

# Maximize Your Health Care IT Advisor Membership

Tips to Tap Into Our Team of  
Experienced IT Experts

Allyson Vicars  
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1

How HCITA Helps IT Leaders and Their Staff

2

Resources Available to HCITA Members

3

Ways to Maximize the Membership

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The best practices are the ones that work for **you**.<sup>SM</sup>

## AT THE CORE

For 35+ years, our **research** has been the health care industry's guiding light, bringing members closer to best practice performance.

## Today's Focus

### RESEARCH Platform

Every major player in your health care organization gets a direct line to the industry's most-needed insights and most-successful ideas.

## WHERE WE RUN THE DEEPEST

In three critical areas, we run even deeper, providing you with the **technology** and **consulting** solutions needed to hardwire best practices.

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### Drive Health System **GROWTH**

Attract and retain the patients you aspire to serve by offering the care network, access, and experience they need.

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### Reduce **CARE VARIATION**

Improve quality and outcomes and lower costs by eliminating unwarranted deviation from the best standard of care.

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### Optimize the **REVENUE CYCLE**

Sustain the financial stability necessary to serve your community by making sure you are paid efficiently for services rendered.

**4,000+**

health care organizations  
in our membership

**\$2 billion+**

in documented ROI each year

**250,000+**

health care leaders in our network

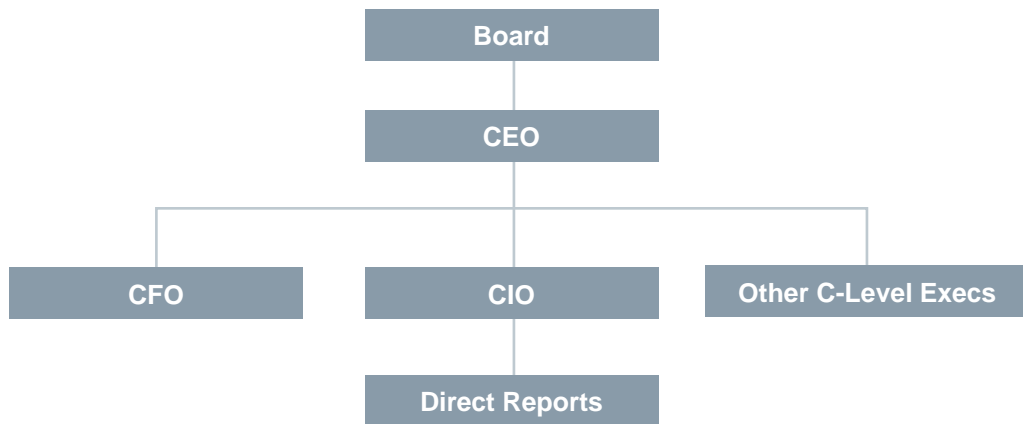
# Research Platform

## Where Health Care IT Advisor Fits In



# Target Audiences in Provider Organizations

Our Framing Is Around Health Care Issues and Strategy, Not Technology



# IT-Powered Business Models, Processes, and Services

## Forces and Advancements Working Together to Elevate Health IT's Role

### Transformative Forces



Fee-for-service incentives to value and affordability



Infectious diseases plus prevention, chronic diseases



Passive patients to active participants

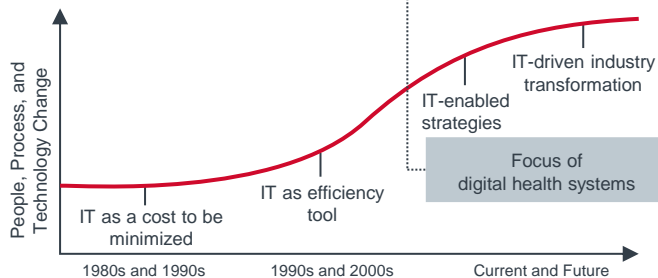
### Converging Exponential Technologies

Computing power and capacity (e.g. cloud)      3D printing

Networks and sensors (IoT<sup>1</sup>)      Virtual and augmented reality

Artificial intelligence      Material sciences

Robotics and drones      Synthetic biology



### Digital Health Systems

Take full advantage of digital technologies and IT-related capabilities to redefine business models; improve processes, quality, and their cost structure; and identify and address customer or patient needs

1) IoT = Internet of things.

# The CIO Challenge: Do More with Less



## **Cost Pressures**

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- Flat or lower budgets
- Escalating IT needs and costs



## **Time Pressures**

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- Meaningful Use and MACRA
- Reimbursement changes
- Analytics “time to value”



## **Changing Role for IT**

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- Population health management
- Consumerism
- Digital health systems

**A+**

## **Higher Need and Expectations for Value**

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- Standardize clinical processes
- Enable organizational strategy
- Aid organizational transformation



## **CIO Either Not in the Room or Not at the Table**

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- Business/clinical decisions made without a full understanding of IT’s capabilities and limitations
- IT decisions made without fully understanding business and clinical strategies and needs



## **Non-IT Leaders Not Educated and Empowered**

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- Rapidly changing IT marketplace
- Consumerization of IT
- Disruptive potential of IT

# How Health Care IT Advisor Can Help

## Does Your Organization Have a Full CEO-CIO Partnership?



### CIO and IT Leaders

Help us gain a better understanding of health care industry directions and organizational strategies.

Help us understand and articulate the IT implications of those directions and potential impact on organizational strategies.

Help us educate and communicate with the non-IT leaders regarding the expanding role and capabilities of IT – and the organizational implications.

Help us better understand key technologies in health care—how they are evolving, how they are being implemented successfully, etc.



### CEO and Other Non-IT Leaders

**Health Care  
Direction and  
Strategy**

**IT-Related  
Implications**

**IT's Expanding  
Role**

**IT Direction and  
Strategy**

Help us better articulate key health care trends and directions to the IT leaders and professionals.

Help us understand the IT implications of our strategic and key operational decisions.

Help us get a better grasp on the changing role of IT– and the changing role we need to play for critical IT-related matters.

Help us learn what we need to know about enabling and disruptive technologies



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# IT Leadership at the Advisory Board

## World-Class Thought Leadership and Support for IT Leaders



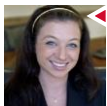
**Jim Adams**  
*Executive Director*

- Leads the Advisory Board's health care IT research
- More than 30 years of IT experience, including 20 in health care
- Previously, Executive Director of IBM Center for Health Care Management, focused on global health care thought leadership
- Formerly held executive positions at Healthlink, Gartner, and two integrated delivery networks



**Peter Kilbridge, MD**  
*Senior Research Director*

- Nationally-recognized expert in the use of IT to improve patient safety
- 25 years of experience as a physician executive and informatics researcher
- Most recently served as CMIO at NYU Medical Center
- Prior IT leadership roles at St. Louis Children's & Duke University Health System



**Naomi Levinthal**  
*Practice Manager*

- Specializes in medical informatics, health IT policy, and telemedicine
- Previously, Certification Manager for the Certification Commission for Health Information Technology



**Doug Thompson**  
*Senior Research Director*

- Internationally recognized expert in translating health care IT into operational and outcome improvements for hospitals and other providers
- Has consulted on EMR benefits realization with over 300 leading hospitals, including several Davies Award winners
- Has consulted with numerous vendor clients, including Microsoft, Cardinal Health, McKesson, and GE Health Care



**Ernie Hood**  
*Senior Research Director*

- Former VP and CIO at Group Health Cooperative
- 20+ years of IT and health care experience
- Successful deployment of EHRs, Patient Portals, CRM, and BI tools
- Former HIMSS Washington Board Member and Chapter President



**Greg Kuhnen**  
*Senior Research Director*

- Former CTO of Care Team Connect, Chief Architect for Optum HIE, formerly Axolotl, and several engineering leadership roles for Truven.
- 15+ years in designing, building, and deploying healthcare IT systems for leading provider organizations across the country.
- Areas of expertise include interoperability, HIEs, BI, Cloud Computing, and IT Infrastructure.

# IT Leadership at the Advisory Board

## World-Class Thought Leadership and Support for IT Leaders



◀ **Anantachai (Tony) Panjamapirom,**  
*Senior Consultant*

- A subject matter expert in the EHR Incentive Programs (i.e., Meaningful Use)
- Expert in Medicare quality reporting programs (e.g., Inpatient Quality Reporting and Physician Quality Reporting System), and their alignment opportunity and strategy
- Research on IT implications in accountable care environment



◀ **Allyson Vicars**  
*Consultant*

- Areas of focus include information security, telemedicine, population health, and consumerism.
- Previously worked at Novant Health supporting commercial managed care reimbursement contracting, strategic planning, and strategic pricing initiatives
- MBA in Healthcare Administration from The University of North Carolina at Charlotte, Belk College of Business



◀ **Ye Hoffman**  
*Consultant*

- Specializes in medical informatics and IT project management
- Experience as an IT Project Manager and Business Data Analyst at the Fred Hutchinson Cancer Research Center
- Areas of expertise include Meaningful Use, project management, clinical trials



◀ **Andrew Rebhan**  
*Senior Analyst*

- Areas of expertise include enterprise imaging, advanced analytics, revenue cycle management, and consumerism
- Previously worked as an analyst for IHS Markit and IBISWorld covering medical technology and indirect procurement research
- MBA from California State University, Long Beach



◀ **Isha Gulati**  
*Analyst*

- Supports research across health informatics, Medicare quality reporting programs and health IT policy
- Prior experience as an Associate at the Advisory Board Company within member services and commercial teams

# Top 10 IT Challenges for 2017



## Quality Reporting:

### The 'ART' of Quality Reporting Maturity

Our research will focus on successful practices of organizations that exhibit high levels of quality reporting maturity via multiple programs, such as MACRA and MU.



## Consumer-Focused Health Care:

### It's Not Possible without IT!

Our research will focus on how to select, design, build, and implement solutions such as integrated search, price estimation and scheduling solutions; cost accounting systems; real-time patient feedback systems; and other systems and capabilities designed to improve the consumer experience and increase customer loyalty.



## EMR Optimization: Outcomes Focused

Our research will focus on EMR optimization for specific outcomes such as improved clinical outcomes for common conditions, prevention and amelioration of infections, prevention of adverse drug events, reduction in use and costs of lab tests and pharmaceuticals, etc.



## Telemedicine: Growth Across the Board

Our research will focus on incorporation into telemedicine use models of structures to reduce care variation across the continuum.



## Analytics and Business Intelligence: From Operational to Strategic Advantage

Our research will update our guidance on BI best practices, with particular attention to the growing capabilities of application-tethered analytics, novel data warehouse architectures, and the growing application of advanced analytical techniques.



## Digital Health Systems: IT-Powered Business Models, Processes, and Services

Our research will include analyzing the potential impacts on organizational strategies and governance, addressing specific issues or opportunities such as for precision medicine and with blockchain, and providing examples of successful uses of exponential technologies.



## Interoperability:

### New Hope for an Old Challenge

Our research will focus on nascent interoperability standards with a focus on case studies and concrete progress towards seamless data exchange.



## IT Performance and Risk Management: New IT Demands Call For a New Approach

Our research will help advance your IT performance with tools, surveys, and insights into such opportunities as strategy, governance, staffing, process improvement, cloud technology, blockchain, and intelligent computing.



## Population Health Management (PHM): An IT-Enabled Framework

Our research will focus on evolving methods and technologies supporting reductions in care variation, management of bundled payments, engagement of patients as consumers, and the influence of new interoperability developments on analytics for population health management.



## Information Security: Evolve Your Security Strategy to Prepare for the Worst

Our research will provide the latest insights and tools to advance your cybersecurity activities to more advanced stages of maturity. We will provide reports and presentations to help you engage leaders and provide assistance with audits, staffing, metrics, disaster recovery and business continuity, and the latest technologies and services.

# Infographics

## Easy-to-Read, Engaging One-Pagers Designed to Provide Overview When a Breach Occurs, The Whole Hospital Is Our Patient

**When a Breach Occurs,  
the Whole Hospital Is Our Patient**

Health care organizations are under attack. Various threats like ransomware can significantly disrupt or even shut down clinical and business operations and are on the rise. While the implications of operational downtime to health care leaders, clinicians, and staff, they are used to handling critical incidents in patient care. Luckily, the process for handling a cyber incident is nearly the same.

This graphic details how the steps in responding to a critical clinical event are of the most widely used cyber response methods, the NIMS Incident Action Plan (IAP), approach preparation, identification, containment, eradication, recovery, lessons learned. By using information security tactics to patient care, everyone can get on the same page and work together.

**CLINICAL**

- Participate in ongoing education and training to prepare to help prevent
- Stay alert to new clinical issues in the community, such as outbreaks and
- Conduct a risk analysis to understand the impact to the patient and the organization
- Monitor and respond to patient incidents to ensure timeliness and safety

**CYBERSECURITY**

- Engage staff to provide other services during or before to handle incidents using standard
- Identify critical assets
- Develop incident response plan, always included
- Response team (IRT) convenes before an attack
- Monitor and update using security systems regularly

**Prepare**

- Identify and categorize critical systems, identify a patient system
- Conduct a risk analysis (vulnerability, threat, assets, and other relevant information) to understand the impact
- Plan to manage high-priority incidents that have the most impact on patient care

**Triage-Identify**

- Establish a common incident response plan, including cyber attack
- Monitor network for unusual activity, such as unusual logins, and take appropriate to stop unauthorized activity
- Set up patient care and clinical systems to be resilient in the event of a cyber attack
- Identify and determine severity of attack

**Stabilize-Contain**

- Isolate affected connections, devices, or systems
- Remove the infection, device, or system from the network and replace it or change data and restore the IRT to manage the incident
- Use data through incident response to solve cases

**Diagnose-Eradicate**

- Investigate incident to further understand patient condition
- Diagnose patient and determine best course of treatment
- Conduct a root cause analysis to determine patient condition

- Reinvestigate to test an affected workstation, device, or server to understand origin of the breach
- Eliminate the threat with appropriate tools and techniques for the type of network malware, such as malware (ransomware, etc.)

**Treat-Recover**

- Monitor patient progress to ensure effectiveness of all services that the incident has affected
- Identify and address any business or clinical issues to the organization
- Document patient care and clinical decisions made throughout the incident

- Conduct a root cause analysis to determine the origin of the breach
- Recover the workstation, device, or server to the network, monitored by the incident response activity
- Document details and lessons made throughout the incident

**Review-Learn**

- Review incident to understand underlying attack tactics
- Update data and security policies, including data backup and disaster recovery, incident response, threat intelligence, and security awareness training activity

**How IT Staff Support a Healthy Cybersecurity Environment**

- Conduct security assessments to identify vulnerabilities and weaknesses in the system
- Implement security measures to protect the system and data
- Monitor and detect security events to identify and respond to threats
- Respond and report security events to the organization

**Advisory Board** Health Care IT Advisor

Access additional resources on [cybersecurity in health care](#)

### Select Additional Infographics

- [Interoperability news, the 2016 edition](#)
- [Let's Get Ready to Bundle](#)
- [The Cybersecurity Ecosystem](#)  
*\*coming in August\**

Links for resources highlighted on slides will appear here

# Quick Reads



## IT Forefront Blog



*Get our analysis on health care technology and digital-enabled strategy*

### Sample entries:

- [You could still be picked for a Phase 2 HIPAA Audit. Here's how to be prepared.](#)
- [Is outsourced revenue cycle management right for your organization?](#)
- [Direct-to-patient telemedicine: Future promise, present barriers](#)
- [How to evaluate mobile health apps for high-risk patients](#)

## Health Care IT Policy Monitor

*Short summaries of the latest regulatory and legislative changes impacting IT leaders*


Health Care IT Advisor
Policy Monitor 

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### 2017 MIPS and APM Final Rule

**Background**

CMS released its long-awaited [final rule](#) for the new Quality Payment Program (QPP) established under MACRA, which repealed the Sustainable Growth Rate formula and fundamentally changes how Medicare pays physicians and other clinicians. The QPP establishes a two-track system for Medicare Part B reimbursement that includes the Merit-based Incentive Payment System (MIPS) and the Alternative Payment Model (APM) tracks.

CMS estimates that the vast majority, over 80%, of clinicians will participate in MIPS. These clinicians will receive payment adjustment bonuses and penalties based on their performance in four categories: Quality, Cost, Advancing Care Information (i.e., EHR use), and Improvement Activities.

CMS uses a "two-year look-back" policy that ties payment adjustments to prior performance. For example, payments in 2019 will be based on 2017, the first performance period. The final rule includes several policies that help clinicians ease into the QPP in 2017. For example, clinicians can avoid a negative adjustment as long as they report a minimal amount of data to CMS, and the Cost category will not be included in MIPS performance.

The QPP also incentivizes clinicians to move toward participation in APMs. MIPS participants that are part of an APM that meets certain requirements will receive favorable scoring for certain MIPS performance categories.

Furthermore, clinicians that participate in an Advanced APM may qualify for the APM track. For example, Medicare Shared Savings Program Tracks 2 and 3, and Next Generation ACOs are considered Advanced APMs. Clinicians that meet certain requirements for number of beneficiaries or payments tied to the Advanced APM are exempt from MIPS, and receive an annual lump-sum bonus of 5% for their Medicare Part B claims from 2019-2024.

**IT implications**

IT leaders will play a crucial role to help clinicians succeed in MACRA and prepare for MIPS reporting requirements. For example, both MIPS and APM tracks require CEHRT.

CMS establishes a complex set of scoring methodologies and requirements that organizations must analyze to maximize future Medicare reimbursements. IT leaders may be called upon to provide the data and perform the analysis needed to inform decisions, monitor performance, and report measures.

**Bottom Line**

MACRA is a significant step in the fundamental shift from traditional fee-for-service toward value-based reimbursement. The QPP consolidates quality, cost, and EHR use requirements under one unified program and sunsets the standalone PQRS, VBP, and MU programs for Medicare clinicians. IT leaders must ensure they are prepared to support the systems and supply the information needed for clinicians to avoid penalties and qualify for bonuses.

**For More**

Listen our two-part webinar series on the MACRA final rule:

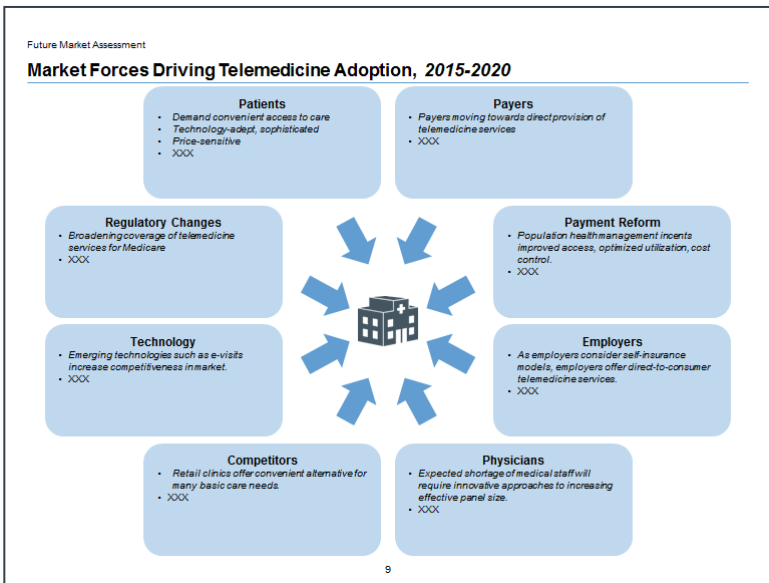
- [MACRA: How the Final Rule Impacts Providers](#) (on-demand)
- [2017 MACRA Final Rule Detailed Analysis: Your Guide to the Transition Year](#) on Tuesday November 29, 2016 at 3:00pm Eastern

# Tools and Templates

## Ready-to-Go Slides, Scorecards, Calculators, Strategic Plan Templates

### Telemedicine Strategic Planning Template

*A set of editable slides to develop a plan that you can update across time to reflect your institution's changing priorities.*



### Select Additional Tools, Templates, Calculators

- [MIPS Audit Checklist](#)
- MIPS Estimator  
\*coming soon\*
- [IT Governance Charter Toolkit](#)
- [Telemedicine Project Proposal Evaluation Scorecard](#)
- [EMR Benefits Calculator](#)

# Research Reports and Briefings

We Cover Traditional Health IT Challenges and Emerging Technology

## Example Research Reports and Briefings

### Traditional Health IT Topics



#### Frameworks

- [Business Intelligence Maturity Model](#)  
(a 2017 Update)
- [A Framework for IT-Enabled Population Health Management](#)



#### Briefings

- [Modern Models for Flexible Staffing and Sourcing](#)
- [Internet of Things in Health Care](#)



#### Case Studies

- [Building a Prescriptive Analytics Model](#)
- IT Disaster Recovery  
\*coming in July\*

### Emerging Technology for Health Care

#### [Virtual Reality in Patient Care](#)



#### [3D Printing in Patient Care](#)



#### [Big Data in Health Care](#)



#### [Blockchain](#)

\*coming in June\*





# Expert Consultations and Guidance

## Ask Our Experts, We Will Provide a Tailored Response



### Phone Appointments

30- to 60-minute phone calls with our topic experts dedicated to answering your questions given the circumstances of your organization.



### Email Consultations

Ask us what you and your team don't have time to investigate. We'll provide you a written, focused response tailored for your organization.



### Document Reviews

Let us review your latest IT strategic plan or Board presentation. We'll provide feedback from a variety of perspectives and guidance on content and delivery, when needed.

# Web Conferences



Recorded and archived on the advisory.com



Slide decks available to take back to your team



Experts on the line to answer your specific questions

## Sessions That Address Specific Topics



WEBCONFERENCE

Lessons Learned from Aurora Health Care's Experience with a Mandatory Bundle

APR  
20  
2017

Thursday, April 20, 2017  
1:00 PM ET - 2:00 PM ET

Calculate time outside of U.S. Eastern time

REGISTER →

Registering for someone else? [Register a colleague](#) →



WEBCONFERENCE RECORDING

Data Mining Challenges and Rewards

**A Conversation with Intermountain and UNC Health Care**

## Recaps of National Meetings Content

**IT in the Changing Health Care Marketplace**  
*2016 IT National Meeting Presentation Recaps*

- State of the Health Care and IT Union
- Changing Face of Medicare Payments
- Cybersecurity: Law and Disorder
- The New Consumer Standard
- Population Health Management: Evolving Practices and Care Models
- Health Care Mobile Strategy
- Delivering on the Promise of Advanced Analytics

# Upcoming Health Care IT Advisor Webconferences

All Presentations are Recorded and Available On-Demand Afterward

Tuesday, June 13, 3:00- 4:00 ET

## [Medicare Risk Strategy: the IT Implications](#)

This presentation, the first in our 2017 Health Care and IT Executive summit recap series, walks through how health systems can navigate ACO programs, Medicare Advantage, the future of risk-based payment, and how IT can help facilitate and sustain an organization's risk-based strategy.

Tuesday, June 20, 3:00- 4:00 ET

## [The New Physician Network Advantage: the IT Implications](#)

This presentation, the second in our recap series, addresses why health systems must redefine their physician network's structure and what IT investments contribute to those objectives .

Tuesday, June 27, 3:00- 4:00 ET

## [The Consumer Relationship Platform: the IT Implications](#)

The final presentation in our series explores the powerful connection between customer loyalty and the financial performance of hospitals and health systems.

# On-Site Presentations and Private Web Conferences

We Bring Our Content To Your Team and Tailor It To Your Interests

## Recent Examples Member On-site Presentations



- Cybersecurity presentation to a member's physician network for continuing education credit
- Presentation on consumerism and telemedicine at a member's strategy retreat
- Presentation of the latest State of the Health Care and IT Union to C-Suite

## Recent Examples of Member Private Web Conferences



- Education session on Virtual Care "101"
- IT Essentials for Non-IT Executives
- Tailored presentation on MACRA and its IT implications
- Latest analytics national meeting presentation for a member's analytics department during a regular team meeting

# National Meetings

## No-Regrets Health IT Priorities for Uncertain Times



Noon to Noon  
Format



Included in  
Membership



Peer Networking



Brand New IT-  
Focused Research

### 2017 Session Dates and Locations



#### Registration Now Open

Register [here](#) or email me  
at [vicarsa@advisory.com](mailto:vicarsa@advisory.com)

### 2017 IT National Meeting Agenda

State of the Health Care and IT Union

Speed Networking *\*Back by popular request\**

Interoperability: Can You Hear Me Now?

Clinical Decision Support

Quality Reporting Office Hours *(optional)*

Turning Attention to Ambulatory IT

Digital Health Systems

Security and the C-Suite

# No-Regrets Health IT Priorities for Uncertain Times

## Day One

- ▶ **12:00 p.m.**  
**State of the Health Care and IT Union**  
*Health System and IT Strategy in the Post-ACA Era*
- ▶ **1:45 p.m.**  
**Speed Networking Session**  
*Meet with peers from around the country, make new connections, and discuss areas of common interest.*
- ▶ **2:45 p.m.**  
**Interoperability: Can You Hear Me Now?**  
*Bringing Health Care into the 21<sup>st</sup> Century*
- ▶ **4:15 p.m.**  
**Clinical Decision Support**  
*Light at the End of the Tunnel*

## Day Two

- ▶ **7:00 a.m.**  
**Quality Reporting Office Hours**  
*A Workshop with our Experts*
- ▶ **8:00 a.m.**  
**Turning Attention to Ambulatory IT**  
*The Intersection of IT and Clinical Best Practices*
- ▶ **9:15 a.m.**  
**Digital Health Systems**  
*An Ongoing Journey to an Ever-Changing Destination*
- ▶ **10:45 a.m.**  
**Security and the C-Suite**  
*Leadership's Role in Building a Cyber-Resilient Organization*

## RSVP

To RSVP, please email your name, title, organization, and contact information to [meetings@advisory.com](mailto:meetings@advisory.com) or register online at [advisory.com/hcita/2017meeting](http://advisory.com/hcita/2017meeting) where you can also find the full agenda.



## Dates and Locations

September 13–14, 2017 | Marina del Rey, CA

September 27–28, 2017 | Chicago, IL

November 14–15, 2017 | Washington, DC

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# 5 Tips to Derive Value From The Membership

## View Us As An Extension of Your Team

### 1 Plan to use us

Develop a service plan with your relationship manager and keep a regular call with them to identify ways we can help—**interact often**.

### 2 Cascade utilization to your team

Don't be a bottleneck—everyone in your organization has access so **empower your team** to take advantage.

### 3 Attend an IT National Meeting

It's more than presentations—it's access to all experts, peer networking, full content, and **dedicated time immersed in content**.

### 4 Bring us in

Leverage material in on-sites and private web conferences to **educate** staff, **facilitate** conversations, **inform** leadership.

### 5 Engage our experts regularly

Whether for guidance on current priorities or to stay updated while you focus attention elsewhere—**ask early, ask often**.





# Health Care IT Advisor

## Welcome back, Allyson.

Health care IT is no longer a back-office function—it's central to every provider's daily operations, strategy, and management. We've designed our resources to help CIOs, IT leaders, and other C-suite executives leverage IT as a strategic asset.

Let us help you get started.

Quickly navigate around  
your HCITA research  
resources here

## Stay up to date on our offerings

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## Browse Resources

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Save



Email



Print



Share

# Ask a Question

To ask a question, please type it into the “Questions” box on the GoTo panel and press send.

A screenshot of a web interface element titled "Questions". It features a dark blue header bar with a downward-pointing triangle on the left and a square icon on the right. Below the header is a large, empty white text input area. At the bottom right of the input area is a small, dark grey button labeled "Send".

# Webconference Survey



Please take a minute to provide your thoughts on today's presentation.

Thank You!

*Please note that the survey does not apply to webconferences viewed on demand.*



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