



2014

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WELCOME!

Your friends at gpTRAC are pleased to welcome you to the fourth Regional Telehealth Forum, Telehealth and HIT: Partners in Patient Care. This is a great opportunity to learn from each other about the kinds of telehealth services being provided in our six-state region and beyond. Encouraging “peer-to-peer” communication opens up the opportunity to develop contacts and connections that could encourage future collaboration and potential telehealth service expansion.

Should you have any questions/comments about this event, or have any ideas for future forums, please let us know. Also, remember, gpTRAC is here to provide guidance and assistance. Don't hesitate to give us a call or send us a message.

We can be reached at www.gptrac.org. Thanks for coming!

We look forward to visiting with you!

— Your Friends at gpTRAC

This event is supported in part by grant number G22RH26185 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.

“ We must acknowledge and understand the intertwining of health information technology (HIT) and telehealth. Telehealth requires high quality HIT to successfully deliver its services and improve the health of the populations it serves. ”

STUART SPEEDIE, PHD
Executive Director, gpTRAC



FORUM SCHEDULE

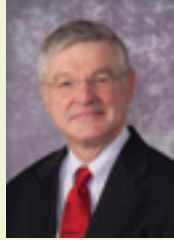
TELEHEALTH & HIT: PARTNERS IN PATIENT CARE

April 3-4, 2014
Embassy Suites
Minneapolis MOA/Airport

THURSDAY, APRIL 3:

8:00	Registration Opens		Conference Center
8:00	Exhibits opens		Exhibit Hall
9:00	Welcome - gpTRAC		General Session Room
9:30	Keynote Session 1 - Making Health Addictive <i>Joseph C. Kvedar, MD, Founder and Director of the Center for Connected Health, Partners HealthCare</i>		 General Session Room
10:30	Break/Networking/Exhibits		
11:00	Concurrent Sessions #1		
	Room 1	Room 2	Room 3
	LivingWell@Home: Testing Technology-Enhanced Nurse Monitoring in Senior Services <i>Sherrie Petersen, Leslie Grant, PhD, and Jarod Giger, PhD, Evangelical Good Samaritan Society</i>	Move Over Pen and Paper: Integrating Telehealth in the EMR <i>Maureen Ideker, Essentia Health</i>	HealthNet connect Telehealth <i>Rodney Brown, HealthNet connect</i>
12:00	Lunch - Birds of a Feather Discussion Tables		Atrium
1:15	Panel Presentation #1 - Vendor "Speed-a-Round" Speakers: All sponsoring vendors have to "beat the buzzer" and tell you about their company.		General Session Room
2:15	Break/Exhibits		
3:00	Concurrent Sessions #2		
	Room 1	Room 2	Room 3
	Pathology for eHealth Patients <i>Ellie Wintheiser and Lorraine Uthke, Mayo Clinic</i>	Embedding Telemedicine into Patient Services from my Community to Yours <i>Marsha Waind - Altru Health Care, Jessica Pisenso - Altru Health System and Sharon Brett - LifeCare Medical</i>	A Kaleidoscope of Telehealth <i>Wanda Kjar-Hunt and Kathy Gosch, Good Samaritan Hospital, and Diane Vogel, St. Elizabeth Regional Medical Center</i>
4:00	Concurrent Sessions #3		
	Room 1	Room 2	Room 3
	The ROI of Technology-Enabled Care Solutions <i>Jeanne Ripley and Kathy Messerli - Healthsense Care Alliance</i>	Integration of Standardized Scalable Solution for Video Telemedicine in the Traditional Practice Model <i>Stacia Lynch - Mayo Clinic</i>	Physician Communication: A Key to Reducing Readmission Rates <i>Kelly Macken-Marble - HealthEast Care System and David Hemler, Revation Systems</i>
5:00	Exhibit Hall Remains Open, 1/2 hour		

FRIDAY, APRIL 4:

7:30	Registration and Exhibit Hall Open		
8:15	Day 2 Opening Messages - gpTRAC		All Rooms
8:30	Concurrent Sessions #4		
	Room 1	Room 2	Room 3
	Diagnostic Imaging from Mobile Devices to Improve Patient Care <i>Kyle Hall, The Nebraska Medical Center</i>	Starting a Telehealth Program Without Reinventing <i>DJ Curran, Dean Clinic</i>	Rural - But Plural <i>Erin Houghton & Dennis Blazek, Clarke County Hospital</i>
9:30	Break/Networking/Exhibits		
10:00	Keynote Speaker #2 - Convergence of Telemedicine and mHealth - Benefits and Challenges <i>Ron Poropotich, MD</i> - Executive Director, Center for Military Medicine Research, Health Sciences, University of Pittsburgh		 General Session Room
11:00	Panel Presentation #2: mHealth - Is it just an App...or More? <i>Speakers: Tamara Perry, University of Arkansas, SCTRC</i> <i>Terry Martinson, MD, Fairview Health Services</i> <i>John Brownlee, Entrepreneur, Vidscrip</i> <i>Moderator: Saif Khairat, PhD, University of Minnesota</i> <ul style="list-style-type: none"> Audience questions and discussion will follow. 		General Session Room
12:30	Wrap-up		General Session Room
	Lunch		Atrium

GREAT PLAINS TELEHEALTH RESOURCE & ASSISTANCE CENTER (gpTRAC)

Great Plains Telehealth Resource and Assistance Center (gpTRAC) helps healthcare providers develop, implement and expand their telehealth programs. We serve Minnesota, Iowa, Nebraska, North Dakota, South Dakota, and Wisconsin. Our mission is to improve access to quality healthcare services through technology.

At gpTRAC, we have a four-part mission: build telehealth awareness, promote education, provide individualized consultation, and provide data specific to telehealth services in our region. We promote healthcare services that take advantage of modern telecommunications technologies such as interactive videoconferencing, secure Internet transactions, home health monitoring and mHealth.

We work to advance telehealth program development by offering resources to healthcare providers and organizations interested in telehealth and telemedicine. We can also help health organizations navigate other challenging areas in telehealth, including legal concerns, regulatory issues, appropriate technology, the implementation process, and financial issues.

gpTRAC is one of several regional telehealth resource centers receiving support from the Office for the Advancement of Telehealth—part of the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services.



Find more information at:
www.gptrac.org

TELEHEALTH RESOURCE CENTERS

Telehealth Resource Centers (TRCs) are funded by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) Office for the Advancement of Telehealth, which is part of the Office of Rural Health Policy. Nationally, there are a total of 14 TRCs which include 12 Regional Centers, all with different strengths and regional expertise, and 2 National Centers which focus on areas of technology assessment and telehealth policy.



Find more information at:
www.telehealthresourcecenter.org

SESSION DESCRIPTIONS

THURSDAY

KEYNOTE SESSION 1, 9:30am

Making Health Addictive

Joseph C. Kvedar, M.D. Director, Center for Connected Health Partners HealthCare

Mobile health offers many transformational opportunities. Smartphones are used as a data upload/home hub device, or to engage consumers around health content. They can display health-related information, and built-in cameras can capture relevant health information. Dr. Kvedar will present three key strategies to change behavior and make health addictive.



Joseph C. Kvedar, MD, Founder and Director of the Center for Connected Health, Partners HealthCare, is creating a new model of healthcare delivery, developing innovative strategies to move care from the hospital or doctor's office into the day-to-day lives of patients.

Dr. Kvedar is leveraging information technology – cell phones, computers, networked devices and remote health monitoring tools – to improve care delivery. Dr. Kvedar established the

first physician-to-physician online consultation service in an

academic setting, linking patients from around the world with specialists at Harvard-affiliated teaching hospitals. Based on the technology platform developed at the Center, Healthrageous, a personalized health technology company, was launched in 2010; he was a Co-Founder and Chair of the company's Scientific Advisory Board.

He is internationally recognized for his leadership and vision in the field of connected health, and has authored over 90 publications on the subject. Dr. Kvedar serves as a Board member for a number of organizations, including Care Continuum Alliance. He serves as a strategic advisor at West Health Institute, and is a mentor at Blueprint Health and Rock Health, providing guidance and insight to developing companies.

CONCURRENT SESSIONS #1, 11:00am

ROOM 1 - LIVINGWELL@HOME: TESTING TECHNOLOGY-ENHANCED NURSE MONITORING SERVICES IN SENIOR SERVICES

Sherrie Petersen (Evangelical Good Samaritan Society), Leslie Grant, PhD (University of Minnesota), and Jarod Giger, PhD (University of South Dakota)

LivingWell@Home program was launched in late 2010 and uses a suite of telehealth applications with remote monitoring to improve chronic disease management in assisted living, senior housing, home care, skilled nursing facilities and other community-based settings. This presentation will highlight findings from focus groups with a diverse group of stakeholders including home care nurses housing managers and clients. The presentation will also report quantitative findings from sensor monitoring in a dementia specific care unit and also in an affordable housing setting.

ROOM 2 - MOVE OVER PEN AND PAPER: INTEGRATING TELEHEALTH IN THE EMR

Maureen Ideker (Essentia Health)

Formally established in 2011, Essentia Health's telehealth program experienced many opportunities and obstacles in using the integrated electronic medical record to support their fast-growing services. This presentation will discuss the program implementation tool used, the "work process flow map," and will assist participants drill down into the HIT functions and details used to support telehealth outreach. Come along for a guided tour of the initial obstacle course and final smooth road of this successful program

ROOM 3 - HEALTHNET CONNECT TELEHEALTH

Rodney Brown (HealthNet Connect/BroadNet connect)

There are high hopes for telehealth as an essential ingredient for creating a better system of care and that "ingredient" depends on powerful technologies and smart networks. The HealthNet connect initiative will consist of processes, programs, tools and services to help the HNC members implement, support and sustain a telehealth strategy. Come hear their plans for supporting system-wide telehealth services.





PANEL PRESENTATION #1, 1:15pm

VENDOR “SPEED-A-ROUND”

In honor of “March Madness”, this timed event will allow each exhibitor the opportunity to highlight their product or service...in no more than 3 minutes! What happens if time expires before they're

CONCURRENT SESSIONS #2, 3:00pm

ROOM 1 - PATHOLOGY FOR EHEALTH PATIENTS

Ellie Wintheiser (Mayo Clinic)

Pathology over-reads and other testing are often necessary to support video and asynchronous (eHealth) consultation in various specialties, just as they are for the in-person consultation. However, the systems to utilize these for eHealth patients require additional consideration. Mayo Clinic has developed new systems, processes and automations so patients in the virtual waiting room receive timely access and appropriate care. This is an example of combining system automation, process development, and quality control to ensure success in an eHealth environment.

ROOM 2 - EMBEDDING TELEMEDICINE INTO PATIENT SERVICES FROM MY COMMUNITY TO YOURS

Marsha Waind, Jessica Piseno (Altru Health System) AND Sharon Brett (LifeCare Medical)

The power of an integrated Electronic Medical Record (EMR) which incorporates all aspects of patient information quickly becomes

CONCURRENT SESSIONS #3, 4:00pm

ROOM 1 - THE ROI OF TECHNOLOGY-ENABLED CARE SOLUTIONS

Jeanne Ripley (Halleland Habicht) AND Kathy Messerli (Healthsense Care Alliance)

Leaders in providing services to the aging are meeting the challenges of the “Triple Aim” by combining technology-enabled care with innovative services in their communities. This combines the observation and touch of personal care with the capability of remote monitoring technology to provide 24/7 health and wellness oversight to help caregivers. Motion and contact sensors offer objective real time information, care providers deliver better care at a lower cost and seniors enjoy a better quality of life. Learn how these solutions increased revenues, improved efficiency and increased resident stays.

ROOM 2 - INTEGRATION OF STANDARDIZED SCALABLE SOLUTION FOR VIDEO TELEMEDICINE IN THE TRADITIONAL PRACTICE MODEL

Stacia Lynch (Mayo Clinic)

More than 30 types of telemedicine activities were provided within Mayo Clinic, but none used the same care model. Learn how a

done? There is no overtime! Finished or not, the referee will call it and they'll be sent to the bench. It could come down to the last second!

evident during a telemedicine encounter. The timeliness and accuracy of integrated patient medical information has quickly become a requirement. Learn how Altru Health System used an EMR between independently owned facilities and increased the demand for ‘connected’ services that are efficient, accurate, and streamlined into the everyday processes of patient care.

ROOM 3 - A KALEIDOSCOPE OF TELEHEALTH

Wanda Kjar-Hunt, Kathy Gosch (Good Samaritan Hospital) AND Diane Vogel (St. Elizabeth Regional Medical Center)

The combined hospitals of CHI-NE have been using telehealth since 1996 to successfully serve patients, physicians and staff throughout Nebraska. As the program evolved, new and inventive ways to serve patients have grown. Clinical consults such as In-patient psychiatry, Infectious Disease, bariatric surgery follow-up, school and jail applications are now common. The “routine use” of telehealth at our facilities prompts other staff to consider family-focused uses of telehealth that are simply the RIGHT THING to DO.

standardized, scalable solution was developed allowing the clinical practice to incorporate telemedicine into the established care model, cohesively manage their video telemedicine capacity, creating flexibility between traditional in-person interactions and virtual care, all while maintaining a high level of quality and patient satisfaction.

ROOM 3 - PHYSICIAN COMMUNICATION: A KEY TO REDUCING READMISSION RATES

Kelly Macken-Marble (HealthEast Care System) AND David Hemler (Revation Systems)

Lack of care coordination and poor communication between providers are leading factors associated with high readmission rates. HealthEast Care System and Revation Systems partnered to improve communication between providers. Hospitalists no longer waste time waiting on hold to reach a contact center agent, and primary care physicians receive updated information on their patients in real time. Learn how, in less than a year, they reduced their readmission rate by 3%.

SESSION DESCRIPTIONS



FRIDAY

ANNOUNCEMENTS & CONCURRENT SESSIONS #4, 8:15am

ROOM 1 - DIAGNOSTIC IMAGING FROM MOBILE DEVICES FOR PATIENT CARE

Kyle Hall (The Nebraska Medical Center)

Over 14 months, our organization explored various options for mobile diagnostic imaging. Our study included the potential impact on patient care, physician satisfaction, and the IT resources necessary to support these technologies. The results have provided valuable information and are helping us properly address and consider future initiatives that deal with mobile/wireless devices, security compliance, and health information exchange. Our initial focus was our telestroke program, but by seeing a bigger vision we were able to address several telehealth initiatives with a single cost effective solution.

ROOM 2 - STARTING A TELEHEALTH PROGRAM WITHOUT REINVENTING

DJ Curran (Dean Clinic)

This presentation will discuss how Dean Clinic/SSM-W initiated their telehealth program within their HIT department to leverage

experience gained implementing their EHR, multiple PACS, and other solutions. Topics will include where to start, how to prioritize, and balancing leadership expectations.

ROOM 3 - RURAL - BUT PLURAL

Erin Houghton AND Dennis Blazek (Clarke County Hospital)

Clarke County Hospital is a rural, critical access hospital in southern Iowa. Over the last three years, the telehealth program has grown to include 16 specialists, 2 colleges, the community primary schools, and rural EMS/first responders. Clarke County Hospital has found a team approach to building a telemedicine program. By intertwining nursing, IT, and administration, the program continues to grow. The presentation will highlight the components that have made this program successful.

KEYNOTE SESSION 2, 10:00am

Convergence of Telemedicine and mHealth - Benefits and Challenges

Ron Poropatich, MD - Executive Director, Center for Military Medicine Research, Health Sciences, University of Pittsburgh

As mobile health or "mHealth" continues to further mature, there will be a natural convergence of traditional telemedicine (real-time interactive and store and forward transmissions) with mobile devices (smart phones and tablets). This presentation will further highlight evolving trends in telemedicine and mHealth and its impact on remote monitoring, the Affordable Care Act, and future health care applications with mobile devices.



Dr. Ron Poropatich, MD retired from the US Army in August 2012 after serving more than 30 years as a Pulmonary/Critical Care Medicine physician. His last assignment was at the US Army Medical Research and Materiel Command (USAMRMC) at Fort Detrick, MD serving as the Deputy Director of the Telemedicine and Advanced Technology Research Center (TATRC).

As a U.S. Army physician, he worked towards wide-scale implementation of telehealth and mobile health applications across the U.S. Army Medical Department in both stateside and overseas locations. He currently serves as the Executive Director for the Center

for Military Medicine Research, Health Sciences at the University of Pittsburgh. He is a Visiting Professor in the Department of Medicine, Division of Pulmonary, Critical Care and Allergy at the University of Pittsburgh and is also assisting the University of Pittsburgh Medical Center with their extensive health care network and active telemedicine programs. Dr. Poropatich is currently a Professor of Medicine at the Uniformed Services University of the Health Sciences in Bethesda, MD, and serves as an Associate Editor for the "Telemedicine and e-Health Journal".

He is the former Chair of the NATO Telemedicine Expert Team (2000-2012), former President (2002-2003) and Board Member of the American Telemedicine Association and a former practicing Pulmonary & Critical Care Medicine physician at the Walter Reed National Military Medical Center, Bethesda, MD from 1985-2012.

PANEL PRESENTATION #2, 11:00am

M HEALTH - IS IT JUST AN APP?

Moderator, Saif Khairat, PhD, University of Minnesota

Tamara Perry, University of Arkansas, SCTRC

Terry Martinson, MD, Fairview Health Services

John Brownlee, Entrepreneur, Vidscrip

The use of mHealth has grown significantly in recent years. Studies show that the utilization of mHealth can improve patient engagement,

health outcomes, and self-management abilities. This panel will explore the use of various mHealth interventions such as self-management for asthmatic adolescents, and the use of video prescriptions to improve patient adherence and provider efficiency. Along with listening to the speaker's experiences, the audience will have the chance to engage with the speakers and ask their own questions.

THANK YOU!

EXHIBITORS:

Advanced ICU Care helps improve ICU patient care. As the nation's largest provider of tele-ICU services, Advanced ICU Care has a proven track record of improving the clinical and financial performance of its hospital partners. Advanced ICU Care's tele-ICU programs combine experienced intensivist-led care teams, sophisticated technology and collaborative programs with hospital staff to achieve a rigorous focus on evidence-based best practices that improve patient care and safety. Our team brings insights gained from decades of nationally recognized ICU leadership and expertise in both bedside ICU and tele-ICU environments. For more information, visit www.icumedicine.com.



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Community Health Information Collaborative (CHIC) is a 501(c)(3) Minnesota nonprofit corporation and holds a Certificate of Authority to operate as a Health Information Organization (HIO) in the State of Minnesota. Its mission is to leverage information technology to help member organizations save precious healthcare dollars, make healthcare providers more efficient and to provide the foundation for future innovation. Visit www.medinfosystems.org to learn more.



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Continued on following page.

THANK YOU! *(Continued)*



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Rural Health Telecom focuses exclusively on providing quality telecommunications products and services to healthcare facilities across the United States. Since 1999, we have grown steadily into a leader in the industry by understanding that our ultimate goal is helping physicians and other healthcare professionals enhance their patient care with the latest telecommunications technology. We understand that the impact of this technology ultimately helps you provide the most effective healthcare to your community. Learn more at telequality.com.



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Vidyo delivers a video, voice and content platform that powers both clinical and administrative applications for Integrated Delivery Networks and Accountable Care Organizations. Vidyo's APIs enable applications to meet the needs of specific users groups and integrates with tools like critical care management applications and EMRs. Vidyo's off-the-shelf VidyoConferencing enables care givers, physicians and patients to connect without having to think about the device or network. Meeting invitations enable computer and mobile devices to connect with one click and join H.323 video devices or telephones, making it as simple as joining an audio conference. Learn more at www.vidyo.com.

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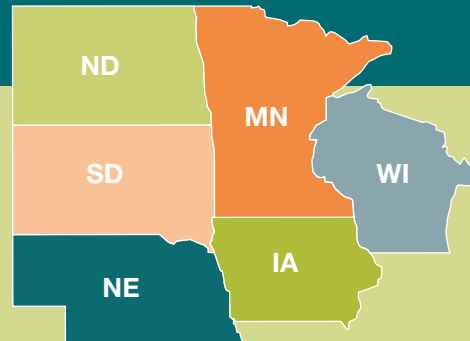
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OUR CONTACTS

Who contacted us and what they wanted to know.

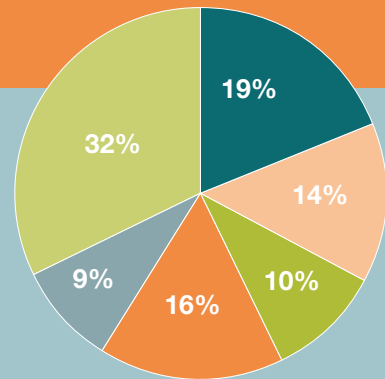
STATES IN gpTRAC REGION

1. Minnesota
2. Iowa
3. Nebraska
4. North Dakota
5. South Dakota
6. Wisconsin



TYPES OF ORGANIZATIONS

1. Vendors (19%)
2. Health Systems (14%)
3. Federal State Agency (10%)
4. Hospital/Clinic (16%)
5. Academic Institutions (9%)
6. Others (32%)



TOP 4 TOPICS

1. General Information Sharing & Q/A
2. Technology
3. Project Initiation
4. Reimbursement



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