



NOTE:
 SHORE ALL BEAMS
 BEARING ON WALLS PRIOR
 TO REMOVAL. DO NOT REMOVE
 3' OF WALL ADJACENT TO
 CRIB BEARING

EXCAVATE GRADE
 TO SLOPE
 LIMESTONE RETAINING
 WALLS - BATTERED
 1/2 PIPE W/ 1" WASHED
 STONE SURROUND

REMOVE and REPLACE
 STONE WALL - SEE PLAN

EXIST. STONE FDN. W/
 WOOD INFILL WALLS
 BETWEEN CR'S

BUILDING SECTION













1000s of volunteers

- Sigma Lambda Beta International Fraternity, University of Iowa
- Phi Kappa Nu – ΦΚΝ – Newts; Cornell College
- Our Redeemer Christ Care
- The Upward Bound Project (Center for Diversity & Enrichment)

Grant Support

- **Historical Resource Development Program, Iowa Department of Cultural Affairs**
- Federal and State Historic Preservation Tax Incentives
- **Friends of Historic Preservation**
- **Iowa Humanities: Speakers Bureau**

**DOES ANYONE
RECOGNIZE
THIS
VOLUNTEER ?**

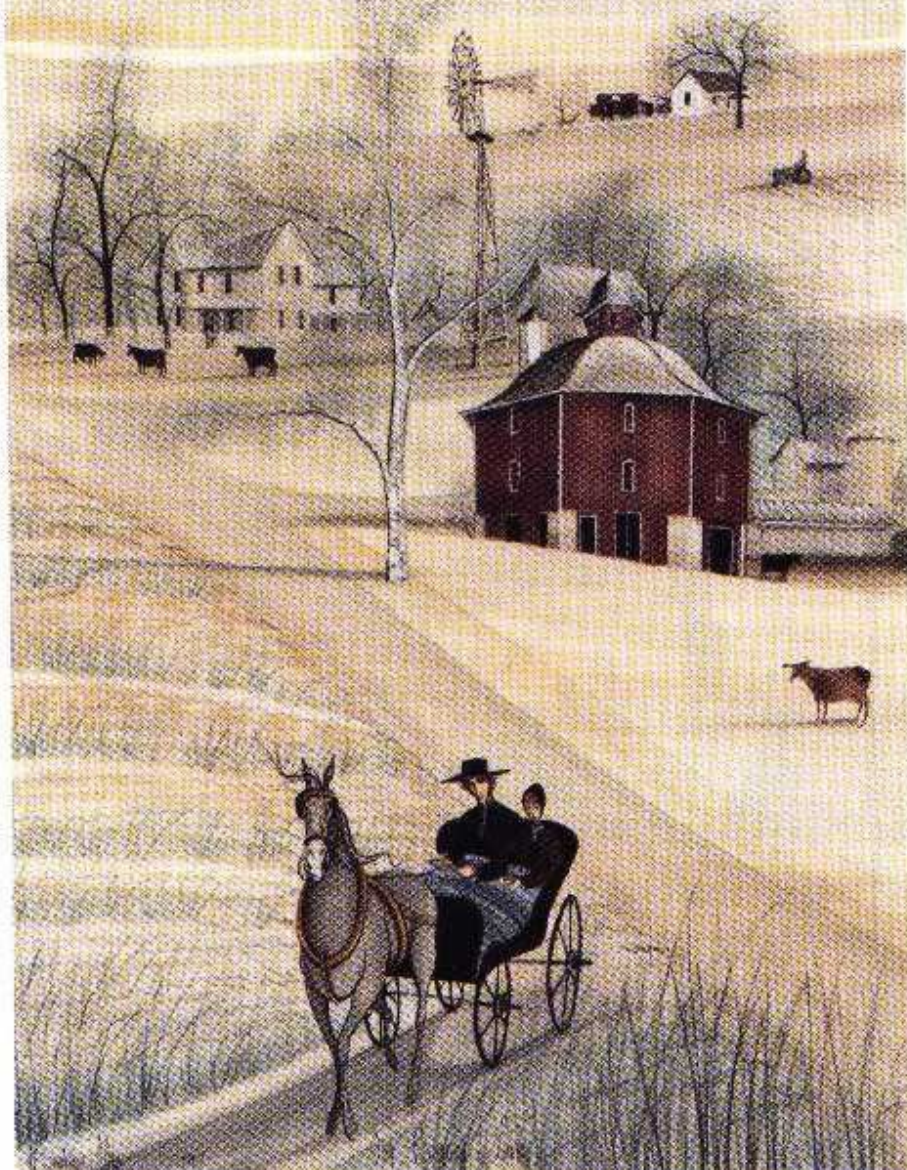


RED BARN CHAMBER MUSIC – EVERY FALL





P Buckley Moss®



Christmas Card Discovered



April 2012

West Branch
West Liberty



Liberty
communications

libertycommunications.com

319.627.2145



Online Directory - <http://directory.libertycommunications.com>

Includes listings for Atalissa, Nichols, Solon and Tipton

My friend Martha Stewart



"We did everything together, including getting ready," says Chase (right). "We keep our shoes outside [but] no more of 'giving each other a five-minute drive.'"



The 20th-century barn that was their venue [left] had some equipment, tools, and grain, but that sort of the better to us," says Drew.

DREW JAZ & CHASE CECIL

MAY 30, 2015 | WEST LIBERTY, IOWA

You know a couple are in sync when they each find the same wedding venue while browsing Pinterest separately. When Drew Jaz and Chase Cecil started planning their nuptials, a shared love of the outdoors—along with Chase's family roots in small-town Iowa—hatched the idea for a farm wedding. Then each came upon the picturesque Secret 1883 Octagonal Barn, near Iowa City and less than two hours from Chase's hometown, and the details of their day fell into place with a little help from loving family members. Chase's grandfather built a "sweetheart" reception table that now resides in the dad's new home in Oakland, California; Drew's cousin-in-law at Sprout Creek Farm, in Poughkeepsie, New York, sent cheese for cocktail hour; and Chase's mother altered a flower-girl dress she had worn as a child to fit Drew's niece. An outdoor wedding was a given for these two. Ever since they met at a New York City bar in 2012, they've put their feelings out in the open—literally. On one of their first dates, Chase, a birdler who now works for the Golden Gate National Parks Conservancy

in San Francisco, suggested a hike in New York's Hudson Valley; Drew, a New Jersey–bred advertising creative director, started feeling sick in the heat but powered through it. Then, in November 2013, Drew visited Chase, who was studying conservation science in London, and a hike in the Cotswolds led to another heart-racing occasion. "The sun came out, and I thought, 'This is the moment,'" says Drew, who was hiding an engagement ring in his pocket. "I got down on one knee and read a poem I'd written." The sun was beaming on them again the following spring as they exchanged self-penned vows, standing on antique oriental rugs under a vintage chandelier hung from a piece of farm machinery. One hundred guests witnessed the ceremony, feasted on a locally grown dinner as Drew's best friend played classical guitar, and danced to DJ-spin tunes. Revelers then moved off the farm and on to an after-party in Iowa City. It was a blast, but for their anniversary the pair will get back to nature—returning to the Cotswolds, their own place in the sun. —*Recky Mikol*

SOURCES Location: Secret 1883 Octagonal Barn; Event planning, design, and styling: South Social & Home; Catering: The Honey Cow Cafe; Flowers: The Prairie Studio; Photography: Tobiakin Photos; Stationery: 1905; Honeymoon: Pubs On the Rocks of Food & Drink (catering and reception); The High/Low (local food); Rentals: Anna Rental; Dress: J. Crew; Shoes: Steve Madden (above); Sign: handmade (see and posted below); Chase's attire: J. Crew (jacket), Cole Haan (shoes); Fox & She (bow tie). See The Guide for more vendor sources.

THE TABLE AND CENTERPIECE: KEDRONA WELLS



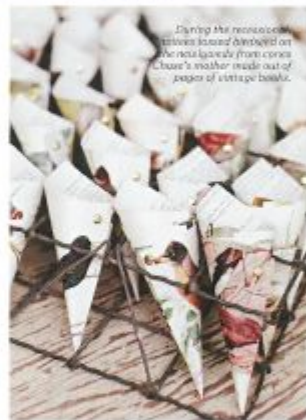
For seaside inspiration, the couple set their 20-person wedding party of friends and siblings a color palette with six shades.



Specialty decorated Ancho chile used for the "bees" and salt shakers (left) by Chase's father, to honor their Polish heritage.



Drew's to-yk contracted an ring bearer, and his niece, the flower girl, carried the ring.



During the reception, guests found a gift of illustrations of botanical notes to the Avezon, inspired the pair's stationery suite, which they designed together.

The Book of Plants, a century-old folk-art illustration of botanical notes to the Avezon, inspired the pair's stationery suite, which they designed together.



Chase's love of lithographic and linocut prints led to rubber labeled not by number but by animal. Framed cards helped guests find their seats.



HONEYMOON DISPATCH

The Itinerary: A week in Nicaragua, starting with a flight from Chicago to Managua, followed by a second to Big Corn Island and a boat to Little Corn Island (all in one day). **The Accommodations:** Three nights at Tenorio Island Hideaway & Spa (intlaw.com/nicaragua) on Little Corn, three at Acacero Island Bunkhouse (jordanoligars.com) on an islet in Lake Nicaragua, and one in Granada at Tribel Hotel

(tribel-hotel.com). **Trip Highlight:** A two-hour "funny jog" class on a platform in the middle of the Jungle Beat Meek "At Expresso (expresso@cafe.com) in Granada, we had six cheek bougougon and chilled almond-and-sweet-pea soup that was out of this world!" says Chase. **Special Souvenir:** "We loved the gettery in San Juan del Oriente village, and now we have some in our home," says Drew.



Why should we save our barns?

- History is important
 - As we go into future, important to understand our past
- Iowa Barns are special
 - We should appreciate our heritage
- Economical
 - Renovate for new use, attractive historic venue
 - Tourism – Iowa barns are special
- Values
 - History, architecture, Iowa, Barns, Emotional
- Friendships
 - Share interests of solid, valuable, aspects of life

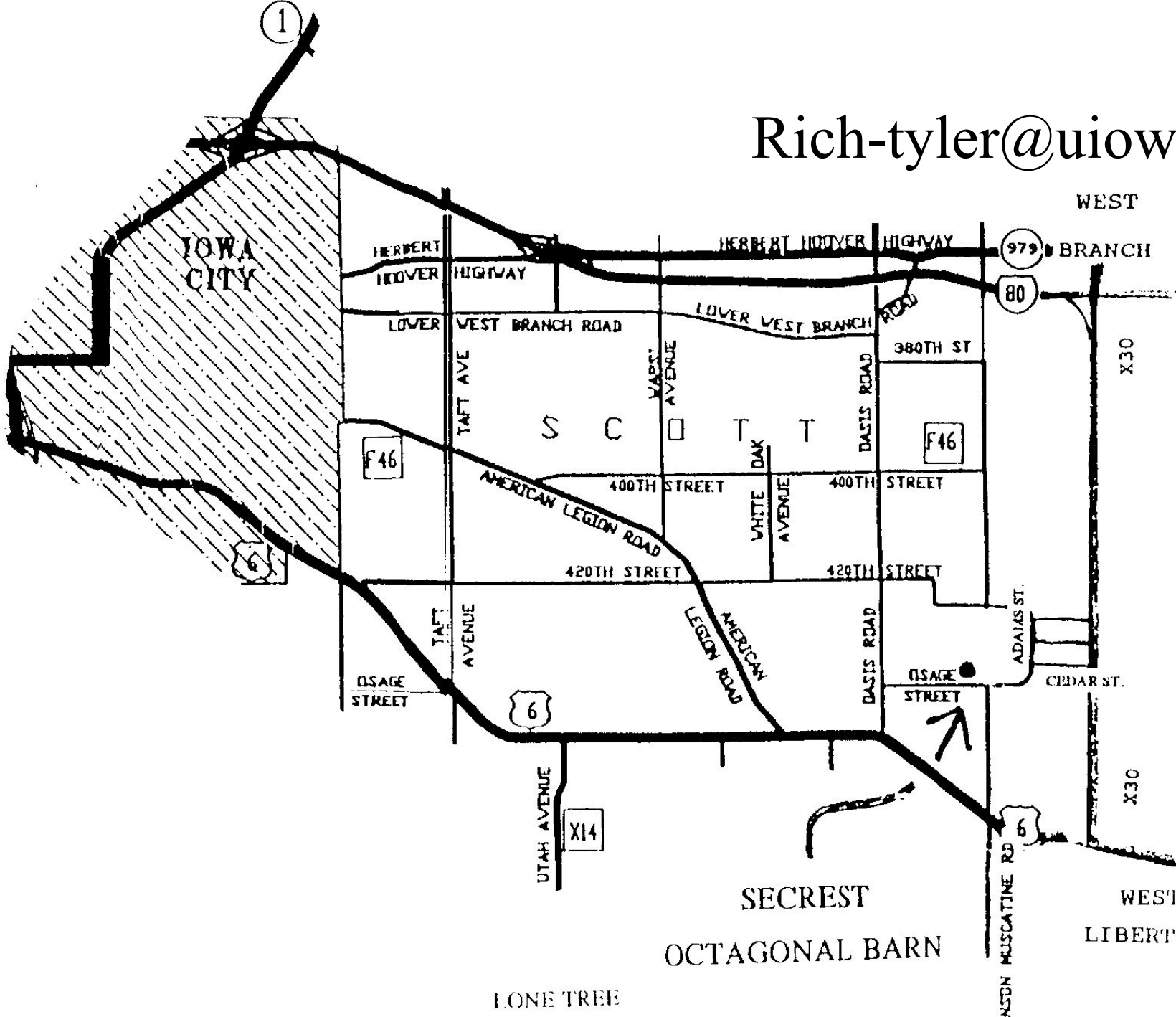
PRODUCTS OF JOHNSON COUNTY, NEAR IOWA CITY, IOWA.



NO. 5238



Rich-tyler@uiowa.edu



Breaktime Visit Sponsor Tables

Visit our Sponsors

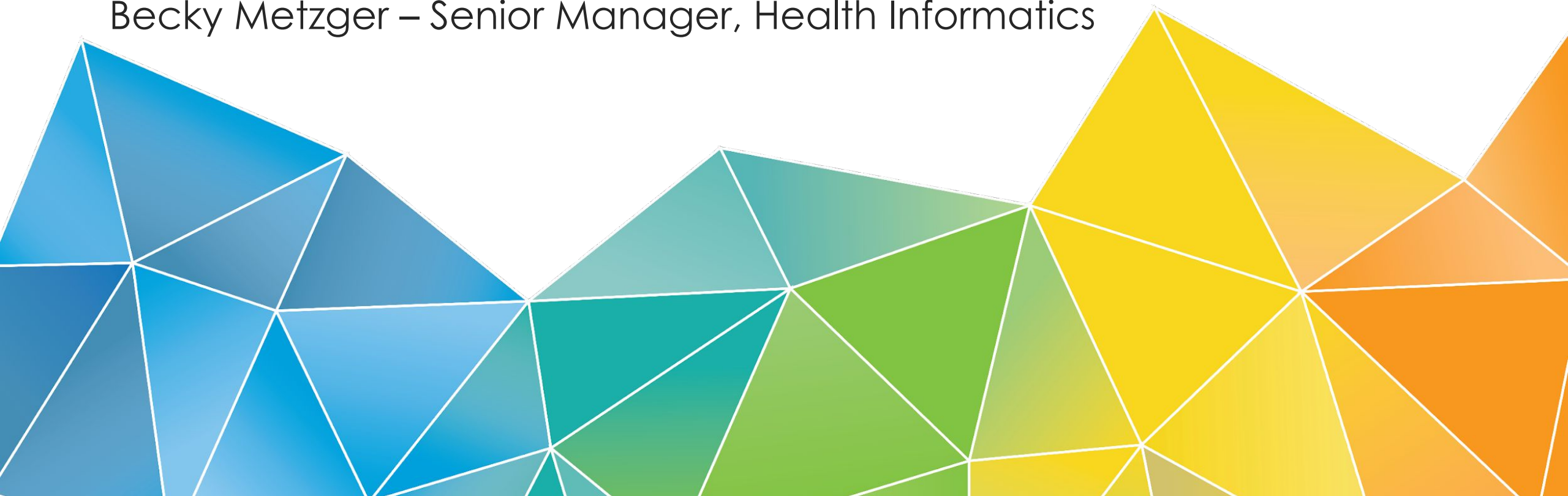


Accelerating Into The Future- HL7 FHIR Solutions Contributing to Healthcare Data Sharing



Accelerating into the Future – HL7 FHIR Solutions Contributing to Healthcare Data Sharing

Becky Metzger – Senior Manager, Health Informatics



Improving availability of healthcare data

- Where we started
- Where we have been
- Where are we going and why it is important

An overview of HL7 FHIR

The role of HL7 FHIR Accelerators

- What are the objectives of the HL7 FHIR accelerator?
- Who can participate?
- What does participation require?
- Why is participation from different stakeholders in the healthcare community so important?

Active HL7 Accelerators

How your organization can get involved in being part of the future



Where We Started



Paper medical records



No ability to electronically share patient medical information across different providers and settings, making care coordination challenging.



Where We Are Now



- With the advent of Electronic Health Records (EHRs), information is now electronically collected.
- However, lack of standardization and interoperability continues to make data sharing challenging.
- “Checking” a lot of boxes in the EHR , but not making all the improvements in enabling data sharing.



Where We Are Going



Development of more adaptable standards for healthcare data interoperability which provide flexibility



Collaboration across all members of the healthcare community (healthcare providers, Health IT Vendors, Public Health, Payers, etc.) in determining how best to develop and implement standards for all

The “Why”

- Improve availability of healthcare data to improve patient care and care coordination
- Reduce administrative burden on healthcare providers and allow their focus to remain on patient care



- **What is HL7**
 - Health Level 7 (HL7) International is a not-for-profit ANSI-accredited standards-developing organization. Its goal is to develop standards and provide a framework for exchanging, integrating, and retrieving health data that supports clinical data practices and management, delivery, and evaluation of health services. HL7 created HL7 V2, HL7 V3, CDA, the HL7 FHIR standard, etc. These standards are widely used around the world today.
 - Standards developed by HL7 help minimize administrative burdens and focus on quality healthcare delivery while ensuring the simplicity of data transfer.

Overview of HL7 - Versions



HL7 V2

- HL7 V2 is a messaging standard that allows communication between various systems within a hospital.
- HL7 V2 messages allow data transmission between systems (e.g., admit discharge transfer patients, medical prescriptions, financial transactions, observation results, measurement results).

HL7 V3

- HL7 V3 standard, (developed in the early 2000's) represents all the data needed for healthcare interoperability. This standard is based on a common Reference Information Model (RIM), which constitutes a universal reference model for all information that needs representation within healthcare.
- The third version of the standard covers every possible healthcare use case imaginable, which made the V3 an unbearably complex and cost-prohibitive standard with a big learning curve.

CDA (Clinical Document Architecture)

- CDA (Clinical Document Architecture) is a flavor of HL7 V3. CDA is a document markup standard that defines the structure of clinical documents to establish the exchange of clinical data between patients and caregivers.
- CDA includes all the patient-related information, including medical history, medications, insurance, lab results, and more. A clinical document includes detailed information about a patient that healthcare providers can freely exchange.

- **What is HL7 FHIR?**

- HL7 FHIR (Fast Healthcare Interoperability Resources) is a next-generation interoperability standard created by the standards development organization Health Level 7 (HL7®). FHIR is designed to enable health data, including clinical and administrative data, to be quickly and efficiently exchanged.
- Its goal is to speed up and simplify the development of IT solutions that address healthcare interoperability challenges. This standard is a collection of specifications that define its elements and data formats.
- FHIR is based on HTTP protocol and supports the RESTful API approach. So, what is the FHIR standard? REST is a widely used exchange standard that defines a set of operations within an application programming interface, such as create, read, update, delete, and more. REST APIs simplify data migration between servers and separate clients from a server. That improves the scalability of a [FHIR data model](#). The FHIR standard enables the development of tools for fast access and exchange of EHRs data.

- Learn more: <https://www.healthit.gov/topic/standards-technology/standards/fhir-fact-sheets>



How to be part of the Future – HL7 FHIR Accelerators



- **What are HL7 FHIR Accelerators?**
 - The HL7 FHIR ACCELERATOR program is designed to assist communities and collaborative groups across the global health care spectrum in the creation and adoption of high quality FHIR Implementation Guides or other standard artifacts to move toward the realization of global health data interoperability.
 - **Collaboration includes healthcare providers, health IT vendors, government entities, payers and other interested parties who identify needs for data sharing within the healthcare community and work toward implementing solutions using FHIR.** Participation in FHIR Accelerators is open to all.
 - FHIR standards development has focused on practical implementation and adoption. As an increasing array of use cases emerges, end users and implementers across the health care spectrum are eager to apply the robust capabilities of FHIR to address discrete business needs in their own business areas.
 - HL7's Accelerator service helps communities initiate and efficiently navigate through the standards development process by providing guidance on how to navigate and work with HL7 work groups, product families and project teams. The program also provides basic team collaboration infrastructure tools and a range of other optional support services for Accelerator groups based on their own needs, ranging from self-service guidelines, to contracted project and/or financial management, contracting with SMEs, and other project and infrastructure services.

Future Participation - Accelerator Introduction



- The vision of CARIN is to **rapidly advance the ability for consumers and their authorized caregivers to easily get, use, and share their digital health information when, where, and how they want to achieve their goals**. Specifically, we are promoting the ability for consumers and their authorized caregivers to gain digital access to their health information via non-proprietary application programming interfaces or APIs. We envision a future where any consumer can choose any application to retrieve both their complete health record and their complete coverage information from any provider or plan in the country.



- CodeX is a Member-driven community accelerating interoperable data modeling and implementation around CodeX HL7 FHIR standards, such as mCODE, leading to substantial improvement in health care and research in cancer, cardiovascular health, genomics and beyond. Our story begins and ends with the driving belief that when patients, care teams, researchers, and health industry "speak the same language" via a standard, they can share patient information in unprecedented ways thus when optimizing care for each patient we can learn from every patient and transform care for all.



- FAST identifies ecosystem-wide barriers to deploying Fast Healthcare Interoperability Resources (FHIR) at scale, defines solutions to address those barriers, and develops infrastructural standards to support FHIR implementations. The desired outcome is a national API interoperability approach that enables consistent clinical data exchange using FHIR.

How to be part of the Future – Introduction to the Accelerators (continued)



- Interoperability challenges have limited many stakeholders in the healthcare community from achieving better care at lower cost. The dual challenges of data standardization and easy information access are compromising the ability of both payers and providers to create efficient care delivery solutions and effective care management models. The goal of the Da Vinci project is to help payers and providers to positively impact clinical, quality, cost and care management outcomes.



- The Argonaut Project is an implementation community comprising leading technology vendors and provider organizations to accelerate the use of FHIR and OAuth in health care information exchange.



- Public health is only as strong as its weakest link. While considerable progress has been made in the ways public health accesses, exchanges, and integrates data, ongoing challenges persist. Helios is an alliance of government, private sector, and philanthropic partners that are committed to the equitable and effective use of data for the advancement of public health. Members will help ensure data modernization efforts in public health incorporate market-based solutions that incentivize participation and are compatible with nationwide interoperability priorities.

How to be part of the Future – Introduction to the Accelerators (continued)



- To create and maintain a consensus-building community to expand available SDOH core data for interoperability and accelerate standards-based information exchange by using HL7® FHIR®. The project is a direct response to recommendations and calls to action around creating national standards for representing SDH data in EHRs. Growing evidence demonstrates strong links between social risk and an individual's health and health care utilization. This correlation has increasingly led health systems to incorporate social risk data into clinical decision making to improve health outcomes and help reduce costs.



- The vision for an Accelerator dedicated to connecting clinical research and healthcare was solidified in September 2019 by a group of invested representatives from government agencies, academia, technology companies, standards development organizations, patients, and industry consortiums. Vulcan will bring together stakeholders across **the translational and clinical research community to bridge existing gaps between clinical care and clinical research, strategically connect industry collaboratives, maximize collective resources, and deliver integrated tools and resources.**

How to be part of the Future – Telligen's Experience



Telligen joined the CodeX accelerator in 2021

Why we joined

- We support federal government value-based programs focused on oncology care and oncology physician group practices.
- Telligen is on a mission to transform lives and economies. We are committed to finding innovative solutions to make a difference in the lives of people and in the world of healthcare, and this aligns with our mission.
- Our direct experience provides a unique perspective on the challenges with data standardization and interoperability in oncology. We see every day how this can impact patient care and costs. We wanted to bring our perspective to be part of the solution to improve patient care and reduce costs.

Our role

- Telligen is engaged in the CodeX accelerator, leading specific use cases, in collaboration with clinical societies (ASCO and ASTRO), Payers, clinicians and many, many other stakeholders.
- Telligen brings is able to bring our unique experience supporting large federal initiatives to improve oncology care, while also understanding the challenges experienced by oncology clinicians.
- In our role, we provide both mostly technical expertise and implement solutions using HL7 FHIR to the areas of focus of our use case in support of those we collaborate with.

How to be part of the Future – Telligen's Experience



Real-world examples of some of the use cases the CodeX accelerator is working on:

Using HL7 FHIR and mCODE for Cancer Registry Reporting (in partnership with the CDC)

Endpoints for Cancer Clinical Trials

GenomeX – FHIR Genomics Data Exchange

Integrated Trial Matching for Cancer Patients and Providers

Prior Authorization in Oncology

Radiation Therapy Treatment Data for Cancer

CardX – Hypertension Management

Risk Evaluation and Mitigation Strategies (in partnership with the FDA)

Quality Measures for Cancer



How to be part of the Future – How Your Experience Can Help



- The success of CodeX (and other HL7 accelerators we are involved in) is driven by the partnership and collaboration with clinicians, health IT vendors, payers and others working together trying to solve a common problem.
- A HL7 accelerator is a unique experience where each participant is focused on solving a specific problem and contributing their knowledge to be part of the solution.
- Accelerators don't work without engagement from all perspectives – clinical, patient, industry, health IT vendors, payers and others.
- To contribute to an HL7 accelerator – your organization does not need to have any HL7 expertise! You simply need to bring the expertise from your area and work with others to help implement solutions.
- Some of our most important members are our clinical members. They provide the real-world expertise to ensure solutions are that – solutions!



Call to Action – Interested in Learning more?



- If you are interested in learning more about one or more of the HL7 accelerators your organization may be interested in:
 - Check out the HL7 Accelerator Program website:
<https://www.hl7.org/about/fhir-accelerator/>
 - Or explore more information on any one of the accelerators:
 - [Argonaut](#)
 - [CARIN](#)
 - [CodeX](#)
 - [Da Vinci](#)
 - [FAST](#)
 - [Gravity](#)
 - [Helios](#)
 - [Vulcan](#)

You can make a difference - Accelerators are always looking for new members to collaborate in finding solutions to common healthcare data problems.



Questions and Answers



Contact Information:

Becky Metzger
bmetzger@telligen.com



Time and AI Wait for No One: The Fast Changing Landscape of AI in Healthcare

**Contact David Frerichs for
slides: david@starling-ai.com**

*Lunch and
Networking
noon-1:00*



Advocacy & HIE Updates

Susan Buchanan & Trent Lienau,
Co-Chairs
Fall Conference Nov. 8-9, 2023

“I am only one, but I am one. I cannot do everything, but I can do something. And because I cannot do everything, I will not refuse to do the something that I can do.”

— Edward Everett Hale

“



Vision

To realize the full health potential of every human, everywhere.

Mission

Reform the global health ecosystem through the power of information and technology.



PUBLIC POLICY & ADVOCACY

HIMSS works closely with members, partners and health policy partners to educate decision-makers at all levels of government and make policy recommendations on the use of information and technology to transform health.



Scan here to view the full
HIMSS Public Policy Center

HIMSS PUBLIC POLICY PRIORITIES



Connected Health

Enabling greater access to care through telehealth, remote patient monitoring and broadband technologies.



Cybersecurity & Privacy

Balancing the rapid transformation of the health system with appropriate privacy and security measures to protect patients.



Interoperability

Ensuring information is shared and standardized across information systems that enable public health, care coordination and improved health outcomes.



Value-Based Care

Prioritizing the delivery of higher quality and outcomes-focused care that leverages technology for care coordination and supports patients on the path to better health.

Iowa Chapter activities:

Attend monthly National Advocacy Task Force calls to inform our local action plans

Share this info with the Board and post relevant items to Iowa Chapter website

Work toward “Ambassador” status by Summer ‘24: complete 7 Advocacy/HIE activities

Maternal Health is a special area of emphasis at this time.

- The US often has the highest maternal mortality rates compared to similarly developed countries
- Health equity is essential to the state, local, and congressional public policy
- Digital health solutions and improvements in maternal health reporting, data collection and expanded telehealth and remote patient monitoring can be vital to improving maternal health outcomes
- **Write to your Governor and State Medicaid Director** to urge them to support critical policy actions that will help realize the value of digital health in addressing maternal health outcomes and eliminate maternal health disparities



THE PRESENTATION TITLE GOES HERE (To edit, View >

Susan's Story

Advocacy Issues:

- Telehealth
- Interoperability



Trent's Story

- **Senior Systems Analyst at Broadlawns Medical Center**
 - HIE Projects
 - SWAN, IHIN, Cynchealth, Patient Ping, Electronic Lab Reporting
 - Benefits
 - Patient Engagement
 - Case Management
 - Public Health Reporting



How can you get involved?

- 1. Contact Susan/Trent to surface up Advocacy or HIE areas of interest*
- 2. Watch the National and/or Iowa HIMSS website for Advocacy items, such as Health Equity week*
- 3. Participate in “click of a button” legislative activities via electronic letters to representatives (e.g., act on the QR code provided today)*
- 4. Support HIE activities at your organization*

Contact info:

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Broadlawns Medical Center*

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Prior Authorizations - Solutions

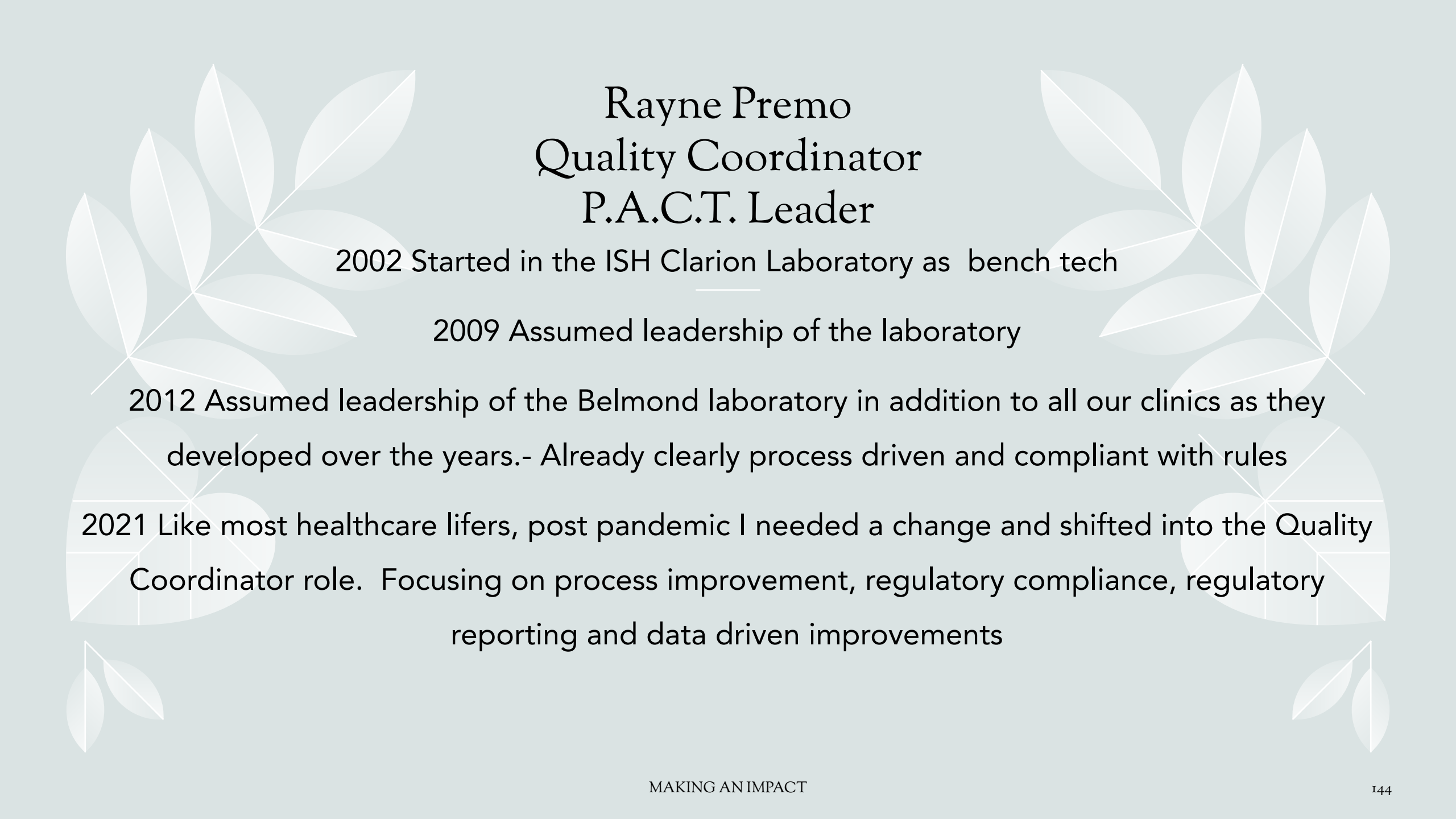


Iowa Specialty *Hospitals & Clinics*

Making an imP.A.C.T.

Iowa Specialty Hospitals & Clinics (ISH)
*Approach and deployment of creating a centralized prior
authorization department.*

Presented by: Rayne Premo
Quality Coordinator MLT, CPHQ, CPPS
Co-author: Martha McNulty
UIHC OnBase Developer



Rayne Premo
Quality Coordinator
P.A.C.T. Leader

2002 Started in the ISH Clarion Laboratory as bench tech

2009 Assumed leadership of the laboratory

2012 Assumed leadership of the Belmond laboratory in addition to all our clinics as they developed over the years.- Already clearly process driven and compliant with rules

2021 Like most healthcare lifers, post pandemic I needed a change and shifted into the Quality Coordinator role. Focusing on process improvement, regulatory compliance, regulatory reporting and data driven improvements

Why the focus on Prior Authorizations?

- According to America's Health Insurance Plans (AHIP), prior authorizations are required to ensure the patient is receiving a safe treatment that is medically necessary and appropriate.
- In 2022, 39% of physicians spent one to nine hours weekly on prior authorizations.
- Medical Economics 94th Physician Report 8/8/2023



Prior Authorization Impacts

- *Timeliness of Care*
 - Time consuming to perform
 - Pre-procedure denials
- *Patient Experience*
 - Clinical Outcomes
 - Patient Access
 - Organizational Image
- *Revenue*
 - Post Procedure Denials
 - Delay in payments due to re-work



Top Three Tips to Increase Prior Authorization Efficiency

1. Designate Prior Authorization Responsibilities to The Same Staff Member(s)

- Like the saying goes, “repetition is the key to learning.” Every Payor has varying requirements and nuances. Consistent staffing allows for those to be learned and anticipated.

2. Education

- When the front-line staff knows what procedures require prior authorizations in advance, they can ensure patients are scheduled in a timeline that corresponds with the approval.

3. Embrace Technology!

- If you're still faxing or calling on each prior auth case, you are not utilizing the resources available to you. The time it takes to initiate an authorization online is over 50% faster than by phone or fax.

- Artificial Intelligence is fast emerging as best practice, reducing denials while also educating the ordering clinician on evidence-based medicine.

- Utilize technology to communicate between performing departments and your prior authorization specialist.

Operational Efficiency Opportunities

- Streamline & Create consistent standards of prior authorization work processes for all ISH service lines
- Removal of Prior Auth process from front line Clinical Staff
- Identifying a capable group of existing work force personnel to grow and repurpose into the P.A.C.T
- Prepare ISH for future EPIC AI Payer Platform
- Develop sustainable department succession plan

Breaking Down Silos

THE COST OF DEPARTMENT SPECIFIC PROCESSES

- Family Practice Clinis-51 clinical staff from CMA through RN's
 - Specialty Clinics-37 staff members, ranging from PA specialist to RN's
 - Ancillary Departments- 6 medical secretaries with plans for more.
- In specialty clinic alone, our RN's spent about 2 hours a day on Prior Authorizations.
 - $8\text{RN's} \times 2\text{ HRS} = 16\text{ HRS Daily} \times 5\text{ days} = 80\text{ HRS in a week}$
 - Average of \$33.00 per hour $\times 80\text{ HRS} = \$2640\text{ per week}$
 - $\$2640 \times 4\text{ Weeks} = \10560 in a month
 - (Just in our Specialty Clinics)

ISH P.A.C.T (Prior Authorization Core Team)

The proposal...

To improve operational efficiency for ISH, I proposed that the P.A.C.T (Prior Auth Core Team) become a centralized or core team of prior authorization specialists. This teamwork in tandem with Infinx, a third-party software vendor, will reduce the time burden of clinical staff and provide consistency in a standardized process.

Identified Challenges

Deviations in Process

- Paper Processes
- Duplicative information sharing

Workforce Considerations

- Lack of Ownership for overall process
- Fear of Change
- Fear of being replaced by technology



Building a Prior Auth Core Team (P.A.C.T.)

MAY

- Formalized the relationship with Infix and completed report development around Ortho, Spine, Podiatry (7 surgeons) and Imaging services.
- 2 FTE P.A.C.T. as well as “borrowing” an imaging medical clerk for development of the program.

JUNE

- May data reviewed for positive outcome of working with a third-party vendor.
- Decision to continue with Infix and begin to create a “centralized” prior auth team.
- Pain Prior Auth transition discussions in progress

JULY

- Ready to expand our team!
- Proposed and Approval for 2 additional FTE (total of 4)
- Develop Cardiopulmonary and expansion of imaging
- Continued Pain Prior Authorization discussion

Transitioning Prior Auth Responsibility to the P.A.C.T

AUGUST

- Continual Development of the Pain Prior Authorizations
- Full Transition of the 3rd prior auth specialist- cardio pulmonary background
- Continued with current service line workloads, while on boarding third FTE & work with Infix on Cardio Pulmonary

SEPTEMBER

- Medication Prior Authorization became an immediate need, 5th FTE brought to the team with nursing background.
- Cross training amongst all team members
- Full Responsibility of Pain PA's transferred to P.A.C.T.
- P.A.C.T. introduced fully to all ISH Clinic and Ancillary Departments.
- Implementation time line provided as well as process mapping.

October 2023 Deployment Plan

- Week 1- Continued focus on Pain Points and team cross training.
- Week 2- All Medication Prior Auths shift to P.A.C.T. from the ISH Family Practice Clinics (5 Rural Health Clinics and two Medical Clinics approximately 54 providers)
- Week 3- Same Day Prior Auth implemented, our FTE for Imaging fully transition to the P.A.C.T., Prior Authorization for General Surgery and Urology Surgeries (6 providers) responsibility transitioned to P.A.C.T. This includes all Medication Prior Auths for these service lines as well.
- Week 4- Responsibility for Women's Health (3 Surgeons), ENT (2 Surgeons) and Ortho joint injection clinic is all in transition to the P.A.C.T. Imaging Secretaries (2 of them) assume scheduling for ALL internal ISH imaging needs.

Week 5- Oct/November 2023

- 10/31-11/3/2023 A well-deserved break for the P.A.C.T. – nothing new for that week
- 11/6/2023 P.A.C.T. assumed responsibility for Outpatient services to include Wound Care, Infusion and eventually Chemo as that program develops.
- Continue to work through process improvements and process mapping for future service lines

What's left?

Determine next steps with:

- ❖ *Bariatrics*
 - ❖ *GI*
 - ❖ *Therapies- PT, OT, ST*
-
- ❖ Goal Completion date is by end of Q1 2024

Let's Recap

- *Prior Auth Core Team- comprised of **five** specialists doing what previously took approximately **94** people to do- within 7 months*
- Infinx supplies us with support helping us with about 10 to 15% of our workload



Unexpected Repercussions or Challenges

VA workflows

Consistent documentation addressing current needs & how that will affect
future AI

Internal and External Referral Processes

External Orders- Closed loop communication

Collaborating Departments/Partners

- Informatics-
 - *EMR EPIC build and direction*
- IT-
 - *Home office set-ups*
 - *Cyber Security*
- Specialty Clinic & Family Practice Clinics
 - *Staffing education both for PA and for clinical procedures*
- Business Office
 - *Capturing denials*
 - *Providing education on payors*
- Third-Party Vendor Infinx
 - *Helping support our team and develop workflows that will eventually render them obsolete.*





Questions?

Thank you

Rayne Premo

rayne.premo@iaspecialty.com

Interoperability- Through the Years and Into the Future



Montgomery County Memorial
Hospital + Clinics



Interoperability

Through the Years and Into The Future

Interoperability === Data Sharing

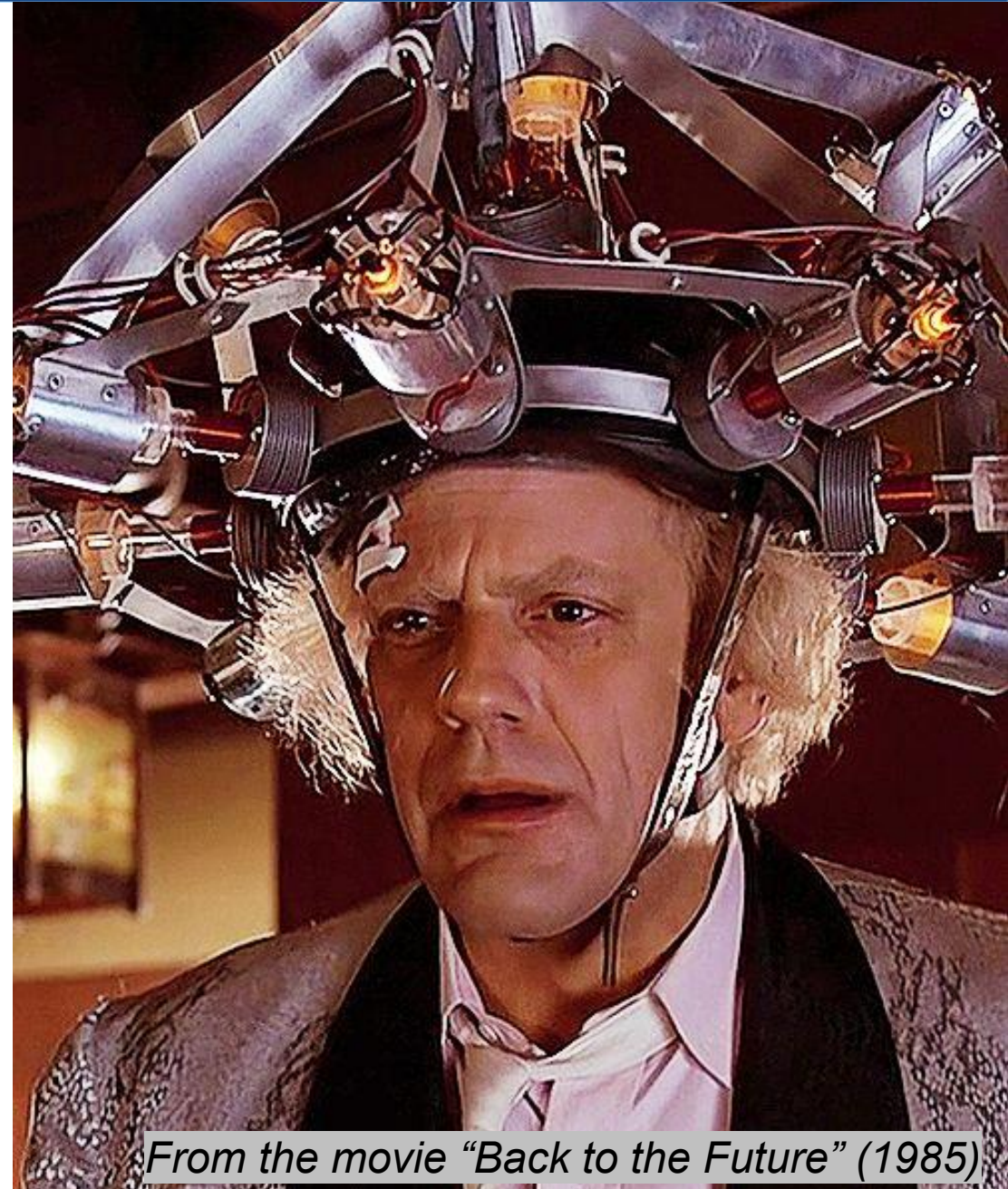
The ability to combine data sets from multiple sources and meaningfully use the result in delivery of healthcare.

It's About Time:

- Reflect on the past
- Update you on the current-state



- Back to the future!



From the movie "Back to the Future" (1985)

Reflecting on the Past

Audited Financial Data

Total Assets

(\$213,859) loss

\$6 MILLION

12/31/2020

12/31/2022

Net Assets

• (\$2.6M)

• \$2.4 M

12/31/2020

12/31/2022

• Net Loss for the Year \$1.5M

12/31/2020

• Net GAIN for the Year \$3.8M

12/31/2022

- Ron TBD points
- To focus on
 - Effort expended
 - Lackluster results
 - Expense, time, with no value delivered
- **Main point: lack of established agreements on how to interoperate (data sharing standards)**
- **While the story of IHIN has been about failure the story of CyncHealth now and in the future offers tremendous opportunity for Iowa health**

Update on 'Now'

December 2021

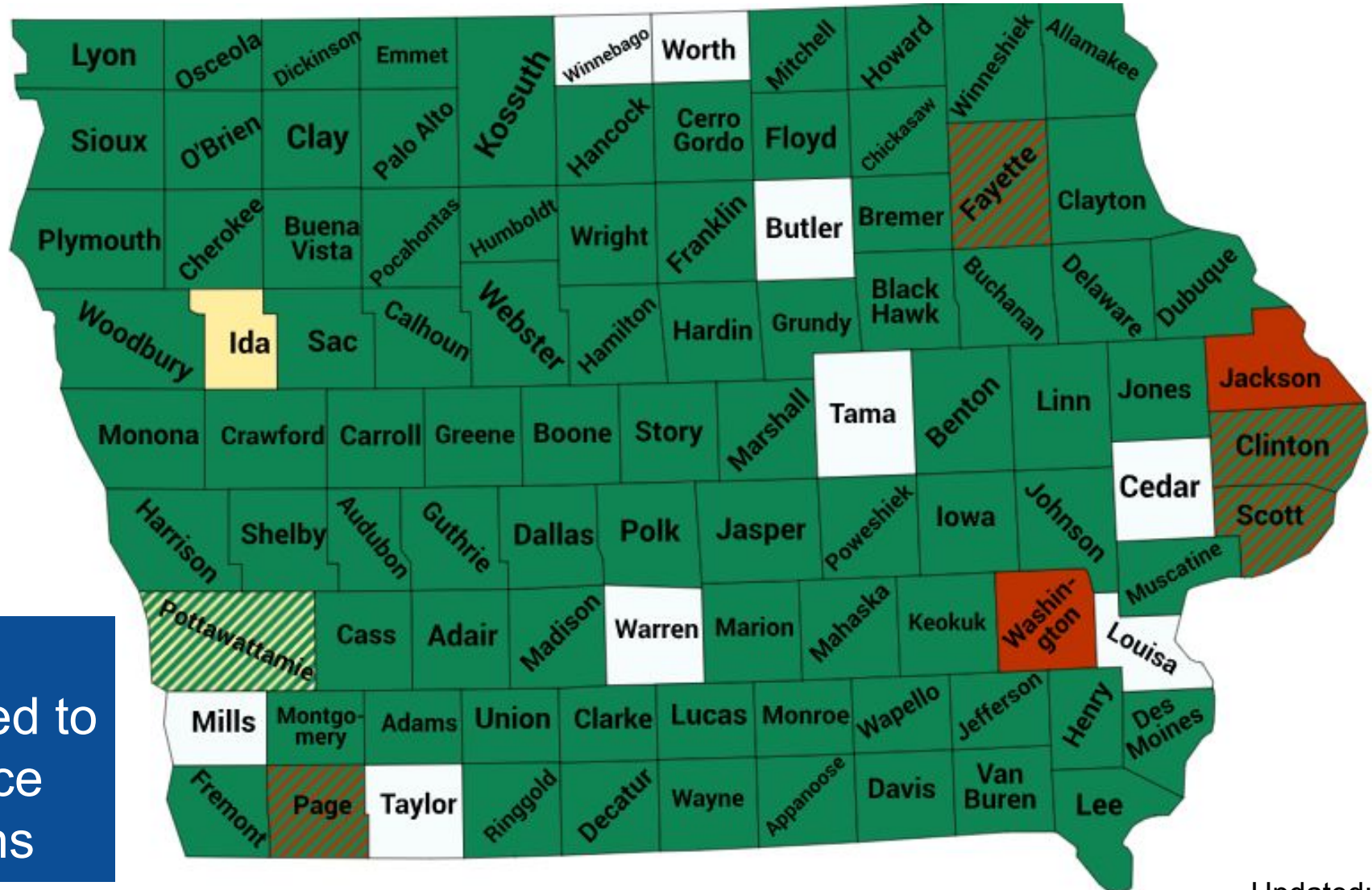
- fragments of data
- only SmartLab data consistently loaded for all care sites

December 2022

- 80+ care sites Syndromic Surveillance Data Feed connection to CyncHealth HDU

Syndromic Surveillance Map

-  All facilities in county are sending to production
-  All facilities in county are on hold
-  All facilities in county are onboarding
-  At least 1 facility is in production and 1 facility is on hold
-  At least 1 facility is in production and 1 facility is onboarding
-  County does not have an eligible facility



109 care sites have completed and attested to Syndromic Surveillance Data Feed connections

100+ care sites connected to HDU

- this includes ADT, LAB, RAD, RAS, CCD, VXU, TRN/MDM
- performing QA - technical and clinical validations

29 care sites now live in production HDU

- about 55K data elements

76 additional care sites to be live by end of year

~210K data elements populating the HDU

Today – Product Delivery via Bed Dashboard

Authorized users agree information contained within the CyncHealth's Dashboards is confidential and agree to not disseminate such information contained therein.

OVERVIEW ADULT PEDIATRIC PSYCHIATRY MOM AND BABY SUBSTANCE ABUSE

Filters: Hospital name Hospital Type County MORE FILTERS CLEAR FILTERS Total Hospitals: 103

Legend: ■ Greater than or equal to 80% ■ between 60% to 79% ■ less than 60%

TOTAL AVAILABLE BEDS

6092 Total Staffed Beds*	3384 Total Occupied Beds	2708 Total Beds Available	1354 Total ER Beds	494 Total ER Occupied	55.55% Percentage Occupied
------------------------------------	------------------------------------	-------------------------------------	------------------------------	---------------------------------	--------------------------------------

OCCUPANCY BY HOSPITAL

Hospital Name	Trauma Levels	Total Staffed Beds*	Overall			ICU				ER	
			Total Occupied Beds	Total Beds Available	Percentage Occupied	Total ICU Beds	Total ICU Beds Occupied	Total ICU Beds Available	Percentage Occupied ICU	Total ER Beds	Total ER Beds Occupied
			79%			131	99	32	76%	54	38

105 care sites are now providing bed updates via ADT to the Bed Dashboard

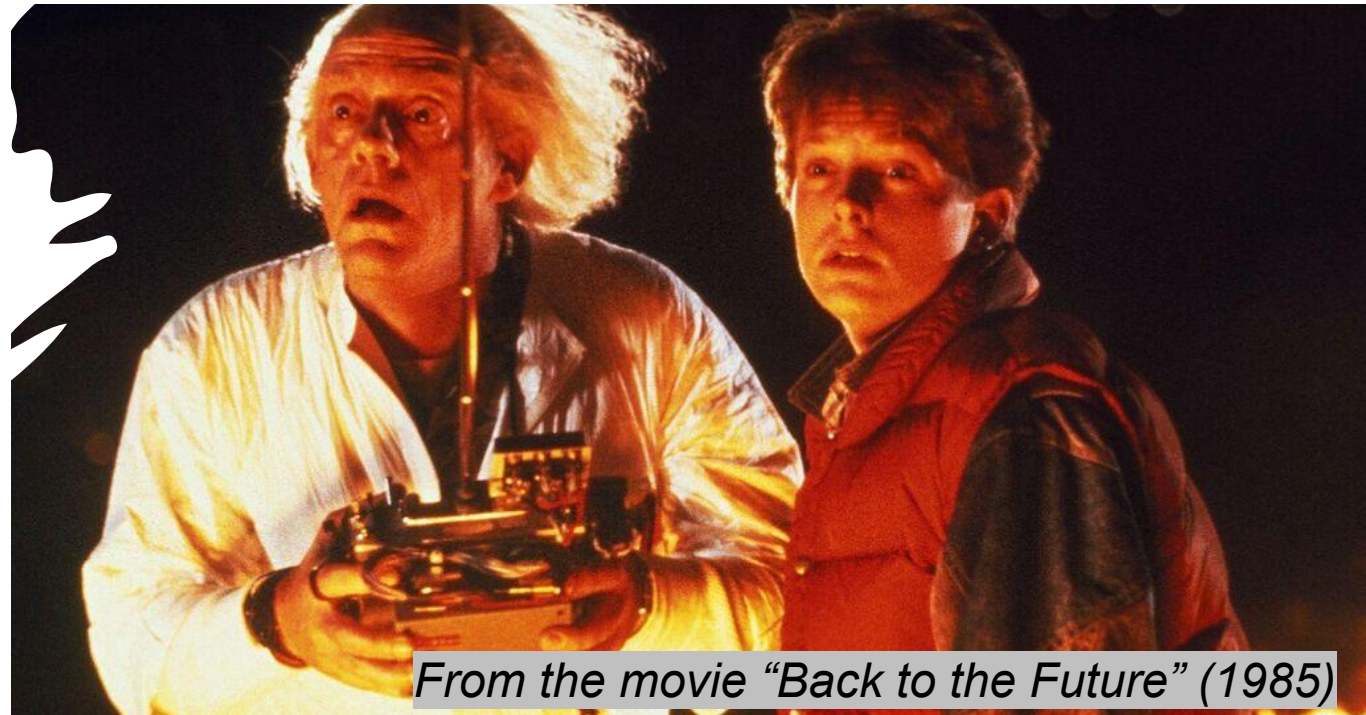
- Aligned data specifications to ONC USCDI v3 standards
- Invest in setup process
 - Technical validation of feed structure / content
 - Clinical validation of of data context

- Only HIE to be aligned to national data sharing standards today



A Slight Detour

on our way to the future



From the movie "Back to the Future" (1985)

Home Automation

A Different Look at Interoperability

Turn on lights in the garage when the door opens

Turn off the TV when everyone leaves the house

Turn on the vent fan when the humidity gets high

Open the garage door when the car gets close to the house

Turn off the bedroom fan during the daytime

Arm the security system after 10PM and my phone is charging

Implementation...?



Hubs to the rescue, right?



Hubs to the rescue?

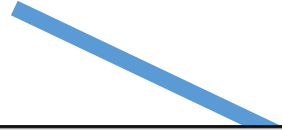
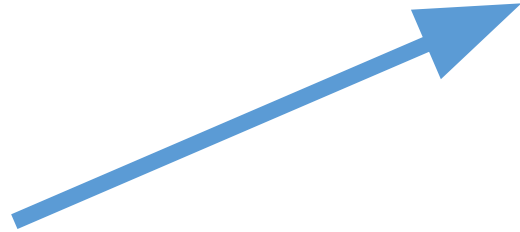


Works with
SmartThings

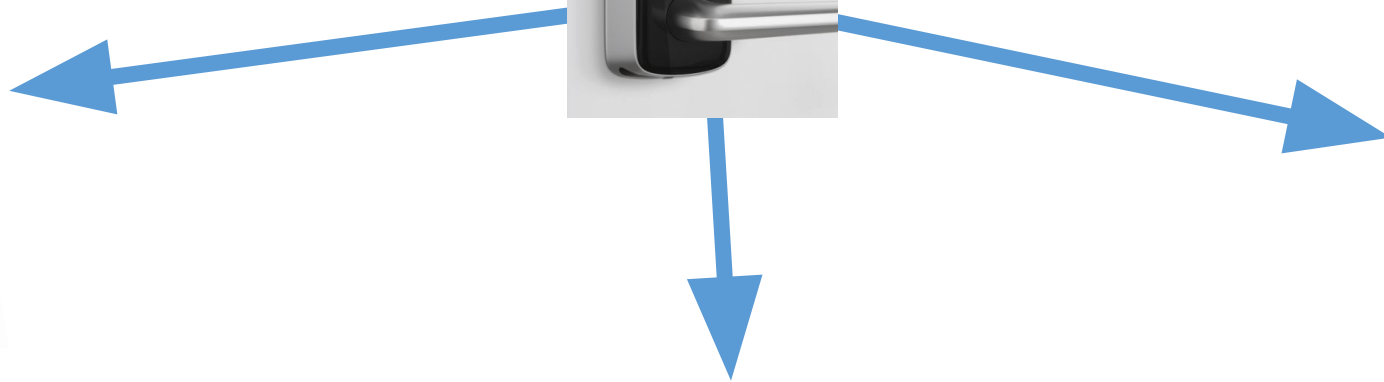


works with | **alexa**

works with
Google Home



Go it alone



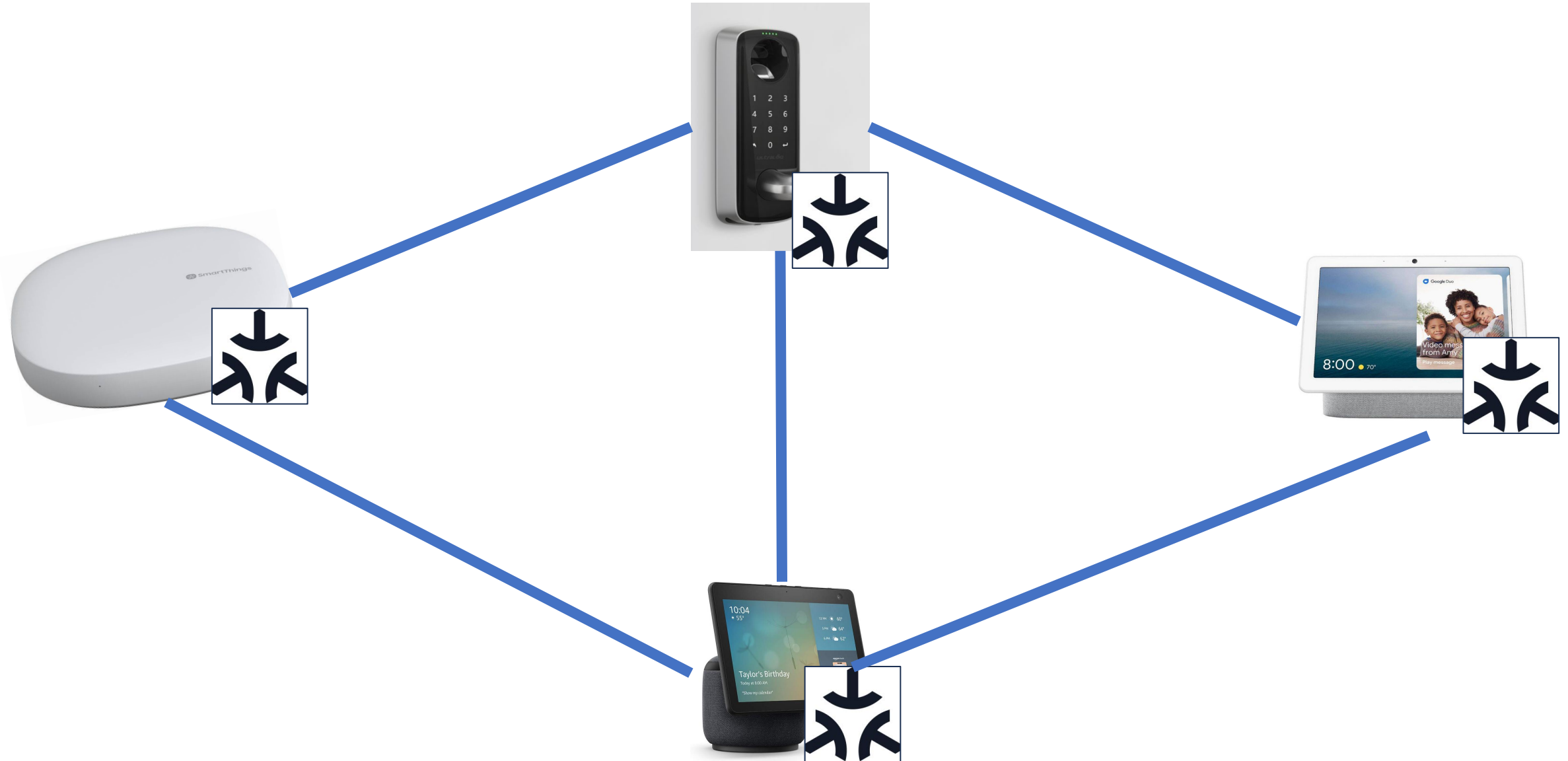


The Foundation for Connected Things

One protocol to connect compatible devices and systems with one another. Smart home devices should be secure, reliable, and seamless to use. And with Matter, they are.

[Download Matter Specification](#)

Matter prescribes how to interoperate





From the movie "Back to the Future" (1985)

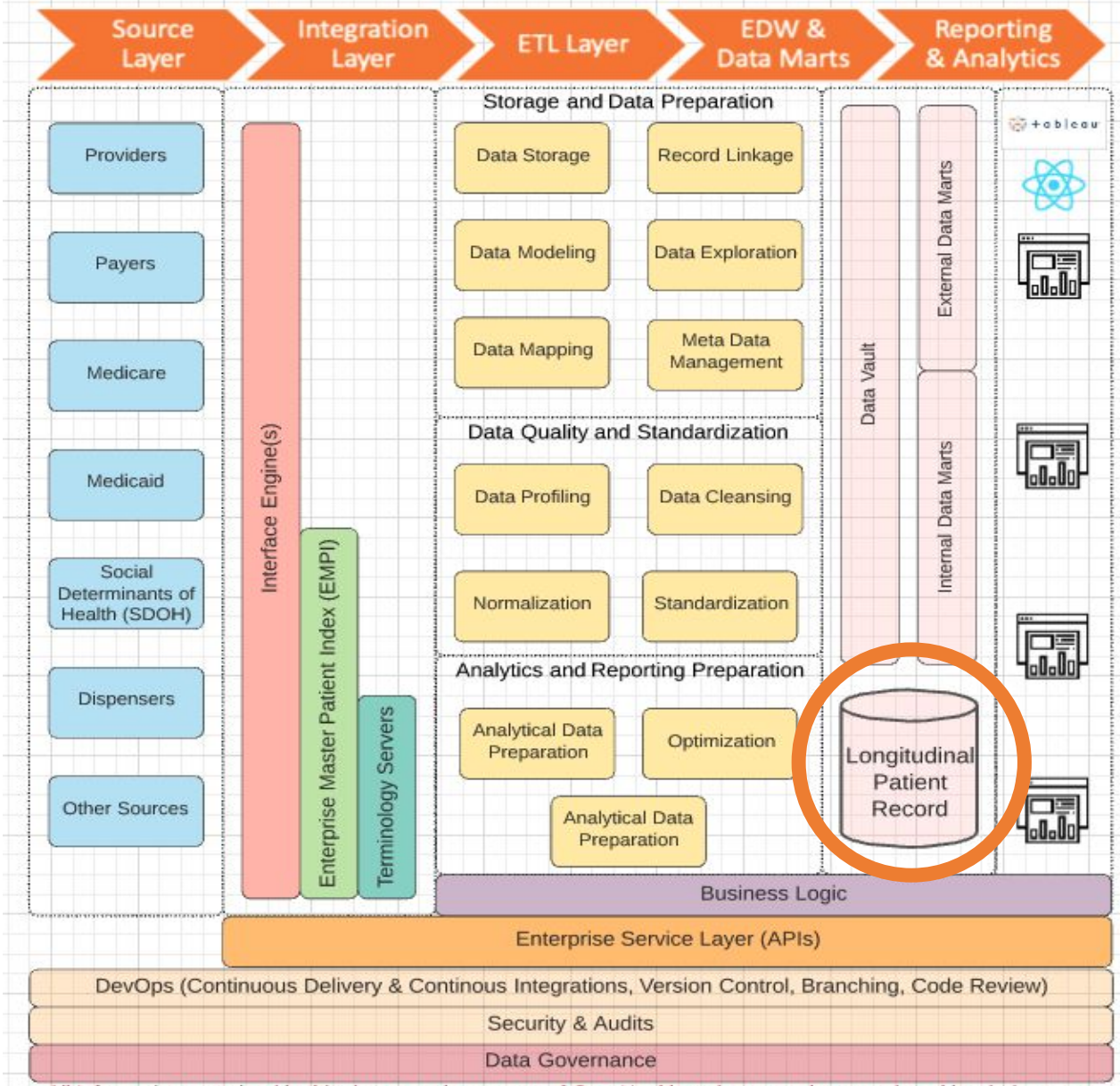
To the Future!

Interoperability in Healthcare

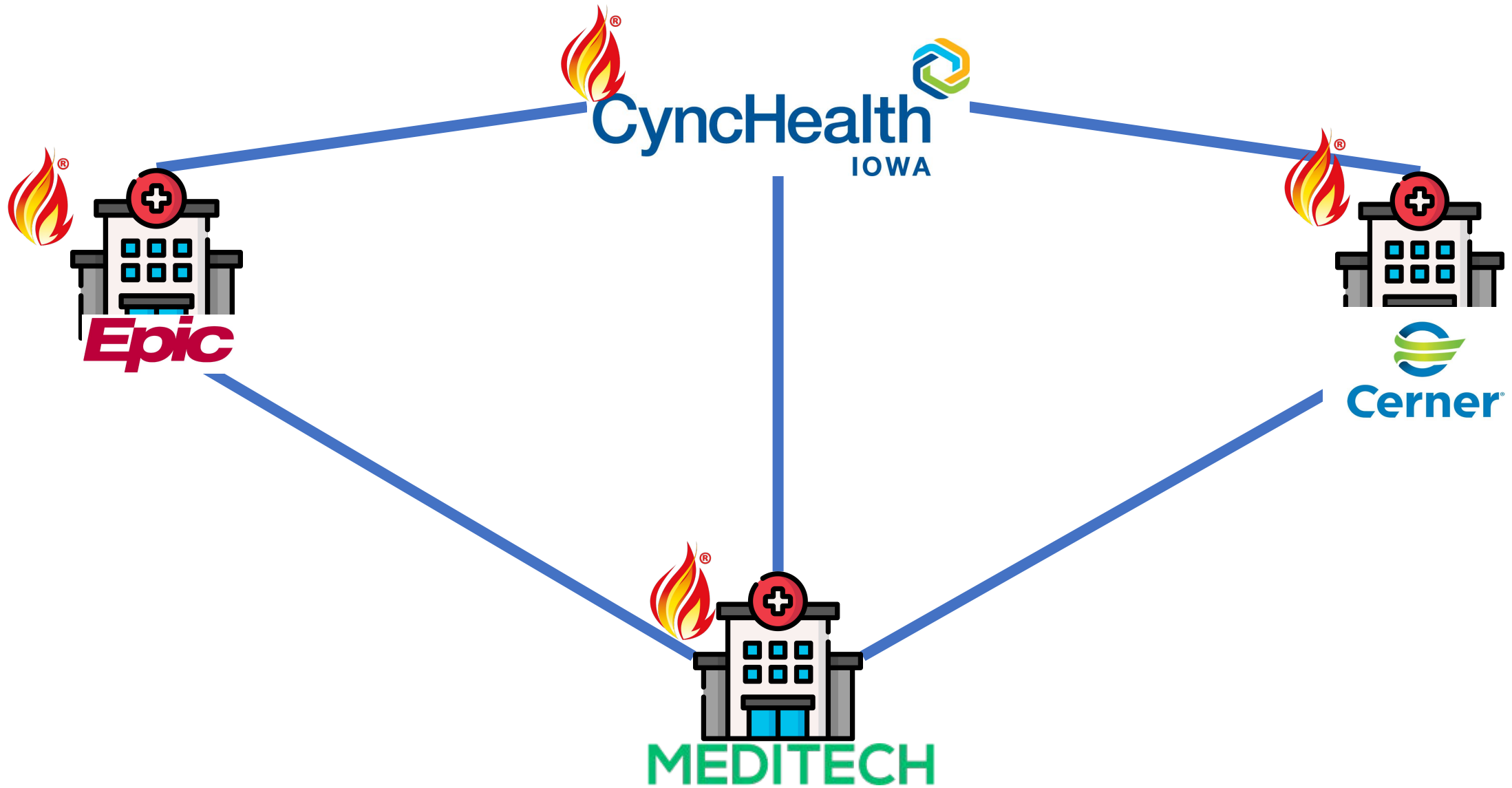
- Rely on data sharing standards
- Align incentives across stakeholders
- Unlock value available through high-quality datasets:
 - Clinical
 - Post acute
 - Research
 - Social
 - Populations

- USCDI
- Web
- FHIR

Longitudinal Health Record



Modern standards improve interoperability



- Modern standards will create new opportunities to improve sharing
- Stakeholders will embrace to varying degrees
- Marketplace-style capabilities will offer tremendous power for innovation



From the movie "Back to the Future" (1985)

- What is your posture towards modern interoperability capabilities?
- What use cases represent highest value for your stakeholders?
- What improvements could be made within your context or workflows with access to an ever-improving longitudinal health record?



Montgomery County Memorial
Hospital + Clinics



Interoperability

Through the Years and Into The Future

Next Event

Watch for announcements, last night we were planning October 2024 for another 2 day conference :)

Webinars, Advocacy, Pop-up Events

We want to hear from you! What initiatives do you want to IOWA HIMSS to focus on?

Contact Information

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 - [X \(Twitter\)](#)
 - [LinkedIn](#)
 - [Accelerate](#)

Prizes —----- Any Questions/Comments?

