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5TH ANNUAL

TELEHEALTH AND REMOTE PATIENT MONITORING SUMMIT

ENGAGE PROVIDERS AND CONSUMERS IN DIGITAL HEALTH TO OPTIMIZE ROI AND IMPROVE POPULATION HEALTH

JANUARY 25-26, 2017 | SHERATON ATLANTA HOTEL | ATLANTA, GA

NEW FOR 2017:

• Hear directly from CMS about how MACRA and value-based reimbursements are transforming health care

• Explore opportunities to collaborate with community organizations on telehealth initiatives to improve population health

• Examine the benefits of technology-supported care models given the misalignments of incentives during the shift from FFS to population health

• Assess what qualities to look for when determining which providers to include in a telehealth program

• Uncover how technology innovation is changing the telehealth and remote patient monitoring world

CMS KEYNOTE:

Richard E. Wild, MD, JD, MBA, FACEP
Chief Medical Officer, Atlanta Regional Office
CENTERS FOR MEDICARE AND MEDICAID SERVICES

FEATURED SPEAKERS:

Daniel Barchi
Senior Vice President, Chief Information Officer
NEW YORK-PRESBYTERIAN

Sunil Budhrani, MD, MPH, MBA
Chief Medical Officer, Chief Medical Informatics Officer
INNOVATION HEALTH

Mario Gutierrez
Executive Director
CENTER FOR CONNECTED HEALTH POLICY

Purna Prasad, PhD
Vice President, Chief Technology Officer
NORTHWELL HEALTH

Peter A. Rasmussen, MD, FAHA, FAANS
Medical Director, Distance Health
CLEVELAND CLINIC

Suleima Salgado, MBA
Director, Telehealth and Telemedicine,
GEORGIA DEPARTMENT OF PUBLIC HEALTH

Natasa Sokolovich, JD, MSHCPM
Executive Director,
UPMC

Brian Wayling
Assistant Vice President, TeleHealth Services
INTERMOUNTAIN HEALTHCARE

PART OF THE:

THE 8TH ANNUAL
CARE COORDINATION & TECHNOLOGY CONFERENCE & EXHIBITION

JANUARY 25-26, 2017 • ATLANTA, GA

• Care Coordination and Transitions
• ACO Population Health Management
• Telehealth and Remote Patient Monitoring
• Bundled Payment • The MACRA and Quality Payment Program

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**DAY ONE — WEDNESDAY, JANUARY 25, 2017**

8:00  Workshop Registration and Morning Coffee

8:30-11:45 AM ● PRE-SUMMIT WORKSHOPS (CHOOSE FROM 5) ● There is a 15 minute coffee and networking break from 10:00 am – 10:15 am.

| WORKSHOP: Integrate Behavioral Health and SUD Management into Your ACO |
| WORKSHOP: Reduce Readmissions and Achieve High Quality at Safety-Net Hospitals |
| WORKSHOP: Uncover Best Practices in Bundled Payment Implementation |
| WORKSHOP: Leverage Data Collected through Remote Patient Monitoring to Achieve Population Health Goals |
| WORKSHOP: Navigate 2017 Participation — A Deep Dive Into MIPS |

There is a 15 minute coffee and networking break from 10:00 am – 10:15 am.

11:45  Lunch on Your Own/Main Summit Registration

**MAIN SUMMIT**

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<td>1:10  OPENING CMS KEYNOTE ADDRESS: Examine the MACRA Quality Payment Program Transition to Value-Based Care</td>
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<td>2:15  Examine Alternative Payment Models and the Evolution of Care Coordination and Care Management at the Transitional Care and Post-Acute Level</td>
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**DAY TWO — THURSDAY, JANUARY 26, 2017**

7:30  Morning Coffee

8:00  Chairperson's Welcome

8:15  BUILD UPON PROVIDER AND COMMUNITY RELATIONSHIPS TO PROMOTE POPULATION HEALTH AND CLINICAL INTEGRATION

8:30  Total Population: Precision Risk Stratification and Strategic Health Management

8:45  CASE STUDY: Leverage Resources and Improve Coordination across a Small ACO to Promote Better Patient Outcomes

9:00  Develop a Strategic and Tactical Approach to MIPS Performance

9:15  PART 1: Establish Infrastructure across Population and Payer Contracts to Navigate the Transition away from Fee for Service

9:30  Participate in a Key Initiative to Support Your Expanding Telehealth Program

10:00  Networking and Refreshment Break

10:45  CASE STUDY: Leverage Resources and Improve Coordination across a Small ACO to Promote Better Patient Outcomes

11:00  IN-SUMMIT WORKSHOP: Use Data-Driven Programs to Ensure Continuous Quality Improvement

11:30  Develop Innovative Collaboration for High Touch and Hyper Local Care Management

12:15  Networking Luncheon

1:30  CASE STUDY: Leverage Resources and Improve Coordination across a Small ACO to Promote Better Patient Outcomes

2:15  CASE STUDY: Improve Physician Alignment – Bridge the Gap Between Clinical and Operational Strategies

3:00  CLOSING KEYNOTE: Achieve Better Outcomes through Increased Collaboration between Providers and Plans

3:45  Close of Summit
Dear Colleague,

Telehealth has reached a tipping point where offering remote care to patients is no longer an added benefit but rather a critical piece of the organization’s strategy. Technology offers opportunities for patients to access quality care that has previously been out of reach. For providers, they can enhance their connectivity with patients and collect meaningful data to better manage patient outcomes.

Telehealth and remote patient monitoring offer the opportunity to reduce costs to an organization and maximize ROI. In order to tap into this, though, organizations must look beyond offering remote consultations to reengineering their systems. They must think about where technology is heading and how to meet consumers where they are going, all while ensuring the highest standards of quality and safety of care delivered through technology. Furthermore, as disruptive innovators continue to move the industry forward, technology will increasingly offer opportunities for payers and providers to improve access to quality care.

Join me at the 5th Annual Telehealth and Remote Patient Monitoring Summit in January where we analyze the current landscape of telemedicine, share best practices to implement and scale programs, and discuss technology innovations and strategies to advance the industry and expand access to quality health care.

Sincerely,

Purna Prasad

Purna Prasad, PhD
Vice President, Chief Technology Officer
NORTHWELL HEALTH
Chairperson, 5th Annual Telehealth and Remote Patient Monitoring Summit

WHO SHOULD ATTEND:
From Hospitals, Health Systems, Integrated Delivery Networks, Provider Groups, ACOs, and Health Plans:
• Chief Information Officers
• Chief Medical Information Officers
• Chief Nursing Information Officers
• Chief Innovation Officers
• Chief Technology Officers
• Chief Digital Officers
• Chief Operating Officers
• Vice Presidents and Directors of:
  — Telehealth
  — Remote Patient Monitoring
  — mHealth
  — Innovation
  — Information Technology
  — Connected Health
  — Virtual Health
  — eHealth
  — Strategic Planning
  — Technology Strategy
  — Consumer Technology

This Summit Also Benefits:
• Data Analytics Companies
• Care Coordination Solutions Providers
• Population Health Management Companies

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**EVEN MORE CONTENT!**

Are you looking for a hands-on experience to uncover practical strategies that you can take back to your team next week? A pre-summit workshop is the perfect fit! Each 3 hour workshop takes a deep dive into a specific topic to help your organization enhance its care coordination strategy. Join your peers from hospitals, health systems, physician practices, and post-acute care organizations in these multi-stakeholder discussions.

**DAY ONE – WEDNESDAY, JANUARY 25, 2017**

**8:00**  
Workshop Registration and Morning Coffee

**8:30-11:45 AM • PRE-SUMMIT WORKSHOPS (CHOOSE FROM 5)**

### WORKSHOP: Integrate Behavioral Health and SUD Management into Your ACO

Behavorial health management is a central focus for lasting success in population health management; however, it comes with tremendous considerations and barriers to implementation. This workshop breaks down the key obstacles to behavioral health integration faced by ACOs and suggests workable solutions that can be implemented in any size organization.

- Pinpoint the main challenges impacting behavorial health integration
  - Identify the core common challenges to behavioral health integration and overarching issues resulting from these
  - Explore the current state of behavioral health in your organization and how to best position your ACO to overcome potential hurdles
- Determine which model of integration best fits the goals of your program
  - Explore the advantages and considerations of the most commonly used behavioral health models
  - Evaluate the culture and infrastructure needed for implementation and how this is reflected in your ACO
  - Apply these models in a scalable fashion to meet your needs
- Assess ways to effectively address Substance Use Disorder within your ACO
  - Use community resources and support to successfully and efficiently integrate Substance Use Disorder management
  - Draw strategies for overcoming the hurdles associated with integrating SUD programs into your ACO

**Gavin Malcolm, LCSW**  
Director, Population Health  
**BROWARD HEALTH**

### WORKSHOP: Reduce Readmissions and Achieve High Quality at Safety-Net Hospitals

At first glance, the structure of CMS’ Hospital Readmissions Reduction Program appears to establish unattainable goals for safety-net hospitals; however, some exceptional teams have not only reduced readmissions, but received competitive Star ratings for their efforts.

- Address the social determinants of health that often result in ER overutilization
  - Identify the core common challenges to reducing readmissions when working with a population of high utilizers
  - Discuss ways to overcome the impact of homelessness, lack of transportation, and poverty on patient care and health outcomes
- Promote robust communication among physicians, care teams, and patients
  - Foster communication between physicians and care teams to prevent avoidable ER use by identifying and addressing those patients at risk of readmission
  - Open communication with patients to identify individual obstacles to their health and ways they can take control of their care
- Outline programs to reduce readmissions tailored for this distinct population of high-utilizers
  - Hear best practice from teams at safety-net hospitals and plans for continuous improvement
  - Evaluate ways to better connect inpatient and outpatient services

**Jennifer Crisp**  
Vice President, Product Innovation  
**CIPHERHEALTH**

**Sonia Mehta, MD, MBA**  
President, Chief Executive Officer, Chief Medical Officer  
**LORETTO HOSPITAL**

### WORKSHOP: Uncover Best Practices in Bundled Payment Implementation

The health care industry is shifting to move away from fee-for-service to include more programs that are quality and outcomes based. Bundled payment models allow providers to directly take part in this transformation, to engage in the value-based movement, and make a difference in their own communities. In this workshop, examine the early stage preparation needed to build and implement a bundled payment model.

- Put infrastructure in place to support a bundled payment model
  - Develop an interdiscipliary steering committee focused on program priorities
  - Understand the sources of data needed to build and manage a bundle
- Establish quality metrics to evaluate outcomes
  - Benchmark around where your organization stands relative to pricing and others in the market
  - Identify opportunities on the inpatient side and post-acute side to control costs
  - Conduct a quality performance analysis
- Implement a care model design process to track care teams and financial status
  - Track provider performance and identify solutions to support providers who are not meeting quality metrics
  - Identify the most common pain points in bundled payment implementation and strategies to overcome these challenges

**Jim Gera, MBA**  
Senior Vice President, Business Development  
**SIGNATURE MEDICAL GROUP**

**Gerald (Jerry) Rupp, PhD**  
Director, Research Programs  
**SIGNATURE MEDICAL GROUP**

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**WORKSHOP: Leverage Data Collected through Remote Patient Monitoring to Achieve Population Health Goals**

Remote patient monitoring offers providers the ability to collect a wealth of data on the patients they treat, but the value of raw data can be limiting. In order to fully capitalize on the opportunities offered through this data collection, providers must ensure that the data not only offers new insights but is also actionable. Telehealth program design must work with data analytics to develop a strategy to ensure that insightful data reaches those providing the care.

- Establish quality metrics to track in developing a remote patient monitoring program
  - Assess what clinical and quality metrics to monitor
  - Develop a strategy to capture and measure results
- Explore opportunities to leverage data collected through remote patient monitoring to improve population health
  - Identify the need for intervention sooner to improve patient health and wellbeing
  - Assess patient needs to design better care plans
- Collaborate with data analytics teams to design advanced telehealth and remote patient monitoring programs
  - Understand the importance of coordinating efforts with data analytics professionals
  - Hear best practices from organizations on how to communicate insights to providers of care

**Daniel Prewitt**
Senior Vice President, General Manager,
Payer and Employer Markets
AMC HEALTH

**Purna Prasad, PhD**
Vice President, Chief Technology Officer
NORTHWEST HEALTH

**Gigi Sorenson, RN, MSN**
Director, Community Connected Care and Telehealth
NORTHERN ARIZONA HEALTHCARE

**WORKSHOP: Navigate 2017 Participation — A Deep Dive Into MIPS**

CMS has stated that 90-95% of Medicare Part B providers – including physicians, physician assistants, nurse practitioners, certified nurse specialists, and certified registered nurse anesthetists – will initially be evaluated under the requirements of the Merit-Based Incentive Payment Program (MIPS). Learn how MIPS consolidates and strengthens the financial impacts of the Medicare Meaningful Use (MU), Physician Quality Reporting System (PQRS), and Value-Based Modifier (VBM) programs while leveraging the measurement performance and reporting methods providers have become familiar with.

- **Hear an overview of MIPS**
  - Examine the eligibility criteria and exemptions for participation in MIPS
  - Discuss the four performance categories and how providers are scored under each
  - Understand how MIPS impacts the MU, PQRS, and VBM programs
  - Translate the MIPS Composite Score into incentives and penalties
  - Compare negative payment adjustments and the investment required to meet MIPS requirements
- **Examine quality and resource use measurement under MIPS**
  - Explore quality data submission and how it relates to PQRS
  - Understand how CMS will calculate clinicians’ resource use
  - Highlight key changes from the current program (Value Modifier)
  - Understand how quality and resource use measurement aligns with the private sector and APMs
- **Understand Meaningful Use 2.0 — Explore Advancing Care Information**
  - Differentiate the base score, performance score, and bonus point that form the composite score for the ACI performance category
  - Examine the MU components incorporated into ACI and their contribution to the base score
  - Identify the three objectives that build the performance score and their associated measures
  - Develop a checklist to optimize ACI performance
- **Discuss Clinical Practice Improvement Activities**
  - Define CPIAs and explore which activities qualify in MACRA
  - Review the reporting method and timeline for performance and reporting for CPIAs

**Carmen Hughes, CMUP**
Executive Director, GEORGIA HEALTH INFORMATION TECHNOLOGY EXTENSION CENTER (GA-HITEC), GEORGIA HEALTH CONNECT (GAHC)

**Ronald Jackson**
Accountant, Division of Financial Management and Fee for Service Operations
CMS – ATLANTA REGIONAL OFFICE

**Michele P. Madison**
Partner - Atlanta
MORRIS, MANNING & MARTIN, LLP

11:45  Lunch on Your Own/Main Summit Registration

1:00  Conference Welcome and Opening Remarks

**Mary Beth Pace, RN, BSN, MBA, ACM, CMAC**
Vice President, Care Management
TRINITY HEALTH

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**CMS KEYNOTE ADDRESS:**
Examine the MACRA Quality Payment Program Transition to Value-Based Care

CMS has made it clear that in order to improve quality care, reduce costs, and empower patients to be better stewards of their health, the health care industry has to trend away from fee-for-service reimbursements that do not account for quality and efficient care. In the MACRA Quality Payment Program, MIPS, and Alternative Payment Models, CMS is setting an agenda to move the industry toward value-based care. In this Keynote Address, hear directly from CMS about how value-based reimbursements are transforming the industry, what it sees for the future, and how to get there.

**Richard E. Wild, MD, JD, MBA, FACEP**
Chief Medical Officer, Atlanta Regional Office
CENTERs FOR MEDiCaRE AND MEDiCAID SERVICES (CMS)

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**TELEHEALTH AND REMOTE PATIENT MONITORING SUMMIT**

**2:15 Lay the Foundation to Build a Scalable Remote Patient Monitoring Program**

In any remote patient monitoring program you have 3 elements: the health system, the vendor, and the patient. While the capabilities opened up by technology continue to expand, the operational and logistical components of a remote patient monitoring program continue to hold back the industry. Health systems must develop better management strategies in order to realize the full impact of remote patient monitoring on improving health outcomes and reducing costs. In this session, learn how to lay the foundation to build an operational scale that will sustain remote patient monitoring programs.

- Explore the initial steps needed to build a remote patient monitoring program before exploring the technology options
- Hear lessons learned from designing a large-scale, population health management strategy using remote patient monitoring

**Todd Leto**
Chief Executive Officer
TRAPOLLO LLC A COX COMMUNICATIONS COMPANY

**2:45 Develop Telehealth Protocols to Optimize Patient-Provider Interactions**

Technology is changing the way patients and providers interact. Through the use of technology, not only are patients gaining greater access to care on demand, but they are also able to review and share information with providers before they connect. Here, telehealth and dashboards offer solutions to improve quality of care while increasing visit efficiency.

- Examine what protocols to develop for initiating a telehealth session
- Discuss how to standardize telehealth appointments to ensure quality and follow up

**Roger Smith, PhD, MBA**
Chief Technology Officer
FLORIDA HOSPITAL NICHOLSON CENTER

**3:15 Explore and Integrate New Technologies and Platforms to Support your Expanding Telehealth Program — Anticipate the Future and Exceed Consumer Expectations**

Established telehealth programs often experience the challenge of outgrowing their initial telemedicine platform because of expanding interest, enthusiasm, and opportunity to offer additional virtual services. As telehealth use cases grow, existing technology may not meet long-term strategic objectives. In addition, with the growing consumer adoption of new technologies, such as wireless sensors and wearables, the opportunity to integrate these tools across the care continuum is expanding. The focus on patient engagement and meeting the evolving consumer health care demands requires organizations to anticipate and understand the importance of making the best technology integration decisions today. New telemedicine vendors and platform options are growing every day and the decision of whether to “buy or build” is key to supporting the continued success of any telehealth strategy. In order to keep up and design effective telehealth and remote patient monitoring programs, organizations must leverage technology solutions that allow them to meet the consumer where they are going. This analysis is highly complex and requires a basic understanding of medical device regulations, HIPAA privacy standards, evolving reimbursement models, and budgetary considerations.

- Review various telehealth use cases often deployed across a growing telehealth program
- Discuss regulatory, reimbursement, and financial considerations
- Understand technology and platform considerations
- Summarize some of the popular vendor solutions and consider practical implementation and operational challenges
- Examine some potential gaps in available vendor solutions
- Explore additional considerations to support an evolving digital health strategy

**Natasa Sokolovich, JD, MSHCPM**
Executive Director, Telehealth
UPMC
Networking and Refreshment Break

Explore Innovative Uses of Technology to Reduce Readmissions

While readmissions have improved since the ACA's Hospital Readmissions Reduction Program was implemented, there are still significant financial penalties and missed rewards for hospitals that still have room for improvement in their readmission rates.

- Uncover ways to predict readmissions before they occur to allow an opportunity to prevent them
- Examine the role of technology in reducing readmissions
- Discover innovative technologies hitting the market that aid in lowering readmission rates

Sunil Budhrani, MD, MPH, MBA
Chief Medical Officer, Chief Medical Informatics Officer
INNOVATION HEALTH

Sherrie Petersen, MBA, BSW
Director, LivingWell@Home
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY

Leverage Collaborative Technology to Fill Gaps in the Care Continuum

Part 1: Utilize Remote Patient Monitoring in Bundled Payment Models to Fill Gaps in the Care Continuum

As value-based reimbursement models continue to grow, maintaining close communication with patients, secondary providers, and facilities is paramount to reducing cost of care through appropriate treatment and patient monitoring. When patients are moving throughout multiple facilities and receiving care from various providers, there can be points where care is disjointed, leaving patients without care when they need it. Through the use of telemedicine, providers can assist in consulting with secondary providers, monitor patient progress, and conduct remote follow-up visits. In this part of the session, explore emerging technologies that improve access and patient care within the bundled payment reimbursement model.

- Understand the cost and benefits to using telemedicine for bundled payment patients
- Discuss the operational components of implementing a telemedicine program within a bundled payment model
- Leverage technology to bend the cost curve while improving patient satisfaction and outcomes

Paul Bruning, DHA
Chief Operating Officer
TALLAHASSEE ORTHOPEDIC CLINIC

Lauren Faison
Service Line Administrator, Regional Development, Population Health and Telemedicine, TALLAHASSEE MEMORIAL HEALTHCARE

Part 2: Empower Patients and Care Teams through Connected Devices and Smart Data

Discuss how using innovative technologies, like RPM, telemedicine and streamlined data from connected devices can prevent information overload and allow you to provide better, more informed care. Studies show that managing chronic care in the U.S. with remote patient monitoring could save nearly $200 billion across all conditions over the next 25 years.

- Explore the value of connected care technologies such as RPM and telemedicine for bundled payment patients
- Identify unique ways to close the gap of care outside of the office, and engage more deeply and efficiently with your patients
- Increase patient engagement with smart data and actionable insights to help boost population performance
- Learn how to support value-oriented, proactive care without creating extra work

Jerome Aya-Ay, MD
Managing Member, CEO
PALMETTO PROACTIVE HEALTHCARE

Justin Williams
Founder, CEO
NOTEWORTH

Cocktail and Networking Reception

DAY TWO - THURSDAY, JANUARY 26, 2017

Morning Coffee

Chairperson’s Welcome and Review of Day One

Purna Prasad, PhD
Vice President, Chief Technology Officer
NORTHWESTL HEALTH

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### 8:05
**Discuss State and Federal Reimbursement Trends of Telehealth and Remote Monitoring Programs and Determine the ROI**

Though progress has been made in recent years, care delivered through technology is still not reimbursed the same as care delivered in person. Until reimbursement for telehealth and remote monitoring aligns with face-to-face care, organizations need to illustrate the financial ROI of these programs. In this session, examine the trends in legislation affecting telehealth, research demonstrating telehealth and remote patient monitoring effectiveness, and what to expect in the future for reimbursement.

- Understand recent changes in reimbursement of digital health care
- Determine the financial ROI of implementing and expanding these programs
- Understand the elements of the ROI in establishing these programs

**Mario Gutierrez**
Executive Director
CENTER FOR CONNECTED HEALTH POLICY

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### 8:35
**Discover How Telehealth is Changing Medicine at New York-Presbyterian and Beyond**

Digital health has come a long way in 40 years. Once thought to be science fiction, patients can now connect virtually with doctors from anywhere. While the technology for virtual visits has not changed vastly over the years, what has changed is the way we use it. New York-Presbyterian (NYP) is using telehealth in emergency medicine, virtual visits, surgical preparation, and second opinions. In this session, hear the impact digital health is having on quality, access to care, and the way NYP looks at medicine.

**Daniel Barchi**
Senior Vice President, Chief Information Officer
NEW YORK-PRESBYTERIAN

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### 9:05
**CASE STUDY: Ensure Quality and Safety of Care Rendered Via Remote Patient Monitoring**

The initial challenges with telehealth and remote patient monitoring programs are implementation and sustainability, but once these programs are up and running, providers must work to ensure the quality of care rendered through technology is comparable to care delivered in person. In this case study, hear how Northern Arizona Healthcare built its chronic condition remote patient monitoring program, Care Beyond Wells and Wires, to ensure access to quality care for patients in rural areas.

- Explore the process of transitioning from a pilot program to a sustainable model for care
- Discover how programs can ensure quality of care is in line with clinical practices
- Understand existing guidelines on providing care via technology safely and effectively
- Understand the limitations of care delivered through technology to increase quality of care
- Hear results from the remote patient monitoring program to understand the value of remote patient monitoring programs within a challenging reimbursement landscape

**Gigi Sorenson, RN, MSN**
Director, Community Connected Care and Telehealth
NORTHERN ARIZONA HEALTHCARE

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### 9:30
**Enhance Patient Engagement in Health Care through Digital Health**

Patient engagement is key to improving health outcomes. A major question for growing use of technology in care delivery is how this influences the provider-patient relationship and how to keep the patient engaged. In this session, hear how one organization leverages remote patient monitoring to improve patient engagement and improve outcomes for high risk populations.

- Discuss ways technology can provide better service to patients, such as increasing the amount of time between the patient and provider
- Explore strategies for making digital visits more interactive to improve patient engagement
- Utilize technology to provide education to patients to increase engagement and understanding of care plans

**Kelly Gariando, RN**
Telehealth Monitoring Specialist
MULTICARE HEALTH SYSTEM

**Lynnell Hornbeck, RN, BSN**
Home Health Manager
MULTICARE HEALTH SYSTEM

**Emily Yu, MHA, CAPM**
Program Manager, Virtual Health
MULTICARE HEALTH SYSTEM

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<tr>
<td>1:30</td>
<td>Improve Population Health by Collaborating and Partnering with Outside Organizations</td>
<td>Suleima Salgado, MBA</td>
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<td>GEORGIA DEPARTMENT OF PUBLIC HEALTH</td>
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<td>2:15</td>
<td>Closing Keynote Address: Explore New Technologies and Their Effect on Remote Patient Monitoring</td>
<td>Peter A. Rasmussen, MD, FAHA, FAANS</td>
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<td>CLEVELAND CLINIC</td>
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<td>3:00</td>
<td>Close of Summit</td>
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**5TH ANNUAL**

**TELEHEALTH AND REMOTE PATIENT MONITORING SUMMIT**

**ENGAGE PROVIDERS AND CONSUMERS IN DIGITAL HEALTH TO OPTIMIZE ROI AND IMPROVE POPULATION HEALTH**

**JANUARY 25-26, 2017 | SHERATON ATLANTA HOTEL | ATLANTA, GA**

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- Children's Hospital Colorado
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- Center for Connected Health Policy
- Innovation Health
- Intermountain Healthcare
- Northwell Health
- Signature Medical Group
- Tallahassee Memorial Healthcare
- Tallahassee Orthopedic Clinic
- Trinity Health
- UPMC

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- ACO Population Health Management
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|                      |                        |                        |                        |
| Main Conference Only | $995.00               |                        |                        |
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