UPCOMING EVENTS

October 30 Webinar

12:00 – 12:45 PM MST
Jason Carolan
ViaWest CTO

"Compliance & Security in the Cloud- What you need to know- Building a Hybrid Cloud Strategy"

November 13 Luncheon

11:30am-1:00pm
Jim Turnbull, CIO
University of Utah Health Care

"Getting back to the Basics "
Core principles and lessons learned EMR Implementation

December 15 Holiday Luncheon

11:30 – 1:00 PM

Steven H. Shaha, PhD, DBA
Principle Outcomes Consultant Allscripts

Doty Family Education Center 5121 Cottonwood Street, Murray

SEPTEMBER 2014

PRESIDENTS MESSAGE – JULIE BEARD

We are most fortunate and delighted with the incredible speakers and events available for your benefit this 2014-2015 year.   What better way is there than to enjoy a wonderful hot lunch, network with your peers and at the same time expand your knowledge. We encourage you to take advantage of your UHIMSS membership, reserve this little bit of time out of your schedule, register on our new webpage at utah.himsschapter.org and breakaway for these upcoming events.

October 30, 12:00 – 12:45
Jason Carolan, CTO for ViaWest
will be providing a Webinar on "Compliance and Security in the Cloud – What you need to know- Building a Hybrid Cloud Strategy". He will cover the following topics:
● Quick Review of Cloud Concepts and Use Cases
● Industry Trends on Cloud and Hybrid
● How Cloud works with DevOps and Automation
● Compliance and Security in the Cloud
● How You Can Get Started Today

November 13, 11:30 – 1:00 PM
Jim Turnbull, CIO University of Utah Health Care
"Getting back to the Basics" It is really not about the technology but the people. Jim will discuss core principles and lessons learned through their organizational wide EMR implementation and transformation.

December 15, 11:30 – 1:00 PM Holiday Luncheon
Steven H. Shaha, PhD, DBA
Principle Outcomes Consultant, Allscripts
Steve is a renowned world-wide speaker and will share the impact IT is making around the globe in healthcare.   He recently received the best speaker award at an Australian conference similar to the national HIMSS conference.

I recently read two articles provided through my free subscription to Modern Healthcare's e-news and found them worth sharing. The first one exemplifies the efforts from Healthcare providers to reach out to patients through personal devices. It's a strategic partnership between Mayo Clinic and Apple. The second one is a warning on Healthcare IT security where the author raises concerns about identity theft in the new world of electronic medical records and Health Information Exchange. Both articles are at the end of this newsletter for your convenience. Enjoy!

PROFESSIONAL DEVELOPMENT

This year the Board will be focusing on providing additional Professional Development opportunities for our members. Scott Holbrook, Past President and the Membership Committee Chair, Randy Black and Co-Chair, Jayme Norrie is now working on establishing the framework and infrastructure to facilitate CAHIMSS and CPHIMSS certification. In addition, we will be working to facilitate recognition for Senior and Fellow level HIMSS membership. We realize that many of our members may have already met the eligibility criteria and are not receiving this level of recognition. This is a start and may be expanded into other areas as well once we have this program under way. We welcome your feedback on what areas would be of interest for potential career growth.

UHIMSS WEBSITE NOW LIVE!

The new UHIMSS website www.Utah.himsschapter.org went live on September 8, as planned. We extend our thanks to Kim Bartholomew for her many hours of dedicated service to make this possible. Many of the recordings and or slides from the excellent past presentations are now available as a resource for our members. In addition, the UHIMSS Annual 2013-2014 report to HIMSS summarizing accomplishments, challenges, financial status, 2014-2015 budget and objectives by committee is available for your review. Each committee now has their own web page for intuitive access and direct control of the web content for timely updates. This is just the beginning of potential functionality that HIMSS will be introducing in later forthcoming phases. We welcome your feedback and suggestion.

We invite membership to share happenings and special achievements from individual members and or organizations for inclusion in the newsletter and or on the UHIMSS website. We continue to encourage your involvement with UHIMSS and to consider joining one of the UHIMSS Committees.

NEW PROGRAM CO-CHAIR BOARD POSITION:

We are appreciative of the contributions that Mark Runyan was able to make as C0-Chair of the Program Committee and wish him well with the demands of the IASIS new hospital facility scheduled to open soon and other expansion projects that are planned for this next year. Mark will continue to participate on the Program Committee as his schedule will permit. If you would like to be considered or recommend a potential candidate for the role of Program Co-Chair on the UHIMSS Board, please let me know at Utah.himsschapter.org.

NEW UHIMSS BOARD MEMBER CANDIDATES

We are extending the time for you to submit your vote for the two new Board candidates for the position of President-Elect and Communications Co-Chair to September 26. This is being done to ensure you have adequate time to vote with the availability of the new UHIMSS website beginning September 8. Link to the new Utah.himsschapter.org to register your vote.

President Elect– Frank Overfelt. MBA, LFHIMSS, CHE, Diplomat SHS
Frank is a Life Fellow in the Healthcare Information Management and Systems Society (HIMSS) and has been a member for over 35 years. He is a former national vice-president and national board member for HIMSS. Frank has been an advocate and contributor to HIMSS evolving into a powerful society and well-respected in the industry. His latest accomplishment is the development of a position paper for HIMSS rejecting Mandatory Legislated Nurse Staffing Ratios. He has attended all annual National Advocacy Days in DC, except for the first one. Frank is also a member of the College of Healthcare Executives. He was recently designated a Diplomat in the Society for Health Systems Engineering (SHS).

Frank established two consulting organizations, The International Healthcare Consulting Group and Delta Healthcare Consulting Group, in which he is currently President. Frank brings over 33 years of experience to healthcare consulting engagements, having worked and consulted for over 114 hospitals in 27 states, as well as, the District of Columbia. Projects range from evidence-based staffing solutions for nursing to fine-tuning Imaging. Frank specializes in the areas of Cardiology (Invasive and Non-invasive), Imaging, Respiratory Care, Nursing (Acute, L&D, NICU, Resource Pools), Emergency Department, Hospitalists, Maternal Fetal Medicine, among other departments. Frank's prior healthcare

industry experience includes: President of Tenet Information Services, Inc., Senior Manager, KPMG Peat Marwick, Director of Management Engineering, Intermountain Health Care and Manager Productivity Engineering, Kaiser Permanente in Southern California. Frank was at the forefront in developing one of the first cost accounting systems for healthcare in the early 80's.

Goals if chosen:

- Continue to support the national advocacy of HIMSS
- Continue to expand and strengthen the role of UHIMSS in State Advocacy
- Challenge more UHIMSS members to achieve Senior and Fellow level
- Provide opportunities for local members to present papers at chapter meetings on some of their success stories
- Involve the charter discipline of HIMSS (Management Engineering) in UHIMSS
- Seek to achieve national recognition for the UHIMSS chapter.
- Expand the membership of UHIMSS to include other healthcare disciplines

This position is a three year commitment President Elect, President and Past President and or until there is a successor in place.

Communications Co-Chair – Bryan Gibson, DPT, PhD
Dr. Gibson is a graduate of the University of Utah, physical therapist and informaticist with a specific interest in the design and development of patient facing technologies. Dr. Gibson is involved in a number of Veteran Affairs Research and Development projects to include the following:

- Cognitive Support for Nurse Medication Tasks to address one common Adverse Drug Event
- Cognitive Support for Shared Decision Making Using Veterans Like me focused on Veterans with Atrial Fibrillation in context anticoagulation therapy decisions.
- Veterans Centric Healthcare Geriatrics and Extended Care Services to exchange the VA plan of care with community home health providers through the Nationwide Healthcare Information Network
- VA Transformational Initiative #16 Transforming Healthcare Delivery through Health Informatics as a fundamental component of VHA's transition from medical model to a patient centered model of care.

He has also published a number of peer review articles covering subjects such as "Misconception about Weight Gain/Loss", "Understanding Adoption of a Personal Health Record in Rural Healthcare Clinics …", "Development and Validation of predictive model of acute glucose response to exercise in individuals with type II diabetes Diabetology & Metabolic Syndrome", "Efficacy of a Computerized Simulation in Promoting Walking in Individuals with Diabetes", Dr. Gibson is interested in this UHIIMSS Board position because he believes in the mission of HIMSS and would like to help to achieve it. This position is a two year term through June 30, 2016.

CALL FOR INNOVATION LUNCHEON CANDIDATES
In 2014, we hosted a very enjoyable and educational luncheon focused on Innovation Healthcare IT in the State of Utah. This was one of the highest attended events and represented the highest levels of interest to continue in our 2014 survey results. Innovation is going to be an area of focus for the Board and we are looking to host a March Innovation Luncheon.

CALL FOR SPRING CONFERENCE SPEAKERS
We are also beginning our planning for the Annual Spring Conference in May and are now accepting Abstracts and recommendations for speakers. If you have recommendations and or would like to be considered for one of these events, please contact us at utah.himsschapter.org.

NEW UHIMSS MEMBERS!

We want to extend warm welcome to our newest UHIMSS members:

Cathy Delmain, Systems Analyst, Siemens Healthcare, Hyde Park, UT
Joey Desimone, IT/IS, Business Consultant, Morediret, Park City, UT
Nancy Sorensen, Clinical Account Manager, Vocera, Morgan, UT
Stephanie Miller, Overa LLC, Salt Lake City, UT
Joel Erickson, Comcast, Sandy, UT
Steve Fowler, Novarad Corporation, American Fork, UT
Blair Knight, Novarad Corporation, American Fork, UT
Paul Shumway, Novarad Corporation, American Fork, UT
Spencer Stout, Project Manager, University of Utah Heath Care, Salt Lake City, UT

Mayo eyes Apple collaboration to expand consumer outreach
by Darius Tahir

 The **Mayo Clinic** has decided to be involved with **Apple** as it rolls out its new iWatch Tuesday because it hopes the iWatch, along with Apple's HealthKit app, will allow it to better reach patients remotely. Another major provider, Memorial Sloan-Kettering in New York, also reportedly an Apple partner, did not respond to requests for comment on its plans. Mayo already has a patient app available on iTunes that allows patients to access their test results and make appointments, among other functions. By the end of September, Mayo plans to broaden its patient app into a consumer app, he said.

By the first quarter of next year, the consumer app could include a variety of pilot projects to interact with patients and consumers in such areas as **obesity**, **diabetes**, cardiac disease, and asthma. For example, the Clinic might look at ways to reach obese patients and "stimulate their interest" in better diet and exercise, said Dr. John Wald, the clinic's medical director for public affairs. That interaction will come via the iWatch or other remote monitoring devices.

"We will see what the iWatch brings from the remote monitoring perspective. I think the iWatch is one tool to begin to remotely monitor these patients," Wald said. Some remain skeptical about the potential for the broad category of wearable devices that monitor consumer health. For example, a January 2014 **report (PDF)** from consultancy Endeavour Partners noted that the "dirty little secret" of already available wearables was that half of buyers stopped using the gadgets after two years. "Users quickly abandon wearables that don't help them make positive changes," particularly through inducing behavioral change, the report pointed out.

Dr. Aaron Carroll, a professor of pediatrics at the Indiana University School of Medicine, ranks among the skeptics. A research project he'd done that involved glucometers inserted into cellphones for use by teenagers with diabetes prompted his skepticism. Users were supposed to take their blood glucose level readings and text information to their doctors. But problems quickly arose. Sometimes the data was bad, and it became hard to differentiate between incorrect readings and correct ones. Or users would forget to send their readings or simply stop sending them. "I'm skeptical that collecting tons and tons of data and putting it in front of physicians is magically going to change the quality of the U.S. healthcare system," Carroll said.

Mayo's Wald responded that "we're in the very first stages of understanding how we interact remotely with patients," and more effort is needed. Mayo plans to "make sure we have some mechanism of consistently validating the devices that allow us to remotely monitor patients, to make sure first and foremost that the data we're receiving is accurate."

Second, Wald said he felt Apple's HealthKit app will allow users to define what will be relevant data to the patient. "I personally believe it will be up to providers and … users of digital to find what fits best," he said. With those caveats in mind, Wald said the collaboration with Apple will be helpful for the clinic. "As the exchanges and narrow networks come to fruition, patients and consumers are going to be a lot more savvy about their healthcare choices," he said. "Interacting with Apple allows us to reach those consumers and patients in a different way than we have."

Hackers threaten health care industry's patient records
by Jessica Meyers

The latest threat of identity theft might not come from retail stores or big banks, but your doctor's office or local hospital. Criminals are stealing patient records to file fake insurance claims, obtain prescription medication, or sell Social Security

numbers. Just this summer, Chinese hackers seized the personal information of 4.5 million patients at a Tennessee-based hospital network. And federal officials disclosed Thursday that an intruder managed to install malicious software on HealthCare.gov, the government's health insurance marketplace.

These and other recent incidents reveal the growing market for patient data and perilous gaps within the health care industry. "It's a war we're in," said John Halamka, the chief information officer of Boston-based Beth Israel Deaconess Medical Center and cochair of the Health IT Standards Committee, a federal group that advises the government. "Hackers innovate and find new ways to get in and those who store data innovate and find new ways to keep them out. We're leapfrogging back and forth."

Halamka considered this summer's attack on the hospital operator, Community Health Systems, one of the most sophisticated he's seen and an example of the increasingly clever methods of cyber criminals.

Demand for health records is high. The FBI estimates one goes for $50 on the black market, much more than the few dollars often required for credit card numbers. Ponemon Institute, a research center that examines data protections, says breaches cost the industry up to $5.6 billion a year. Stolen health care data can lead not only to financial loss but also to inaccurate medical records and, thus, misdiagnosis.

Criminal intrusions into health care systems have risen 100 percent in the past four years, according to a recent Ponemon report. The FBI warned this April that the health sector, amid mandatory transition to electronic health records, lacked protections to ward off the rising threat of cybercrime. It sent out another alert last month emphasizing the rise of "malicious actors" who prey on health care and medical device fields. It's not clear the industry is up for the fight.

They're focused on delivering health care, not operational security," said Stephen Boyer, cofounder of BitSight Technologies, a Cambridge-based security ratings firm that issued a recent report on the topic. "It's just not a high priority." The study found that hospitals and other health care providers respond to data breaches more slowly than any other industry.

The attack on Community Health Systems reportedly resulted from a well-documented vulnerability known as Heartbleed. And the HealthCare.gov hacker found a way into one of the nation's most monitored websites, although federal officials said the hacker obtained no consumer data.

Analysts, at Ponemon and elsewhere, warn threats could only get worse with the Affordable Care Act's online exchanges and the rise of digitalized records. Motivations for attack range from political agendas to sheer greed. The infamous hacker group Anonymous this spring disrupted Internet access at Boston Children's Hospital and tried to infiltrate the hospital's network. Emeline Lubin, a former employee of Tufts Health Plan this April stole Social Security numbers from thousands of patients. (She pleaded guilty last month to a ploy for fake benefits and tax refunds.) And Boston Medical Center fired a vendor this year after the medical information of 15,000 patients wound up unprotected on a physician website.

A state report released this week calculated that Massachusetts experienced 88 health care related data breaches last year. The number still trails the 1,551 that affected banks and financial institutions but suggests a market for health records. "It's getting to the point now where it has to be a number one focus for organizations," said Daniel Nigrin, chief information officer at Boston Children's who helped mitigate the Anonymous attack. "There are lots of competing priorities but, frankly, security is one that is bubbling up on the top of that list."

The Obama administration, in conjunction with the passage of a 2009 health IT law, has doled out at least $24 billion to spur the transition from paper records to digital ones. The technological push expands opportunities for misuse to smartphone and computers. Beth Israel notified nearly 4,000 patients in 2012 after someone stole a physician's personal laptop from a hospital office.

Health care has only really gone digital over the course of the last five years," said Denny Brennan, the executive director of the Massachusetts Health Data Consortium, a group that focuses on improving collaboration around health information and technology. This industry does face tougher notification requirements than many retailers. It must report data breaches that affect 500 or more individuals and adhere to a federal law that aims to protect patient privacy. Intrusions don't mean

data is stolen, and Massachusetts law requires business and organizations that handle personal information to report a breach.

But no federal law mandates specific security procedures industries must follow — and a cybersecurity bill has stalled in Congress. Meanwhile, low budgets for IT and the increasing sophistication of data theft have left the industry particularly vulnerable. The health care industry's IT department historically receives 2 or 3 percent of the budget compared with more than 20 percent in retail and financial industries, Beth Israel's Halamka said. The hospital's board began to prioritize security after incidents such as the doctor's stolen computer, he said.

A Ponemon report last year noted that health and pharmaceutical companies pay the least for information security staff. But changes means convincing hospitals and other health care providers that they need to overhaul budgets, hire more staff, and share information.

The US Department of Health and Human Services has increased the incentive by cracking down on medical facilities that fail to protect patient data. The agency in May fined New York Presbyterian Hospital and Columbia University Medical Center $4.8 million for the disclosure of nearly 7,000 medical records because of lax technical safeguards.

The Health Information Trust Alliance, an organization that pushes information security in health care, partnered with Southern Methodist University in Dallas this year to create the first graduate program dedicated to addressing risk in health care organizations. The training is essential, the organization said, because "gaps in talent are proving more troubling than technical gaps." The industry, in the meantime, is scrambling to catch up.

"It's not just medical identity theft that can be committed with a medical profile; it's every type of identity theft," said Eva Velasquez, the president of the Identity Theft.