ACEP · 2019

HITSUMMIT

evolving emergency care with technology

July 8, 2019 • 7 am – 5 pm CST

ACEP Headquarters • Irving, Texas

American College of
Emergency Physicians®

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ACEP's Healthcare Information Technology (HIT) Summit:
Where are we? Where do we want to be? How do we get there?

Time	Topic	Presenter(s)
7:00 am - 7:15 am	Welcome, Introductions & Summit Objectives	Vidor E. Friedman, MD, FACEP Dean Wilkerson, JD, MBA, CAE
7:15 am - 8:00 am	Keynote Address: National Coordinator for HIT (ONC)	Donald Rucker, MD
8:00 am - 8:30 am	Current State of Emergency Department HIT	Todd Taylor, MD, FACEP
8:30 am - 9:00 am	Quality Collaborative, CEDR & EMF/Data Summit Recap	John T. Finnell, MD, FACEP, FACMI Jay Schuur, MD, MHS, FACEP
9:00 am - 9:15 am	Break	
9:15 am - 10:00 am	HIT Vision for Emergency Medicine	Michael Gillam, MD, FACEP
10:00 am - 10:05 am	Transition to Break Out Sessions	
10:05 am - 11:00 am	**Break Out Session #1: Where Do We Want To Be?** (Identify Short/Mid/Long-Term Goals) **Category: Care Delivery** 1. Data Acquisition, Management, Utilization, Augmented Intelligence, Information to Knowledge 2. Data Integration/Aggregation, Clinical Analysis, Automation, Data Transparency, HIE 3. HIT: Policy, Advocacy, Funding, Administration, Data-Driven Healthcare, Political Realities 4. Distributed Healthcare: Telehealth, Distributed Delivery Models, Care Coordination **Category: Data Sciences** 5. Population Health 6. Quality Initiatives, Outcome Measures, Data-Driven Guidelines/Best Practices, Learning Networks 7. AI, CDS, Predictive Modeling 8. Data Aggregation, "Big Data" Analytics, Surveillance, HIE **Category: Wild Card** 9. Define Your Own	Christopher Albans, MD, MBA (EPIC) *Invited* John Barto (Microsoft) *Invited* Barry Box Carol DeFrances, MD, PhD (CDC) Stephen Epstein, MD, MPP, FACEP Brian Fengler, MD (EvidenceCare) John T. Finnell, MD, FACEP, FACMI Nicholas Genes, MD, PhD, FACEP Lisa Gulker, DNP, RN, ACNP-BC (Cerner) Steve Hasley, MD (ACOG) Kristen Huntley, PhD (NIH) *Invited* Denys Lau, PhD (CDC) David Nilasena, MD, MSPH, MS (CMS) Jerry Osheroff, MD (AHRQ) *Invited* Kenneth Rubin (VA) Bharat Saturiya, MD, FACEP (Cerner) Sandy Schneider, MD, FACEP Todd Taylor, MD, FACEP Benjamin Zaniello, MD, MPH (EDIE) *Invited*
11:00 am - 11:15 am	Break, Transition from Breakout Sessions, Get Food	
11:15 am - 12:15 pm	Working Lunch Reports from Break Out Sessions	Break Out Session Leads
12:15 pm - 1:15 pm	Panel Discussion #1: Where Do We Want To Be?	Don Rucker
1:15 pm - 1:30 pm	Break & Transition to Break Out Sessions	
1:30 pm - 2:30 pm	**Break Out Session #2: How Do We Get There?** (Identify Short/Mid/Long-Term Goals) *Categories & Topics will mirror Session #1*	Break Out Session Leads
2:30 pm - 2:45 pm	Break & Transition from Break Out Sessions	
2:45 pm - 3:30 pm	Reports from Break Out Sessions	Break Out Session Leads
3:30 pm - 4:30 pm	Panel Discussion #2: How Do We Get There?	Stephen Epstein, MD, MPP, FACEP Kenneth Rubin, MD, MA, FACEP Todd Taylor, MD, FACEP
4:30 pm - 5:00 pm	Q&A, Next Steps, Thanks	James J Augustine, MD, FACEP

HIT Summit

- The overall objective of this Summit is to bring stakeholders & industry experts together to better understand the future state of Healthcare IT (HIT) & explore tactics, actions & strategies to achieve common goals.

- After setting the stage with a limited number of short presentations, the majority of the Summit will be an interactive discussion format.

- The work product of the Summit will be summarized & serve as a guidebook for ACEP's future planning & policy/advocacy.

Break Out Sessions

There will be two, 1-hour break out sessions with a moderator, a scribe to record findings, & 8-10 attendees in each topic group. The work product for each group will be presented to all attendees, with additional discussion, as time allows. Following each report, a panel discussion with various stakeholders will respond to the findings. The topics will be the same for both break out sessions, but the objective for each session differs.

Break Out Session #1: Where Do We Want To Be?

This break out session will focus on an ideal future state of HIT with each individual group discussing each topic. This break out session is intended to be brainstorming, where there are no bad or crazy ideas. These ideas should be stratified into short/mid/long-term goals, where certain aspects may be necessary to precede others. While groups are not necessarily limited to the respective topics, the assigned topics should be the primary focus.

Break Out Session #2: How Do We Get There?

This break out session will focus on tactics, actions & strategies to achieve the ideal state proposed in the earlier session. This break out session is intended to be practical, realistic, reasonable & not so much idealistic. These ideas should be stratified into short/mid/long-term goals, where certain aspects may be necessary to precede others. While groups are not necessarily limited to the respective topics, the assigned topics should be primary focus.

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Break Out Session Category:
CARE DELIVERY

1. Data Acquisition, Management, Utilization, Augmented Intelligence, Information to Knowledge

Recent HIT efforts have been largely focused on EMR/EHR implementation, which focuses on data input/acquisition, data management/presentation, & less so for data utilization, augmented intelligence & transformation of information into knowledge.

2. Data Integration/Aggregation, Clinical Analysis, Automation, Data Transparency, HIE

Data silos (even within the same institution) have been the bane of healthcare for years. The typical response is to tout "standards," which have had some impact, but have largely fallen short. Is there a future state (for example, cloud-base data repository)? What opportunities would such a repository enable? Clinical analysis may never reach its potential without broad-based data aggregation. Automation refers to the ability to use technology to do menial tasks, such as tracking location. Data transparency refers to prevention of intentional data sequestration to gain an advantage. HIE is perhaps obvious, but to date has been limited to local or regional data sets.

3. HIT: Policy, Advocacy, Funding, Administration, Data-Driven Healthcare, Political Realities

HIT, in certain respects, mirrors healthcare policy in general – a mixture of public and private, including funding, competing priorities, distributed delivery, multiple standards and processes, a lack of coordination, a lack of transparency, & more. An additional challenge is a lack of insight as to the future of healthcare, but regardless of which system prevails, HIT will continue to be a necessity. Further, certain political realities have hampered HIT advancement (such as the prohibition of a Universal National Patient Identifier, sequestration of certain data types, consent issues, and more).

4. Distributed Healthcare: Telehealth, Distributed Delivery Models, Care Coordination

Advancements in diagnostic & treatment modalities have moved rapidly, with the potential to cure or significantly alter the course of many diseases (for example, immune therapy). Yet, healthcare delivery models have changed more slowly, despite advancements in communications technology. For example, the delivery model for emergency medicine has changed little in the last 30 years – hub & spoke centralized care to which patients are transported. Further, decreasing availability (actually a distribution issue) of specialty care forces frequent transfers. Are there more efficient and/or cost effective alternatives?

Break Out Session Category:
DATA SCIENCES

5. Population Health

Population health is health outcomes of a group of individuals, including the distribution of such outcomes within the group, which are often based on geographic populations (communities, corporation employees, etc.) or disease-oriented (such as diabetes). How should HIT support the management & advancement of this burgeoning healthcare area?

6. Quality Initiatives, Outcome Measures, Data-Driven Guidelines/Best Practices, Learning Networks

Few areas of healthcare are as data driven as these. Building on current efforts, where should HIT take these important sectors?

7. AI, CDS, Predictive Modeling

Often considered to be the "Holy Grail" of healthcare, these data science areas are barely nascent. What aspects of HIT are required to advance these fields? For example, even simple CDS such as drug-drug interaction & allergy checking fail due to a delay in input or lack of transparency for these data elements. For these to be effective in the emergency department, more data acquisition needs to occur earlier in the visit.

8. Data Aggregation, "Big Data" Analytics, Surveillance, HIE

What is the future of large data sets? What is necessary to achieve these aspirations?

Break Out Session Category:
WILD CARD

9. Define Your Own

An open, no-holds-barred discussion of the ideal emergency department healthcare HIT environment.

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