TEPR is recognized as the best annual educational conference and exhibition for health IT professionals and all others journeying towards the Electronic Patient Record.

TEPR 2006 will feature programming for:

- Hospitals
  pages 14-16
- Medium & Large Practices
  pages 17-19
- Small Practices
  pages 20-21
- Specialty Practices
  pages 22-25
- Nursing
  pages 26-28
- Military, Government, International
  pages 29-31
- Networks & Communities
  pages 32-34
- TEPR Techs
  pages 35-37
- C-Level Symposium
  pages 38-39

Does Your Healthcare IT System Measure Up?

May 20-24, 2006
Pre-Conference: May 20-21, 2006
Main Conference and Exhibition: May 22-24, 2006

Baltimore Convention Center • Baltimore, Maryland

VISIT TEPR.COM FOR COMPLETE INFORMATION, OR CALL 617-964-3923.
Dear Healthcare Professional:

Everyone in healthcare will have to implement or work with EHR systems. As all practices, clinics, hospitals, long-term care facilities, home healthcare providers and others move towards electronic health record (EHR) systems, TEPR is the one conference designed to help with the journey. Medical Records Institute has invited several hundred experts to share their knowledge as well as several hundred exhibitors to provide you with a full spectrum of EHR Systems and related components.

The Medical Records Institute team is looking forward to welcoming your team at TEPR. I promise that you will not regret the experience.

Sincerely,

C. Peter Waegemann
CEO,
Medical Records Institute

---

TEPR Levels of Participation

Medical Records Institute offers this year several levels of participation:

- In order to receive all material, registration for The Works will get you into two full days of tutorials, provide you with all tutorial handouts (even those you don’t attend due to schedule conflicts), and provides you with background information otherwise not available. The Works is recommended to people who are new to healthcare IT or in a new position who do not want to miss anything in the myriad of health information technology.

This year... don’t miss a thing with The Works Passport

TEPR is but once a year, and with everyone’s lives as busy as they are these days, it is difficult to assemble such a meeting of the minds on any issue. So this year, get the whole story with The Works Passport. Gain unlimited access to all conference sessions, tutorials, exhibits, the Super EMR Road Show sessions and evening social events. The biggest value for those attending TEPR, The Works Passport will allow you entrance into all tutorials, even skipping between concurrent sessions, allowing you maximum exposure for your time and money. Plus, The Works Passport holder is the only attendee to receive full materials from all 30 tutorial sessions. This alone makes the price right... not to mention all the other aforementioned VIP privileges.

The Works is recommended to those new to the industry or those looking for the maximum exposure to every aspect of the educational, exhibition and networking opportunities available at TEPR 2006!
TEPR 2006
Towards the Electronic Patient Record

On May 20, 2006, the doors will open for TEPR 06 at the Baltimore Convention Center. TEPR – Towards the Electronic Patient Record – is in its 22nd year and is widely acknowledged as the best educational program in Health IT. This year, a new team has designed the conference to be even more practical, helpful, innovative, and informative. The program addresses all important issues to be considered when moving towards an EHR. Our program committee has selected more practical presentations to help you identify the pros and cons of many issues. For hospitals, specific building blocks will be analyzed. For the clinic and practice, specific sessions will explore successes and failures.

If You Believe in EHRs, You Should Attend TEPR 06 in Baltimore
Every person working within or with health information technology (HIT) will benefit from attending this conference.

• If your organization or practice is thinking about EMRs but is having difficulty determining the return on investment, this is the best opportunity to assess your situation.

• If your organization or practice has implemented an EMR, at TEPR you will find many ways to make it work better, improve certain functions, find additional application software, etc.

• If you are from a hospital, TEPR will help you to be more efficient and competitive through new IT solutions.

• New for 2006! Ask The Expert – Your chance to meet one-on-one with TEPR speakers who are leading authorities in health IT.

Continuing Education Credit
Physicians and nurses will be awarded professional credit for the sessions they attend. Others may request a certificate of attendance for reciprocal credit in their field. The conference is designed to assist healthcare providers to more effectively analyze and assess the use of the electronic health record for their specific needs. Attendees will enhance their ability to:

• Review the current use of EHR in their selected healthcare field
• Assess how to integrate clinical systems into the EHR
• Identify the best options for their practice/healthcare facility
• Define approaches to selection, implementation and growing with their EMR and/or related technologies
• Evaluate system functionality that makes patient care more effective
• Discuss clinician partnering between healthcare providers to promote better healthcare
• Debate what healthcare will look like in 10 years and the next steps to get there.

CME Credit
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through joint sponsorship of the Colorado Foundation for Medical Care (CFMC) and Medical Records Institute. CFMC is accredited by the ACCME to provide continuing medical education for physicians.

CFMC designates this continuing medical education activity for a maximum of:

6.5 category 1 credits on Monday
6 category 1 credits on Tuesday
6 category 1 credits on Wednesday

Plus 3 category 1 credits for each tutorial attended towards the AMA Physician’s Recognition Award. Each physician should claim only those hours of credit actually spent in the educational activity.

Nursing Credit
The Colorado Foundation for Medical Care is an approved provider of continuing education by the Colorado Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

This activity provides:

7.8 contact hours on Monday
7.2 contact hours on Tuesday
7.2 contact hours on Wednesday

Plus 3.6 contact hours for each tutorial completed
Where did Dr. Fine go? Can anyone locate Patient Anna? Where did the tablet PC run off to? Does anyone know where anything is?!?!

Do you have those days at your facility? Too busy with all that goes on to keep track of every movement of your doctors, nurses, patients and medical devices? You need to know where everyone and everything is right away because time is always of the essence.

THEN YOU NEED TO SEE THIS

LIVE Demonstration of Wireless Automatic Tracking of 1000 TEPR Attendees

Patient Care Technology Systems & Parco Wireless

For the first time ever experience wireless attendee tracking technology at a national Healthcare IT Conference. It’s the largest demonstration of wireless locating and tracking technology ever staged!

Imagine, if you will, TEPR 2006 as a large, busy modern-day medical facility. 1000 attendees will be given an RFID tag that will allow this system to track their location by set “zones” through the conference. Find your MD when he wanders into the “OR” zone, locate your “nurse” when she makes her rounds in “ICU” and track down your long-term care patient who has just simply wandered off. You have entered the tracking zone.

Think of the implications for your facility. Know how many patients are waiting in the waiting room. Find out who is behind door one without having to peek your head in. Have control over your portable medical devices so you don’t spend precious moments tracking them down like lost pens. Know instantly that your Dr. Smith is in for a routine visit with Patient Anna when you need him for an emergency situation with Patient Richard.

RFID and ultrawide band (UWB) technologies have a number of highly attractive applications for hospitals and large clinics. Take part in this first time ever large scale demonstration and start to imagine how you could put it to use. Medical Records Institute is excited to bring this opportunity to participate and learn to you at this year’s TEPR Conference.

For more information and updates, please visit www.medrecinst.com

Affiliated Meetings

Standards Activities
International Standards Developer - ASTM E31 on Healthcare Informatics

Established in 1970 this ANSI-accredited committee develops standards for health information and health information systems designed to assist vendors, users and anyone interested in systematizing health information. The current standards address architecture, content, portability, format, privacy, security and communications. The Committee coordinates its efforts with those of other standard developers.

ASTM E31.28 Subcommittee on the EHR will meet on Sunday, May 21, from 9 am to 4 pm to discuss next steps regarding the recently released E2369 Standard for Continuity of Care Record, including the work of its technical task group, clinical task group, and security task group. Members and nonmembers are welcome to attend.
### Saturday, May 20, 2006

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am – 11:00 am</td>
<td>SA1a</td>
<td>Latest EHR Developments</td>
</tr>
<tr>
<td></td>
<td>SA2a</td>
<td>Putting EHR Vendors to the Test - Checking Usability Before Buying</td>
</tr>
<tr>
<td></td>
<td>SA3a</td>
<td>CPOE: What Makes it Successful?</td>
</tr>
<tr>
<td>12:00 pm – 3:00 pm</td>
<td>SA1b</td>
<td>The Value of Widespread EHR: Findings of a Two-Year Study</td>
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<tr>
<td></td>
<td>SA2b</td>
<td>Risk: The “Third Rail” of ROI in EHR Selection and Implementation</td>
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<tr>
<td></td>
<td>SA3b</td>
<td>Point of Care: Capturing and Analyzing Patient Information</td>
</tr>
<tr>
<td>3:15 pm – 6:15 pm</td>
<td>SA1c</td>
<td>The Payer Perspective: Should We Fund Providers’ EHRs?</td>
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<tr>
<td></td>
<td>SA2c</td>
<td>Disaster Planning and Recovery - Lessons and Stories from the Trenchs</td>
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<tr>
<td></td>
<td>SA3c</td>
<td>Establishing a Process for Automating Documentation</td>
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### Sunday, May 21, 2006

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am – 11:00 am</td>
<td>SU1a</td>
<td>An Examination of the High-Tech Doctor’s Office</td>
</tr>
<tr>
<td></td>
<td>SU2a</td>
<td>For Clinicians Only: Getting the EMR to be Productive and Not Slow You Down</td>
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<tr>
<td></td>
<td>SU3a</td>
<td>Building Blocks for Hospitals: Integrating the EHR</td>
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<tr>
<td></td>
<td>SU4a</td>
<td>The Prescribing Infrastructure: Are We Ready for ePrescribing?</td>
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<td>SU5a</td>
<td>EHR Architecture: the Importance of its Underpinnings</td>
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<td>SU6a</td>
<td>Electronic and Digitall Signatures formerly called “The Trend Towards Electronic Signatures”</td>
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<tr>
<td></td>
<td>SU7a</td>
<td>A Guide for Physicians: Finding the Best EHR for Your Practice</td>
</tr>
<tr>
<td>12:00 pm – 3:00 pm</td>
<td>SU1b</td>
<td>Successful Provider Strategies of Using Speech Recognition and Natural Language</td>
</tr>
<tr>
<td></td>
<td>SU3b</td>
<td>Training: It’s About Time! A Multi-Tasking Approach to Instructional Design</td>
</tr>
<tr>
<td></td>
<td>SU4b</td>
<td>Evaluating ePrescribing Vendors</td>
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<tr>
<td></td>
<td>SU5b</td>
<td>Applying Quality Measures: Using Data to Improve Clinical Outcome</td>
</tr>
<tr>
<td></td>
<td>SU6b</td>
<td>Realizing the Benefits of RFID in Hospitals</td>
</tr>
<tr>
<td>3:15 pm – 6:15 pm</td>
<td>SU1c</td>
<td>DOQ-IT: Migrating from Paper-Based to EHR Systems</td>
</tr>
<tr>
<td></td>
<td>SU2c</td>
<td>Workflow Management Systems: Key to EHR Usability</td>
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<tr>
<td></td>
<td>SU3c</td>
<td>How to Manage a Complex Healthcare IT Infrastructure</td>
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<tr>
<td></td>
<td>SU4c</td>
<td>Negotiating a Winning Contract</td>
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<tr>
<td></td>
<td>SU5c</td>
<td>Implementing the Continuity of Care Record (CCR) in Hospitals</td>
</tr>
<tr>
<td></td>
<td>SU6c</td>
<td>Automatic Updating for the Clinic - Avoiding Problems Before They Start</td>
</tr>
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<td></td>
<td>SU9a</td>
<td>New! ePrescribing Tutorial</td>
</tr>
<tr>
<td></td>
<td>SU8a</td>
<td>New! Putting EHR Vendors to the Test - Checking Usability Before Buying</td>
</tr>
<tr>
<td></td>
<td>SU8b</td>
<td>New! Virtual Visits Using the Internet in your Practice</td>
</tr>
<tr>
<td></td>
<td>SU8c</td>
<td>New! Best Practices for Creating and Managing Safe and Successful Wireless Patient Care Systems</td>
</tr>
</tbody>
</table>
## Schedule-at-a-Glance • Main Conference

### Monday, May 22, 2006
7:00 am Registration

<table>
<thead>
<tr>
<th>Time</th>
<th>Hospitals (see page 14)</th>
<th>Medium &amp; Large Practices (see page 17)</th>
<th>Small Practices (see page 20)</th>
<th>Specialty Practices (see pages 22-21)</th>
<th>Nursing (see page 26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am - 9:30 am</td>
<td>Roadmap to the EHR</td>
<td>EHR Vendor Selection</td>
<td>Using EHRs &amp; Determining ROI</td>
<td>Behavioral Health: EMR Implementations; Role of Standards</td>
<td>In-Depth Case Study: Innovative Solutions for Real-World Problems</td>
</tr>
<tr>
<td>9:45 am - 11:15 am</td>
<td>Strategies for Successful CPOE</td>
<td>In-Depth Case Study: EHR for Primary Care Clinics</td>
<td>EHR Adoption in Small Practices: Case Studies</td>
<td>Behavioral Health: Public Policy and Direction</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>11:30 am - 1:00 pm</td>
<td>In-Depth Case Study: Vendor Selection - Measuring ROI &amp; Benefits - EHR Implementation</td>
<td>Workflow &amp; Process Improvement</td>
<td>Current Technology Usage &amp; Taking the Next Step</td>
<td>Behavioral Health: EMR Opportunities &amp; Trends</td>
<td>PANEL DISCUSSION: Preventing Lost Charges in the Nursing Realm</td>
</tr>
</tbody>
</table>

### Tuesday, May 23, 2006
7:00 am Registration

<table>
<thead>
<tr>
<th>Time</th>
<th>Hospitals (see page 15)</th>
<th>Medium &amp; Large Practices (see page 18)</th>
<th>Small Practices (see page 21)</th>
<th>Specialty Practices (see pages 23-24)</th>
<th>Nursing (see page 27)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am - 9:30 am</td>
<td>Building Blocks for a Successful EHR</td>
<td>Proving the ROI of Systems Investments</td>
<td>Physicians: Experience ePrescribers</td>
<td>SURGICAL System Selection and Implementation: Do's and Don'ts</td>
<td>PEDIATRICS Pediatric Awards: Clinical &amp; Electronic Documentation Systems</td>
</tr>
<tr>
<td>9:45 am - 11:15 am</td>
<td>In-Depth Case Study: The Project is Approved, Now What? - Selecting a Support Structure - Implementing Data Warehouse</td>
<td>Integration Strategies Within the Organization</td>
<td>Practice Managers: Experienced ePrescribers</td>
<td>A Modular Approach - Medical Document Management as a First Step</td>
<td>Pediatric Awards (continued)</td>
</tr>
<tr>
<td>11:00 am - 6:00 pm</td>
<td>EXHIBITS OPEN</td>
<td></td>
<td></td>
<td></td>
<td>Technology to the Rescue: Assisting Nurses</td>
</tr>
</tbody>
</table>

### Wednesday, May 24, 2006
7:00 am Registration

<table>
<thead>
<tr>
<th>Time</th>
<th>Hospitals (see page 16)</th>
<th>Medium &amp; Large Practices (see page 19)</th>
<th>Small Practices (see page 21)</th>
<th>Specialty Practices (see page 25)</th>
<th>Nursing (see page 28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am - 9:30 am</td>
<td>In-Depth Case Study: Redesigning Systems &amp; Processes to Facilitate Pay-for-Performance</td>
<td>Achieving Executive Buy-In for Systems Investments and Rollout</td>
<td>Workshop: EMR Adoption in 1-3 Physician Practices</td>
<td>LONG TERM CARE: Going Live at Baycrest</td>
<td>Standards: WFM?</td>
</tr>
<tr>
<td>9:45 am - 11:15 am</td>
<td>Global Best Practices</td>
<td>Creating a Pay-for-Performance Environment</td>
<td>Workshop: EMR Adoption in 3-9 Physician Practices</td>
<td>Integrating Health Information Technology in Long Term Care</td>
<td>Disease Management at South Carolina Heart Center</td>
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<tr>
<td>10:00 am - 2:30 pm</td>
<td>EXHIBITS OPEN</td>
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</table>

### Opening Session

2:00 pm - 4:00 pm

4:00 pm - 7:00 pm EXHIBITS OPEN (5:30 pm - 7:00 pm Exhibit Hall Reception)

### Gala Reception

8:30 pm

### Wrap-Up and Conclusions

6:00 pm
### Monday, May 22, 2006
#### 7:00 am Registration

**Military, Government, International (see page 29)**

**Networks & Communities (see page 32)**

**TEPR Techs (see page 35)**

**C-Level Symposium (see page 38)**

**Special Events (see page 13)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:00 am - 9:30 am</td>
<td>In-Depth Case Study, Part I Veterans Health Administration: Laying the Foundation for Interoperable Healthcare IT</td>
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<tr>
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<td>Continuity of Care Record: Update</td>
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<td>Digital Signatures</td>
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<td></td>
<td>Most Wired Hospitals Lessons from IT Leaders</td>
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<tr>
<td>9:45 am - 11:15 am</td>
<td>In-Depth Case Study, Part II Veterans Health Administration: The Future of Health Information Technology - Today</td>
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<tr>
<td></td>
<td>Continuity of Care: ASTM/HL7 Project Update</td>
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<tr>
<td></td>
<td>Data Visualization &amp; Document Creation</td>
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<tr>
<td></td>
<td>Most Wired Hospitals Town Hall Discussion: National Health Information Infrastructure</td>
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<tr>
<td>11:30 am - 1:00 pm</td>
<td>The Department of Veterans Affairs Electronic Dental Patient Record</td>
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<td>Continuity of Care Record in Practice</td>
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<td>Document Imaging</td>
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<td></td>
<td>IT and Disaster Preparedness for CIOs</td>
</tr>
<tr>
<td>2:00 pm - 4:00 pm</td>
<td>OPENING SESSION</td>
</tr>
<tr>
<td>4:00 pm - 7:00 pm</td>
<td>EXHIBITS OPEN (5:30 pm - 7:00 pm Exhibit Hall Reception)</td>
</tr>
</tbody>
</table>

### Tuesday, May 23, 2006
#### 7:00 am Registration

**Military, Government, International (see page 30)**

**Networks & Communities (see page 33)**

**TEPR Techs (see page 36)**

**C-Level Symposium (see pages 38-39)**

**Special Events (see pages 12-13)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:00 am - 9:30 am</td>
<td>International Perspective: European Healthcare IT</td>
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<td>RHIO Updates</td>
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<td>EHR Security</td>
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<td>CPOE</td>
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<tr>
<td>9:45 am - 11:15 am</td>
<td>Panel Discussion: Learning from Different National Policies on Electronic Health Records</td>
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<td>Developing Public &amp; Private Partnerships for Information Exchange</td>
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<td>Tracking Applications</td>
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<td>Wireless Infrastructure</td>
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<tr>
<td>11:00 am - 6:00 pm</td>
<td>EXHIBITS OPEN</td>
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<tr>
<td>2:30 pm - 4:00 pm</td>
<td>Integrating the Military Healthcare Continuum On and Off the Battlefield</td>
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<td>RHIOs: Global Perspective</td>
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<td>RFID and AIT</td>
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<td>AMDIS: Challenges, Changing Roles in Healthcare IT</td>
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<tr>
<td>4:15 pm - 5:45 pm</td>
<td>CCHIT Town Meeting</td>
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<td>Mobile Applications in Healthcare</td>
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<tr>
<td>8:30 pm</td>
<td>GALA RECEPTION</td>
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</tbody>
</table>

### Wednesday, May 24, 2006
#### 7:00 am Registration

**Military, Government, International (see page 31)**

**Networks & Communities (see page 34)**

**TEPR Techs (see page 37)**

**C-Level Symposium (see page 39)**

**Special Events (see page 12)**

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>8:00 am - 9:30 am</td>
<td>Health IT in Government</td>
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<td>ePrescribing</td>
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<td>Speech Recognition</td>
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<td>Patient Flow and Asset Tracking</td>
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<tr>
<td>9:45 am - 11:15 am</td>
<td>CMS DOQ-IT Update</td>
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<td>Healthcare Information Exchange: Challenges &amp; Opportunities</td>
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<td>Interoperability</td>
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<td>Charge Capture</td>
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<tr>
<td>10:00 am - 2:30 pm</td>
<td>EXHIBITS OPEN</td>
</tr>
<tr>
<td>2:00 pm - 3:30 pm</td>
<td>Interoperability and Standards</td>
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<td>VstA</td>
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<td>Phased Implementation of EHR</td>
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<tr>
<td>3:45 pm - 5:15 pm</td>
<td>Healthcare Information Exchange: Overcoming Challenges</td>
</tr>
<tr>
<td></td>
<td>Open Source EHR</td>
</tr>
<tr>
<td>6:00 pm</td>
<td>WRAP-UP AND CONCLUSIONS</td>
</tr>
</tbody>
</table>
Tutorial SA1a  
8:00 am – 11:00 am  
Latest EHR Developments  
The leading expert in the field will provide his popular in-depth analysis of EHR developments over the past year. The EHR marketplace is continually evolving to encompass new and combined players, regulatory requirements, standards and other initiatives. This update will enable you to become informed and learn how you’ll be impacted by these changes.  
C. Peter Waegemann, CEO, Medical Records Institute

Tutorial SA2a  
8:00 am – 11:00 am  
Putting EHR Vendors to the Test – Checking Usability Before Buying*  
Unfortunately many electronic medical records are not user friendly. Do you have to accommodate the system, or does the system enhance your workflow? Clinicians will learn from this interactive session how to evaluate the usability of EHRs they are considering.  
Seth Guterman, President, Emergency Care Physician Services (ECPS)  
* Note this tutorial will also be given on Sunday (Session #SU8a), by Hal Miller-Jacobs PhD, Human Factors International

Tutorial SA3a  
8:00 am – 11:00 am  
CPOE: What Makes It Successful?  
What are the experiences of physicians using CPOE, good and bad? How has it impacted their patients, workflow, and integration with other systems? Learn from peers and share your own experiences in this interactive session.

Tutorial SA1b  
Noon – 3:00 pm  
The Value of Widespread EHR: Findings of a Two-Year Study  
Rand describes the results of their study on the potential value of widespread adoption of EHR Systems and the policy changes that will be needed to realize that vision. In addition to briefings provided on Capital Hill, this study has been described in Health Affairs. Bring your own questions and learn from the experts!  
Roger Taylor, MD, MPA, Rand Corporation

Tutorial SA2b  
Noon – 3:00 pm  
Risk: The “Third Rail” of ROI in EHR Selection and Implementation  
EHR’s “ROI” projections rarely include risk calculations. Implementation failures and improper use of non-standard products, for instance, elevate risk. Risk assessment, mitigation strategies, and tools are presented addressing financial, medical/legal, documentation integrity, and regulatory compliance for risk measure and reduction.  
Reed D. Gelzer, MD, MPH, CHCC  
Patricia A. Trites, MPA, CHBC, CPC, CHCC, CHCO

Tutorial SA3b  
Noon – 3:00 pm  
Point of Care: Capturing and Analyzing Patient Information  
This session looks at how to overcome the technical and logistical hurdles in establishing a point of care system for capturing information from patients. Learn to avoid the pitfalls, starting with basics such as physical connectors, moving into data models and terminologies, and the use of RF wireless technologies, integration with HL7, and standardization initiatives that impact your efforts.

Tutorial SA1c  
3:15 pm – 6:15 pm  
The Payer Perspective: Should We Fund Providers’ EHRs?  
To spur the move to healthcare automation, payers are often stepping in to provide funding for the systems. What’s in it for them? Is it all upside for the providers? Learn perspectives from both the payer and provider sides, including the benefits and drawbacks they’ve experienced and how this support is likely to change going forward.

Tutorial SA2c  
3:15 pm – 6:15 pm  
Disaster Planning and Recovery – Lessons and Stories from the Trenches  
Hear from a physician whose practice was affected by a major natural disaster in 2005. Dr. Baum shares how to prepare for the unexpected and tells how EMR helped him maintain his practice during a time when paper-dependent practices were totally paralyzed.  
Neil Baum, MD, Physician Consultant, The Coker Group

Tutorial SA3c  
3:15 pm – 6:15 pm  
Establishing a Process for Automating Documentation  
Implementing a clinical documentation automation system for its own sake can create greater inefficiencies by adding work to the current system. The key to successful implementation is a well-laid plan, taking into account the clinician’s actual workflow and selectively including documents. The end result is increased efficiency and decreased time, cost and headaches.
Tutorial SU1a
8:00 am – 11:00 am
An Examination of the High-Tech Doctor’s Office
What are the elements of the high-tech doctor’s office today? How beneficial are they and what are the costs? Examine EMRs, speech recognition, patient-entered information, internet tools and beyond. The mobile office will also be discussed in detail: using wireless tablet-PCs, wireless microphones, and wireless network access in all locations. Join this interactive session and discuss with peers the merits of new technologies and their usefulness.
Ken Adler, M.D., MMM, Medical Director of Information Technology, Arizona Community Physicians

Tutorial SU2a
8:00 am – 11:00 am
For Clinicians Only: Getting the EMR to be Productive and Not Slow You Down
This session enables clinicians to learn about being efficient with EMR. Issues that will be addressed include the basics of change and why many doctors fail to improve their lifestyle and bottom line after implementing EMR; tools that improve data entry efficiency; using the internet to enhance the practice.
John Bachman, M.D., Sanders Professor of Primary Care, Mayo Clinic
Allen Wenner, M.D., Vice President, Primetime Medical Software

Tutorial SU3a
8:00 am – 11:00 am
Building Blocks for Hospitals: Integrating the EHR
There is not one journey toward electronic patient records that suits every hospital. Different levels of IT implementation, various goals, and different strategies exist in different provider settings. Still, what can be learned from others and how can one define the appropriate strategy for your hospital? This session will examine the building blocks. Check off the building blocks your hospital has done well, listen to the progress others have made on building blocks you are working on, and identify what project should be next regarding IT.

Tutorial SU1b
Noon – 3:00 pm
Successful Provider Strategies of Using Speech Recognition and Natural Language
Learn to optimize Speech Recognition, and the four primary skill sets that you as a provider should acquire. Avoid wasting time, money and frustration in making SR a professional dictation tool by gaining the skills you need upfront.

Tutorial SU2c
3:15 pm – 6:15 pm
Workflow Management Systems Key to EHR Usability
Learn EHR workflow management systems, the difference between workflow management and mere workflow, and the workflow reference model. Also discussed will be process definitions, various frameworks within which to understand workflow, a productivity survey, and the importance of workflow management to EHR usability.
Chuck Webster, M.D., Vice President, Medical Informatics, JMJ Technologies

Tutorial SU3b
Noon – 3:00 pm
EMR Training: It’s About Time! A Multi-Tasking Approach to Instructional Design
Short preparation time is a challenge trainers regularly face. The EHR training team for the University of Utah Community Clinics developed a multi-tasking approach to instructional design that makes both meeting deadlines and creating effective training materials easier.
Margo Beecher, ITS Training Center Manager, University of Utah Hospital and Clinics

Tutorial SU4a
8:00 am – 11:00 am
The Prescribing Infrastructure: Are We Ready for e-Prescribing?
This session will reveal the presenters’ analysis of the entire prescribing system, looking at the roles played by all the various parties, and deliver their overview of whether the system is ready for ePrescribing, and what that ePrescribing future might look like. The presented is based on the authors’ report published by the California Health Care Foundation, with recent research.
Matthew Holt, Matthew Holt Consulting; Jane Sarasohn-Kahn, ThinkHealth

Tutorial SU4b
Noon – 3:00 pm
Evaluating e-Prescribing Vendors
How do e-Prescribing solutions differ from each other? How do you separate value from price? This session will examine options, as well as the effect of the Medicare Prescription Drug Improvement and Modernization Act on e-Prescribing.

Tutorial SU4c
3:15 pm – 6:15 pm
Negotiating a Winning Contract
This session discusses negotiating as a business process that leads to a contract making it abundantly clear what is being acquired, defines the relative roles and relationships of the buyer and seller, protects the buyer, and has a good price. It will include practical tips on how to avoid common pitfalls and create a “win-win” contract for buyer and seller.
Michael Cohen, President MRC Consulting Group and Principal, Cardinal Consulting Inc.
Tutorial SU5a
8:00 am – 11:00 am
EHR Architecture: the Importance of its Underpinnings
What are the architectural approaches used by vendors, clinical and EHR packages, custom developed applications, and RHIOs? Learn about these differences and their importance in meeting the goals of shared EHRs, electronic prescribing as described in the Medicare Modernization Act, and the creation of a National Health Information Network.

Tutorial SU5b
Noon – 3:00 pm
Applying Quality Measures: Using Data to Improve Clinical Outcome
This session will address improving clinical outcomes using continuous quality improvement (CQI) and total quality management strategies (TQM), implementing CQI/TQM in your practice setting, instituting a prepared, proactive clinical team; incorporating the point-of-service provider in CQI/TQM, and using data to support pay-for-performance.
Debra McGrath, CRNP, Manager, The Coker Group

Tutorial SU5c
3:15 pm – 6:15 pm
Implementing the Continuity of Care Record (CCR) in Hospitals
The CCR is a clinical dataset designed to promote continuity of care whenever a patient moves from one provider to another. It provides the most relevant health information about a patient upon discharge from a hospital, transfer to long-term care, referral to a specialist, a move to a new community or other circumstance. The experts in this session will describe how hospitals are benefiting from the improved quality of patient care, reduced costs, diminished medical errors, and enhanced efficiency.

Tutorial SU6a
8:00 am – 11:00 am
Electronic & Digital Signatures
Learn the latest government plans and standards and how large facilities are preparing for electronic signatures implementation. The legal ramifications will be addressed, as well as practical aspects such as integrating into existing systems and overcoming objections within the organization.
Alan Zuckerman MD, Primary Care Informatics Fellow, Georgetown University
Lori Fourquet, Vice President and Chief Security Officer, Good Health Network

Tutorial SU6b
Noon – 3:00 pm
Realizing the Benefits of RFID in Hospitals
Learn your best options for RFID in these case analyses. Also discussed will be some interesting applications that have proven successful in the military and how they may be used in the hospital environment. This session will focus on the use of these technologies to identify patients’ location, enhance security, know where your doctors and nurses are, realize workflow benefits, look at newer applications, and will discuss the costs and other considerations.
Debra McGrath, CRNP, Manager, The Coker Group

Tutorial SU6c
3:15 pm – 6:15 pm
Automatic Updating for the Clinic – Avoiding Problems Before They Start
Vendors have an obligation to provide a quality product. Once an unattended update process is established, the continuous application of updates and prompt responsiveness can improve the total experience for the medical clinic, the physician and patient. Learn how to choose wisely to prevent headaches later.
Dave McCord, Director of Application Development, TM Floyd & Company

Tutorial SU7a
8:00 am - 11:00 am
A Guide for Physicians: Finding the Best EHR for Your Practice
Where do you begin to select an EHR when there are over 1,000 companies to choose from? This session provides guidance as well as training, ROI and implementation for going paperless.
Amy Elkins, Consultant

Tutorial SU7b
Noon - 3:00 pm
Understanding XML Technology
Addressing how to create interoperability and designing systems, participants will also learn about XML for messaging, XML for documentation, and how to understand the difference between the two. This session is not just for the “techie”. Because of the success of the CCR, physicians are interested to learn how to make their system more efficient and more productive with XML changes. However, it is a must for every EMR vendor and consultant who needs to understand the full potential of XML.

Tutorial SU7c
3:15 pm - 6:15 pm
ePrescribing Tutorial
This tutorial will help you understand how e-Rx can address many of the challenges that face the current healthcare delivery system; the major functions, features and processes of e-Rx; who the major stakeholders and vendors are; the roles of the federal government in accelerating adoption of e-Rx; and how to overcome the impediments to broad adoption.
Jeff Blair, Director of Health Informatics, Lovelace Clinic Foundation

Tutorial SU8a
8:00 am – 11:00 am
Putting EHR Vendors to the Test - Checking Usability Before Buying
Unfortunately many electronic medical records are not user friendly. Do you have to accommodate the system, or does the system enhance your workflow? Doctors will learn from this interactive session how to evaluate the usability of EHRs they are considering.
Hal Miller-Jacobs PhD, Human Factors International

Tutorial SU8b
Noon - 3:00 pm
Virtual Visits: Using the Internet in your Practice
Taking care of patients without seeing them via virtual visits is becoming increasingly common. How do you fit this into your organization and improve the patient health and your own workflows? This session uses two clinicians who have worked extensively in the area and will bring you up to speed in using the internet as the dial tone to your practice.
John Bachman, MD, Sanders Professor of Primary Care, Mayo Clinic; Allen Wenner, MD, Vice President, Primetime Medical Software

Tutorial SU8c
3:15 pm – 6:15 pm
Best Practices for Creating and Managing Safe and Successful Wireless Patient Care Systems
Wireless medical device networks are rapidly approaching the “ubiquitous” stage. Specification, procurement, installation, and management requires applying appropriate standards and best practices to ensure safe, reliable, and affordable systems. During this presentation, the rapid progress being made in Critical Success Factor areas will be covered.
Elliot Sloan, PhD, Assistant Professor of Decision and Information Technologies, Villanova University; Todd Cooper, President, Breakthrough Solutions
If you can’t come to TEPR 06 in Baltimore, attend an EMR Road Show™ in your area!

Medical Records Institute Presents…

EMR ROAD SHOW™ 2006
Educational Conference & Exhibits

EMRs for Physicians
It’s about Learning and Growing with your EMR!

EMR Road Show™
An innovative series of one-day events held throughout the United States providing expert and user-based education on practicing physician-focused electronic medical records (EMR), including issues of personalized decision processes, return on investment, government mandates and standards, realistic goals and barriers to success.

The Big Picture
Explore the world of EMRs. What is the difference between an EMR, an EHR and a CCR? What do you need to know about standards, current political developments, and latest legislation? Why do government, payers, safety advocates, and information experts want you to implement an EMR? Who will pay for it? What benefits can you expect? Learn that each practice has different motivations, different benefits, and different outcomes.

EMR User Panel
A valuable opportunity to personally explore and compare EMRs and related systems. Learn not only how to repeat their successes and avoid their errors — but also how to continue to maximize and optimize your EMR!

The EMR Road Show™ Practice Planning Guide
Every attendee has an opportunity to fill out an assessment questionnaire and receive a complimentary personalized assessment of your readiness to adopt an EMR. Responses and identity will be held in confidence.

Exhibits
Leading EMR vendors will be on hand for live demonstrations, and to answer questions.

Why Attend?
- You need an EMR: Determine the system that best fits your practice
- You are implementing an EMR: Discover the benefits and pitfalls
- You have an EMR: Gain the most out of your investment
- Learn about selection, implementation & optimization criteria
- Benefit from the experiences of local EMR users
- Receive a complimentary EMR Road Show™ Practice Planning Guide
- Experience hands-on EMR demonstrations
- Earn Physician CME Credits

Coming to Your Neighborhood!
March 28 - Dallas, TX
March 28 - Houston, TX
March 30 - San Antonio, TX
March 31 - Austin, TX
April 4 - Ann Arbor, MI
April 6 - Dearborn, MI
April 10 - Springield, IL
April 11 - St. Louis, MO
April 18 - Raleigh, NC
April 25 - Milwaukee, WI
April 27 - Kansas City, MO
April 28 - Chicago, IL
May 9 - Indianapolis, IN
May 11 - Louisville, KY
May 16 - Columbus, OH
May 17 - Cleveland, OH
May 18 - Cincinnati, OH
May 31 - Nashville, TN
June 2 - Philadelphia, PA
June 6 - Pittsburgh, PA
June 9 - Iselin, NJ
June 13 - Rochester, NY
June 16 - Syracuse, NY
June 20 - Las Vegas, NV
July 18 - Albany, NY
July 20 - Baltimore, MD
July 25 - Charleston, SC
July 26 - Providence, RI
July 27 - Boston, MA
August 1 - Durham, NC
August 3 - Charlotte, NC
August 4 - Charleston, SC
August 8 - Atlanta, GA
August 10 - Richmond, VA

Official Publication of Physicians Practice Management Journal

Program Agenda
11:30 AM
Registration
11:30 AM - 12:30 PM
Luncheon in Exhibit Hall
12:30 - 2:00 PM
The Big Picture
2:00 - 3:00 PM
Exhibit Hall
3:00 - 4:30 PM
EMR User Panel (and DOO-IT presentation at select locations)
4:30 - 6:00 PM
Exhibit Hall

For detailed information on an EMR Road Show™ in your area or to register, visit www.medrecinst.com/roadshow or call 617-964-3923 Ext. 203

This Activity Has Been Approved for AMA PRA Credit

Only $40/person including CME Credit and Lunch
MOCK TRIAL

Wednesday, May 24, 2005
8:00 am to 11:15 am

The Case of the Reckless Record

Join us when we examine the case of Mrs. Pamela Smith, the president of a Fortune 500 company who suffers a heart attack while on a business trip. Mrs. Smith is rushed to Mega Hospital where she is treated and released and told to report to her own physician on her return home. After being sent to a cardiology specialist who receives incomplete information from Mega Hospital, Mrs. Smith is prescribed a potentially harmful cocktail of heart meds.

Who’s at fault?

Mrs. Smith is filing suit claiming some mechanism to assure continuity of care should be in place to avoid unnecessary mistakes.

Mega Hospital claims that there is no such mechanism available that would allow every doctor to know exactly what treatments every patient has had across the city let alone across the country.

Who’s right? Who’s wrong? You be the judge, jury, or a member of one of the legal teams.

The Mock Trial allows prominent healthcare professionals to assert their positions regarding legal issues that are on the cutting edge of health information technology. This year the Mock Trial will address the hot button issue of providing continuity of care.

To weigh in on the issue before May, look for our Mock Trial forum at TEPR.com. Discuss this issue and a host of other health technology issues.
Debates

There are a number of hot topics many wonder about but few dare to address. This year, TEPR will conduct a series of debates that should be enlightening for any health informatics professional.

Monday, May 22, 2006

8:00 to 9:30 am

1 WHICH HEALTHCARE ARCHITECTURE WILL SUCCEED?

Lead Debater: RICK PETERS, M.D.

One of the most important questions for everyone interested in health information technology is the question of the appropriate architecture. Currently, HL7’s Clinical Documentation Architecture (CDA) is the approach that is most promoted. But why has it not received more acceptance in the industry? Is there an alternative approach in the future? This thought-provoking debate among key stakeholders will examine clinical needs in healthcare computing.

9:45 to 11:15 am

2 DO EHR SYSTEMS LOWER HEALTHCARE COSTS?

In this debate, the notion that EHR systems automatically lower healthcare costs will be addressed. What is the basis for the assumption that technology will lower costs? What is hype and what is reality? What is the role of payers? Whatever the outcome of this debate, how should impact stakeholders?

11:30 am to 12:30 pm

3 DEFINING EHR/EMR

Lead Debater: C. PETER WAEGEMANN

What is the difference between an EHR and an EMR, - if there is one? What about computer-based medical records and computerized medical records? There are ten terms in circulation and many stand for different concepts. This discussion in debate style will bring to the table current definitions and clarify the differences.

Tuesday, May 23, 2006

2:30 to 3:15 pm

4 INTEROPERABILITY

Interoperability has become an opaque term in healthcare. Different experts have varying concepts of interoperability and offer widely different solutions. This debate/discussion will explore the solutions currently envisioned and how they will affect your organization.

3:15 to 4:00 pm

5 CRS VERSUS CCR

The vision of a care data set to be used for continuity of care was first put forward in the early 1990s. Now two different versions have been developed. The Continuity of Care Record (CCR) is the standard of ASTM International, and the CRS is the work of HL7. What is the difference? How will they be used in the future?

4:15 to 5:15 pm

6 SPEECH RECOGNITION VERSUS MEDICAL TRANSCRIPTION

Lead Debater: CLAUDIA TESSIER

In the mid-1980s, speech recognition (SR) was touted as the solution to healthcare documentation woes, and it was predicted that within 5 to 10 years SR would replace medical transcription as the preferred means of healthcare documentation. It failed miserably, and medical transcription grew to a multi-billion industry. Now, 20 years later, is SR finally ready for prime time? Is healthcare ready for SR? How long will traditional medical transcription survive?
Monday, May 22, 2006

Speakers and topics are subject to change. Visit TEPR.com for updated program information.

8:00 am – 9:30 am

**ROADMAP TO THE EHR**

In this session, participants will learn key concepts and strategies for developing and leveraging the EHR in a hospital environment. Issues to be addressed include laying the conceptual framework; planning, build, and implementation; the IT organization; long range planning; and business drivers. Speakers will share the processes in developing and leveraging current EHR applications and lessons learned.

**CHRISTUS Information Management Strategy: Roadmap to an Electronic Medical Record**
Ronald D. Ryan, Director Care Continuum, Information Management, CHRISTUS Health

**Implementing an EMR: Choosing a Starting Point, Demonstrating Value**
Gail A. Curley RN MBA, Manager, Computer Applications, University of Colorado Hospital

**Excellent Enterprise EMR in 30 Months (and that’s only the beginning): The Evanston Northwestern Healthcare Story**
Dan Exley, Senior Project Manager – Information Systems, Evanston Northwestern Healthcare

9:45 am – 11:15 am

**STRATEGIES FOR SUCCESSFUL CPOE**

In a series of presentations, senior hospital executives will first share steps necessary for a successful CPOE implementation, starting with the critical role order sets play in reducing ordering time and easing adoption of a clinical information system, the process for developing order sets for disease-specific states as well as for speed and convenience, and novel ways to standardize care through best-practice medicine. Also described is how to move effectively from CPOE to EMR, enabling quicker turnaround time from medication ordering to delivery, decreasing drug costs and potential IV site infections, real-time clinician access to patient med lists and other benefits.

**Practical Guidelines for Successful CPOE Implementation**
Dennis W. Regan MD, Medical Director, IS, Deaconess Billings Clinic; Chris Stevens, CIO, Deaconess Billings Clinic

**CPOE Prep with Evidence-Based Order Sets**
Judy Murphy RN BSN, Vice President, Information Services, Aurora Health Care

**Smoothing the Transition to CPOE and EMR: One Hospital’s Experience and the ROI Gained**
Gary Davidson, Chief Information Officer, Saint Raphael Hospital

11:30 am – 1:00 pm

**In-Depth Case Study**

**VENDOR SELECTION - MEASURING ROI & BENEFITS - IMPLEMENTATION**

This in-depth case study will examine an EHR implementation from multiple angles. Learn from the physician champion how to meet the key capabilities of establishing and prioritizing the essential function requirements of an EHR in the vendor evaluation process, as outlined in the Institute of Medicine (IOM) report published in July 2003. The next presentation will describe how to measure the benefits of an EHR, participants will understand potential benefits of an EHR, know how to define metrics for measurement of performance-against-benefit goals, be able to correlate benefits to specific EHR mechanisms, and recognize risks that could impede realization of benefits. Also addressed will be how to enable safe, quick and secure remote access for physicians to the EHR; one more step to successful physician adoption of IT and toward greater patient satisfaction.

**IOM EHR Functional Criteria in Vendor Selection Process**
Ferdinand Velasco MD, Chief Medical Information Officer, Texas Health Resources

**Measuring Electronic Health Record Benefits**
Patricia Johnston FHIMSS, Director, Information Services, Texas Health Resources; Doug Thompson, First Consulting Group

**CareGate: The Journey Through a Physician Portal to the EHR**
Les Swanson MBA, Director, Physician Support Services, Information Services, Texas Health Resources

2:00 pm – 4:00 pm

**OPENING SESSION** see page 12

VISIT WWW.TEPR.COM FOR UPDATED INFORMATION OR CALL 617-964-3923
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>8:00 am – 9:30 am</td>
<td><strong>BUILDING BLOCKS FOR A SUCCESSFUL EHR</strong></td>
<td>This series of presentations will provide building blocks for hospital EHRs. Learn how to build a system that drives significant transformation including electronic nursing documentation at the bedside and electronic verification of orders by pharmacy, increased reminders to prevent drug errors, improved clinical decision support with drug interaction checking, significant reduction in medication transcription errors, increased auditing capabilities, and monitoring reports for management. Also, learn how one facility was grown from dirt to opening in 18 months, chose a single vendor approach, and established and grew their EHR system.</td>
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<td><strong>Driving Electronic Transformation at University Health Network</strong></td>
<td>Stephanie Saull-McCaig, Director, Acute Care Information Management Shared Information Management Services (SIMS), University Health Network, Canada</td>
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<td><strong>Changing the Way Hearts Are Treated</strong></td>
<td>Kris Fuller RN, Clinical Informatics Specialist, The Heart Center of Indiana</td>
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<td><strong>Managing IT Project Uncertainty: A Model for Successful Implementation of a Multi-Site Clinical Information System (EHR)</strong></td>
<td>Carolin Dagenais, Director Project Management Office – Information Services, McGill University Health Centre, Montreal, QC, Canada</td>
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<td>9:45 am – 11:15 am</td>
<td><strong>In-Depth Case Study THE PROJECT IS APPROVED, NOW WHAT? SELECTING SUPPORT STRUCTURE – IMPLEMENTING DATA WAREHOUSE</strong></td>
<td>Learn about the EHR system at The Ottawa Hospital. Learn how the hospital developed a process redesign toolkit to capture, catalogue, document and report on the patient experience across the continuum of care and across disciplines. The presentation will review the development, utilization, issues and lessons learned in cataloging the current state of clinical practice. The next presentation provides a blueprint for the selection process of a support structure. This requires a detailed analysis to ensure the best selection, as taxonomies vary in purpose, scope, structure and cost. And finally, as hospital data often resides in separate transactional data systems, the concluding presentation will describe how to integrate data to effectively measure quality of care and examine business practices, the challenges one may experience, and examples of how a hospital data warehouse can be used to improve healthcare.</td>
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<td><strong>The CPOE and Clinical Documentation Project Is Approved - Now What?</strong></td>
<td>Michelle Leafloor, Manager EHR and Imaging Systems, The Ottawa Hospital</td>
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<td><strong>Selecting a Support Structure for the Transformation from Paper-Based to EHR System</strong></td>
<td>Ann E. Dugas, Senior Business Analyst, The Ottawa Hospital</td>
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<td><strong>Implementation of a Hospital Data Warehouse: Challenges and Opportunities</strong></td>
<td>Phil Soubliere, Senior Systems Analyst, The Ottawa Hospital</td>
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<td>2:30 am – 4:00 pm</td>
<td><strong>CROSS-FUNCTIONAL INTEGRATION STRATEGIES</strong></td>
<td>Key to a successful EHR is the involvement and support of all functions within the organization. Learn the benefits and successful implementations involving key executives and stakeholders, budgeting, project governance, project team structure including clinical and system analysts, vendor team members, physician champions, clinical nursing facilitators, and ancillary team members.</td>
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<td><strong>Transforming Care: An Organization-Wide Clinical Quality Improvement Initiative</strong></td>
<td>Pierre Pincetl MD, Assoc. VP and CIO, and Nancy Brazelton RN MS, Dir. of Clin. Info. Systems, Univ. of Utah Health Sciences Ctr., University Healthcare</td>
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<td><strong>Enterprise Integration Strategies</strong></td>
<td>Phil Beckett PhD, Clinical Systems Services, Baylor College of Medicine</td>
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<td><strong>Leveraging Clinical Knowledge Content and the EHR to Drive Medication Safety</strong></td>
<td>Herb Bromenshenkel RPH, Clinical Analyst, North Country Health Services</td>
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<td>4:15 pm – 5:45 pm</td>
<td><strong>MANAGING CULTURE &amp; WORKFLOW CHANGES</strong></td>
<td>Two of the most difficult challenges in establishing EHRs are gaining support and mindset – particularly after unsuccessful or delayed IT implementations – and adjusting the workflow to facilitate a successful EHR. Learn best practices and important steps in securing physicians trust with IT initiatives, integrating alerts, reminders, and evidence into the clinical workflow, focusing on medication-related issues and the need for more attention to the development of context-sensitive presentation of knowledge. The session will also cover ways to address the growing problem of “message overload” in electronic health record systems.</td>
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<td><strong>Winning Back Physician Confidence &amp; Trust</strong></td>
<td>Linda Reed RN, Vice President and CIO, Atlantic Health System</td>
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<td><strong>Integrating Clinical Knowledge into the Workflow: Promises and Pitfalls</strong></td>
<td>Nancy Greengold MD MBA, Vice President and Medical Director, Hearst Business Media</td>
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HOSPITALS

Wednesday, May 24, 2006
Speakers and topics are subject to change. Visit TEPR.com for updated program information.

8:00 am – 9:30 am

In-Depth Case Study
REDESIGNING SYSTEMS & PROCESSES TO FACILITATE PAY-FOR-PERFORMANCE

This in-depth case study will describe the strategy and processes for enabling a pay-for-performance environment at Cardinal Hill Healthcare System. First, the culture for change, which included the functional integration of IT personnel with administrators, managers, and direct patient-care personnel. The next step entailed design of data collection screens and reports, selection of IT equipment, and such barriers as fear of computer, lack of time to document, and reluctance to share information. Finally, learn how IT facilitated the movement from a multi-discipline to a trans-disciplinary approach of patient care by accentuating each discipline’s silo of knowledge to allow for increased communication and the development of team goals and planning.

IT and Trans-Disciplinary, Patient-Centered Care: Building Toward Pay for Performance
Part I – The Right People
Lisa Tudor MBA, Quality Management Coordinator, Cardinal Hill Healthcare System

Part II – The Right Tools
Robert Korten, Director of Information Systems, HIPAA Security Officer and Leader of Leadership Development, Cardinal Hill Healthcare System

Part III – The Right Outcomes
Jon Craft RN, PAI Coordinator for the General Rehabilitation and Spinal Cord Units, Cardinal Hill Healthcare System

9:45 am – 11:15 am

GLOBAL BEST PRACTICES

How are the challenges of EHR acceptance and implementation being tackled outside the US? Learn of functionality ranging from patient management, medical reporting and order entry, to specialized applications. This session also includes the usage, knowledge and satisfaction of the users as well as their wishes and hopes for future developments.

Five Years EPR Experience in a Large Teaching Hospital: A Users’ Survey of 2300 Employees
Uwe A. Gansert MD, Chief Information Officer, Ludwigshafen City Hospital, Germany

Electronic Medical Records: the Experience of Moinhos de Vento Hospital
Flavio Antonio Santos Borges, Medical Superintendent, Hospital Moinhos de Vento, City of Porto Alegre, Brazil

Electronic Patient Visit Reservation System in Lithuania
Romualdas Kizlaitis, Senior Specialist for IT, Vilnius University Hospital

11:15 am – 2:00 pm

DEDICATED EXHIBIT TIME

2:00 pm – 3:30 pm

BEYOND EHR: TAPPING ITS POTENTIAL

Improving disease management and wellness are at the forefront of healthcare issues for most clinicians. How can EHR meet these goals? Learn how some hospitals are taking EHR to the next level for data mining and automating practices to create more value for physicians and patients.

Data Mining for Disease Management and Patient Communications
Paul Veregge MD MS CPE, Medical Director, Informatics, Affinity Health System
Will Weider, Chief Information Officer, Affinity Health System; Richard D. Miller DO MHA, Chief Medical Officer, Avera Health Plans; Jim Veline, Senior Vice President and CIO, Avera Health

Optimizing EHR at Avera Health
Richard D. Miller DO MHA, Chief Medical Officer, and Jim Veline, Sr. VP and CIO, Avera Health

Designing and Implementing Automated After-Visit Summaries into Clinical Practice
Jill Y. Cooke MN MHA, Medical Center Administrator, Group Health Cooperative
Seattle and Donald W. Kemper MPH, Chairman and CEO, Healthwise

3:45 pm – 5:15 pm

Crossfire! CHALLENGE TO VENDORS:
WHAT HOSPITALS NEED FOR EHR SUCCESS

Take part in this lively crossfire panel of hospital executives and solutions providers! This discussion will bring to light the unique challenges being faced by hospitals, how solutions providers are responding, and reveal plans that are in the works to meet the needs of their customers.

Speakers and topics are subject to change. Visit TEPR.com for updated program information.
Determining the appropriate EHR vendor for your practice is daunting, but due diligence is essential. This session identifies effective methodologies and factors that must be considered in the process. The session includes an in-depth case study describing a qualitative/quantitative approach with a multi-disciplinary team, which led to a validated decision for this organization in their choice for an EMR vendor.

Assessing Potential Benefits and Selecting a Vendor
C. Peter Waegemann, CEO, Medical Records Institute

Developing and Using a Methodology for Choosing a Vendor, Part I
Diane Todd Pace PhD APRN BC, Project Manager/EMR, Nurse Practitioner/Nurse Scientist, Regional Medical Center/The Health Loop

Developing and Using a Methodology for Choosing a Vendor, Part II
Robert Solorick DDS MBA, Administrator, Shelby County Health Department/The Health Loop

Selecting an EHR, a Physician’s Perspective
Kenneth Adler MD MMM, Medical Director of Information Technology, Arizona Community Physicians

EXHIBIT HALL RECEPTION
Monday, May 22
5:30 to 7:00 pm
The tradition lives on! Join us on Tuesday afternoon for our annual exhibit hall reception. Plan to take some time to unwind and network at the end of the day! FREE to all registered TEPR attendees. Visit with exhibitors, eat, drink and be merry!
### Tuesday, May 23, 2006

Speakers and topics are subject to change. Visit TEPR.com for updated program information.

#### 8:00 am – 9:30 am

**PROVING THE ROI OF SYSTEMS INVESTMENTS**

EHRs demonstrate the ability to improve the quality and safety of patient care, but less is known about the financial benefits. When can a return on investment be expected? What are the factors to consider, including intangibles that have financial impact? And what is the impact of the unexpected, such as the need for an EHR de-install (and how do you prevent it)? Also addressed will be the increased cost of implementing an EHR compared to the time until increased revenue is realized, as well as work experience with staff training and mistakes to avoid.

**The Cost-Benefit Analysis of Implementing an EHR in an Outpatient Setting**
Julie Harper, Director of MIS, Affinity Health Group

**Increasing the EMR Return on Investment**
Allen Wenner MD, Vice President, Clinical Applications Design, Primetime Software

**How to Establish a Performance-Based EMR Contract and How to Avoid an EMR De-install**
Jeffery Daigrepont, Principal, The Coker Group

#### 9:45 am – 11:15 am

**INTEGRATION STRATEGIES WITHIN THE ORGANIZATION**

This session addresses the challenges of integrating data and functions into the EHR. Designing the system carefully establishing a phased approach to implementation, and such challenges as the incorporation of legacy data will be addressed.

**A Phased Approach to Setting up an Integrated Health Information System in a Medium SIZED Hospital**
Marcy Harris LPN, Clinical Documentation Educational Coordinator, Smith Northview Hospital

**Designing an EMR According to Peter Senge’s Fifth Discipline Principles**
James L. Holly MD, CEO, SETMA, LLP

**Challenges to the Transfer of Legacy HIV Medications Records into a New Computerized Medical Record**
James H. Willig MD, Fellow in Infectious Diseases, University of Alabama at Birmingham School of Medicine, Department of Medicine, Division of Infectious Diseases

Michael S. Saag MD, Professor of Medicine, Director, AIDS Outpatient Clinic Director, UAB Center for AIDS Research

Jim L. Raper, DSN, CRNP, JD; Research Assistant Professor of Medicine, University of Alabama at Birmingham School of Medicine, Department of Medicine, Division of Infectious Disease

#### 2:30 pm – 4:00 pm

**FROM PAPER TO EHR: SURVIVING & THRIVING THROUGH CHANGE**

Learn from those who have gone before you in making the leap to an EHR: the results they’ve seen, the impact on the organization, unexpected problems, what they’d do differently and lessons learned.

**Before and After an EHR: Surviving and Thriving Through Change**
Jill K. Arena FACMPE, Chief Operations Officer, GreenField Health System

**Seeing Beyond an Era of Paper to Define the Future**
Amy Anshus and Janine Kamath, Systems & Procedures, Mayo Clinic

**Innovative Applications of Health IT in Chronic Disease Management**
Anita Samarth, eHealth Initiative and Foundation

Jack Starmer MD, Vanderbilt University Medical Center

#### 4:15 pm – 5:45 pm

**INTEGRATION STRATEGIES: COLLABORATING WITH OUTSIDE ORGANIZATIONS**

Medical practices that implement electronic medical record systems today, all face a common problem: how to share health information efficiently in the course of delivering patient care in collaboration with other providers in their communities. Learn about creating the leadership and project management structure; information technology systems; and involvement of patients, staff and others for effective information exchange.

**Journey to Transforming Care Delivery Across Primary Care Clinics**
Katrina Beckstrom RHIT, Senior Quality Coordinator, Care Innovation & Measurement, HealthPartners

**Sharing Health Information Efficiently with Other Providers**
John C. Joe MD MPH, Assistant Professor, Family Medicine, Baylor College of Medicine; Assistant Medical Director, Information Services, Texas Children’s Hospital; Informatics Specialist, Space Medicine, NASA Johnson Space Center
Wednesday, May 24, 2006
Speakers and topics are subject to change. Visit TEPR.com for updated program information.

8:00 am – 9:30 am
**ACHIEVING EXECUTIVE BUY-IN FOR SYSTEMS INVESTMENTS AND ROLLOUT**
A successful widespread system implementation is dependent upon senior executive support. Presenters will share the role executives play in aligning the implementation with the organization’s goals, communicating between different stakeholders and ensuring resources are in place.

**CPOE Success Through Health Information Management Leadership**
Mary Beth McCoy Haugen, Director of Health Information Management and Clinical Information Systems, Denver Health Medical Center

**Leadership Strategies of a Rapid EHR Rollout**
Praveen Toteja, Director of Information Technology, George Washington University Medical Faculty Associates

9:45 am – 11:15 am
**CREATING A PAY-FOR-PERFORMANCE ENVIRONMENT**
Financial bonuses are available to physicians who use EHRs to improve the quality of care. Attendees will learn about Pay-for-Performance programs and how to leverage P4P with an EHR. Expected results: greater patient compliance, improved clinical outcomes, reduced malpractice liability, and enhanced payer contracting opportunities.

**A Care Management Model: Planning for a “Pay for Performance” Environment - Personalized Concierge Service Optimizes Patient Care Outcomes**
Gregory Spencer MD, Internist, Crystal Run Healthcare

**Leveraging Pay-for-Performance with an EHR**
Jamie Steck, Director of Information Technology, Central Utah Clinic

11:15 am – 2:00 pm
**DEDICATED EXHIBIT TIME**

2:00 pm – 3:30 pm
**MANAGING ORGANIZATIONAL CHANGE**
The process of managing change is at least as important as the EHR technology. Yet many organizations do not spend the time, energy and effort in this regard, resulting in an EHR implementation failure rate that ranges from 50-70% in some studies. This session will address such factors as inclusion of the project in the BOD’s strategic plan, having an effective implementation team and a designated senior implementation manager, definition of measures of project progress and success, an influential provider champion, a comprehensive communication plan, and an effective approach to training.

**The Importance of Change Management in the Implementation of Electronic Health Record Systems**
St. Anthony Amofah MD MBA, Medical Director, Health Choice Network

**EMR Training: It’s About Time! A Multi-Tasking Approach to Instructional Design**
Margo Beecher, ITS Training Center Manager, University of Utah Hospital and Clinics

3:45 pm – 5:15 pm
**BEYOND THE EHR: MINING DATA & BUILDING REVENUE**
Learn how to take the EHR to the next level. Presenters will demonstrate how they are providing patient-specific recommendations at the point of care based on national clinical guidelines; integrating personal health records into the EHR to improve revenue, patient safety, diminish medical liability and enhance IT adoption; and even recruit patients to take part in incentive-driven clinical trials.

**Beyond the EMR Implementation: Making Use of the Data**
Scott Conard MD DABFP, Founder and CEO, TienaHealth Medical Group

**Using Personal Health Records to Boost Revenue**
Stan Padilla MD, Brown & Toland Medical Group

**EHR for Clinical Trials: How to Generate Millions in Revenue**
Jerry Miller MD, Holston Medical Group

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### Using EHRs & Determining ROI

**Report from the DOQ-IT Trenches: Top 10 Reasons EHRs Fail to Get Implemented in Primary Care Practices**

We are learning firsthand about the barriers – many self-erected – that primary care physicians face as they contemplate the adoption of an EHR. Hear how the DOQ-IT (Doctor's Office Quality – Information Technology) project helps these practices move toward a successful implementation.

*Michael Tooke MD, Chief Medical Officer, Delmarva Foundation*

**Make E Stand for Equity in EHR**

The opportunity to reduce disparities in healthcare among traditionally underserved populations is a benefit of EHR that has received relatively little attention. We will discuss the role that an EHR can play in the physician office setting to reduce disparities and to provide culturally and linguistically appropriate care.

*Tennille Daniels MPH, Project Manager, Physician Office, Delmarva Foundation*

**EMR: Determining the Return on Investment in Small Practice**

The return on investment of an EMR is much more than increased income and decreased cost. The work flow changes it causes can result in improvements in the patient experience, the staff experience, the physician experience, quality improvement and risk reduction. This session will describe these work flow changes and their impact in each phase of the medical care experience.

*William Davis MD, Physician, Winona Health*

### Physician Adoption – Perception and Reality

Those in the industry know the challenge of achieving ROI from advanced clinical systems given the limited leverage over key users, especially physicians. This presentation will focus on challenging traditional approaches to implementation by outlining a methodology to control clinical system implementation costs and increase the success of these projects.

*John H. Brill MD, Chief Medical Officer, Dearborn Associates*

*MJ Barrett, Associate, Dearborn Associates*

**Thinking Out of the Box: Incremental Automation of the Small Practice**

Since the advent of the PC, we have been searching for the “Holy Grail” “Killer-App” which will solve all of the administrative, clinical, and financial problems of the small medical practice. Vendors by the dozen have come and gone offering intraoperability, and a single solution which will manage your practice. Physicians and practices have resisted investing capital, both financial and emotional, into these systems, hoping that the next generation will do more, better, quicker, and cheaper. In fact, there are numerous simple, off-the-shelf commercial software solutions that can be used today by many practices to streamline individual workflow issues, without major capital outlay, and without major changes in operations. Several of these solutions will be discussed and demonstrated.

*Larry R. Glazerman MD, Ob-Gyn, Trexlertown, PC*

**The Continuity of Care Record—Why Wait to Improve the Care of your Patients When You Can Use the CCR in 2006?**

The Continuity of Care Record can be incorporated into the workflow of any physician who is practicing with an EHR by following the ASTM standard. Any physician that has access to the internet can receive a Continuity of Care Record and print it to paper. Physicians who practice in a region without an existing Regional Health Information Organization have the option of sending and receiving CCRs on an as-needed basis to and from fellow physicians.

*Stasia Kahn MD, Fox Prairie Medical Group; Vikram Sheshadri PhD*

### EHR Adoption in Small Practices: Case Studies

**Current Technology Usage & Taking the Next Step**

**Technology Usage and Attitudes Study of Canadian Physicians**

In August 2005, the Canadian Medical Association and Canada Health Infoway conducted a survey of nearly 2000 physicians across Canada to determine current technology use among practicing physicians and the opportunities and barriers to their future adoption of electronic medical records.

*Sarah Muttitt MD, Group Director Investment Strategy & Planning, Canada Health Infoway*

*Bill Pascal, Chief Technology Officer, Canadian Medical Association*

**Interoperability: EMR Offers Direct Access to Data Generated by Testing Equipment**

This presentation will demonstrate how EMR functionality allows practices to import data directly from testing equipment and archive results in patient records. The speaker will discuss how physicians benefit from having clinical data at their fingertips, and by retaining complete records when equipment is updated/replaced.

*William H. Constad MD, Ophthalmologist, Hudson Eye Physicians and Surgeons*
Tuesday, May 23, 2006

8:00 am – 9:30 am
**PHYSICIANS: EXPERIENCED ePRESCRIBERS**
In this session speakers will present case studies detailing adoption, implementation and the impact of ePrescribing on their practices, followed by open Q&A.

9:45 am – 11:15 am
**PRACTICE MANAGERS: EXPERIENCED ePRESCRIBERS**
The format will be similar to the session above, with a focus on renewals and the importance of automating the entire practice, not just the physician.

2:30 pm – 4:00 pm
**ePRESCRIBING: THE END-TO-END PROCESS**
This interactive session will include perspectives of all players including physician, pharmacy, and vendor. The physician will start by describing the adoption, implementation and impact on the practices. This will be followed by the vendor, then SureScripts will explain the network connectivity between the practice and the pharmacy. The pharmacy will describe the financial and organizational investments they’ve made to communicate electronically with physicians, why they care about it, and how their system works.

4:15 pm – 5:45 pm
**HEALTH PLAN ePRESCRIBING: INCENTIVE PROGRAMS**
Learn from a panel of health plan representatives who have launched an ePrescribing incentive program: why they launched the program, the expectations, what the program is and why they did it that way, and what the results and lessons learned have been.

Wednesday, May 24, 2006

8:00 am – 9:30 am
**WORKSHOP: EMR ADOPTION IN 1-3 PHYSICIAN PRACTICES**
This session features case studies of real world experiences and a panel discussion specific to the individual physician practice.

Edmund Billings, MD, Voice of the Physician™

9:45 am - 11:15 am
**WORKSHOP: EMR ADOPTION IN 4-9 PHYSICIAN PRACTICES**
This session features case studies of real world experiences and a panel discussion specific to small physician practices.

Edmund Billings, MD, Voice of the Physician™

2:00 pm - 5:15 pm
**WORKFLOW: THE BASICS OF GETTING EMRS TO WORK**
*Workflow Workflow Workflow: The Basics of Getting EMRs to Work*
This three hour session deals with the basic changes necessary in working in the EMR environment. It discusses the tools and methods of change required to practice medicine and not be hampered by the software. Clinicians should practice medicine, not feed computers. It is highly interactive and involves videos and pictures from practices.

John Bachman, M.D., Saunders Professor of Primary Care, Mayo Foundation
Allen Wenner, M.D., Vice President, Primetime Medical Software

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Monday, May 22, 2006
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8:00 am – 9:30 am

BEHAVIORAL HEALTH

EMR IMPLEMENTATIONS; ROLE OF STANDARDS

Medication Reconciliation in Behavioral Health: Compliance with JCAHO Standards, Implications for Patient Safety and Interoperability Across the Continuum
John Poikonen PharmD, Partners Healthcare System

Beyond HIPAA: Standards for Electronic Health Records in Behavioral Health
Sharon Hicks MSW MBA, President, Askesis Development Group, Inc.; Chief Information Officer, Community Care Behavioral Health Organization

Case Study: A Multi-Site EMR Implementation – A Process in Not Spending $1.5M
Pauline Siders APRN BC, Executive Director, Behavioral Medicine Network
Paul M. Duck, Management Consultant, Paul M. Duck, LLC

Lead—Don’t Manage—EHR adoption
Dennis P. Morrison PhD, CEO, Center for Behavioral Health

PEDIATRICS

IMPLEMENTING ELECTRONIC PATIENT RECORDS IN THE PEDIATRICS ENVIRONMENT

Kicking off a series of pediatric sessions, learn about implementations and benchmark your own installation.

The Electronic Patient Record in a Subspecialty Pediatric Group
Nicholas Jospe MD, Head of Pediatrics Endocrinology, University of Rochester Medical Center
Christopher Vignare MS in Information Technology, Rochester Institute of Technology

9:45 am – 11:15 am

PUBLIC POLICY AND DIRECTION

Reflections on the Electronic Health Record from the Public/Private Point of View
Ron Manderscheid PhD - Director of Mental Health and Substance Use Programs - Constella Group (former Chief of the Survey and Analysis Branch within the Center for Mental Health Services)

EMR Public Policy Perspective – Impact on Community Behavioral Healthcare
Linda Rosenberg MSW CSW, President and CEO, National Council for Community Behavioral Healthcare

INTEGRATING PEDIATRIC EHRS: CASE STUDIES

Texas Children’s Hospital (TCH) is the largest pediatric hospital in the US and is also home of the largest pediatric residency training program in the US. In 2000, the Texas Children’s Integrated Delivery System began rolling out a single electronic medical record system for use in all the ambulatory clinics located at its main campus and five suburban health centers. Five years later, the system is used by over 3,000 caregivers located in over 65 clinics and the in the hospital. This presentation reviews the clinical content and workflow development challenges presented by different specialties and the outcomes of strategies to address those challenges.

Texas Children’s Integrated Delivery System: Case Study
John C. Joe MD MPH, Assis. Prof., Family Medicine, Baylor College of Medicine; Assis. Med.Dir, Information Serv., Texas Children’s Hosp.; Informatics Specialist, Space Medicine, NASA Johnson Space Center

Speakers and topics are subject to change. Visit TEPR.com for updated program information.

John C. Joe
MD MPH
11:30 am – 1:00 pm

BEHAVIORAL HEALTH

EMR OPPORTUNITIES & TRENDS; EXPERT PANEL DISCUSSION:
THE ELECTRONIC RECORD FOR BEHAVIORAL HEALTH

EMR - Trends for the Real World - Where are the Opportunities and Where are the Pitfalls?
Paul M. Duck, Management Consultant, Paul M. Duck, LLC

The Electronic Record for Behavioral Health
Expert Panel Discussion
Moderator: Paul M. Duck, Management Consultant, Paul M. Duck, LLC
Panelists:
• Linda Rosenberg MSW CSW, President and CEO, National Council for Community Behavioral Healthcare
• Dr. Ron Manderscheid, PhD - Director of Mental Health and Substance Use Programs - Constella Group (former Chief of the Survey and Analysis Branch within the Center for Mental Health Services)
• Dennis P. Morrison PhD, CEO, Center for Behavioral Health
• Pauline Siders APRN BC, Executive Director, Behavioral Medicine Network
• Sharon Hicks MSW MBA, President, Askesis Development Group, Inc.; Chief Information Officer, Community Care Behavioral Health Organization
• John Poikonen PharmD, Partners Healthcare System

2:00 pm – 4:00 pm

OPENING SESSION see page 12

Tuesday, May 23, 2006

8:00 am – 9:30 am

SURGERY

System Selection and Implementation: Do's and Don'ts
This case study contrasts 2 real-life systems installations: one that went right, and one that went wrong. Alan will share what he learned about the importance of carefully vetting vendors, the people you must have onboard for future success, customization red flags, and the right and wrong way to go about the implementation process.

Alan Vierling RN MSN, Vice President of Operating Room Services, Carilion Health System

PEDIATRICS

PEDiatric CASE STUDIES, continued

PEDIATRICS

Pediatric Awards
Approximately ten difficult short pediatric scenarios will be given to each vendor to document. The scenarios are based on the AAP technical paper on special requirements for pediatric electronic medical records. The vendors will be scored in how well and how efficiently they can handle these. The scoring system is 0,1, and 2 with zero being given if the system doesn't do the function. One is awarded if the function is partially met or very cumbersome to perform. Two is the score that indicates the function is available and works well. At the end of the scenarios the judges, experienced pediatricians who are experienced with EMRs will critique the presentations. Scores will be added and first, second, and third place honors will be presented.
Tuesday, May 23, 2006  continued

Speakers and topics are subject to change. Visit TEPR.com for updated program information.

**9:45 am – 11:15 am**

**SURGERY**

**A Modular Approach - Medical Document Management as a First Step**

When asked what groups that have implemented an EHR would do differently, almost all state that they would have implemented Document Scanning first. Learn how small, independent medical group practices can streamline their workflow, resulting in greater efficiency and reduced potential for error.

Jamie Stinnet, Administrator, Premier Surgical Associates and Park West Comprehensive Weight Loss Center

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**PEDIATRICS**

**Pediatric Awards, continued**

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**2:30 pm – 4:00 pm**

**ONCOLOGY**

**Is IT Worth It? Summing Up Outcomes of a Cancer Center’s Evolving Electronic Environment**

This session will provide a user’s perspective and expertise on managing a “paperless” center. The audience will learn of the journey in becoming a totally electronic environment, the hardware and applications utilized in achieving this goal, and findings regarding the savings and benefits that have resulted from the use of selected software and solutions.

Teresa M. McKay, President and CEO, West Michigan Cancer Center

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**PEDIATRICS**

**Pediatrics Clinical Documentation Challenge**

Vendors will document some of the most common problems pediatricians face. A complete pediatric ambulatory scenario based on one of the draft scenarios prepared originally for the Certification Commission on Health Information Technology will be presented by Drs. Joseph Schneider and Eugenia Marcus. Each of the participating companies will be given a fixed amount of time to document the scenario. The presentation will be critiqued by independent pediatricians chosen for their experience, expertise and lack of conflict of interest.

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**4:15 pm – 5:45 pm**

**Applying an Oncology EMR: Streamline Patient Care & Enhance Quality Measures**

In an oncology practice, disease and symptom management plans facilitate the delivery of the most efficacious treatments in the appropriate setting while also optimizing data collection, access and reimbursement. This case study will share the unique considerations for oncology systems and how these needs are being addressed at South Carolina Oncology Associates.

Valerie Baldwin RN OCN, Aim Higher Nurse Champion/Impac Manager, South Carolina Oncology Associates

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**The Oncology EMR: When Disaster Strikes**

Cancer patient care is complex and documentation must be accurate. In the wake of Hurricane Katrina, our cancer center was down, but the EMR was not. Paper charts were nonexistent or impossible to retrieve. Learn how to establish your own disaster-proof system in this fascinating tale from the trenches.

Karlie Hull, Chief Information Officer, Hematology & Oncology Specialists
8:00 am – 9:30 am

LONG TERM CARE

GOING LIVE AT BAYCREST

Baycrest went live with its first chronic care hospital and nursing home units in June 2004 and completed implementation of all in-patient areas in June 2005. We’ll share the successes and challenges of the analysis, planning, and design phase, and into implementation. We’ll also share how we gained buy-in from our physician community, addressed their specific needs within our existing framework, and integrated their documentation with the Physician Order Management (POM) system.

Part I: From EHR Planning to Rollout
Myra Ehrman, Project Manager, Informatics, Information Management, Baycrest

Part II: Gaining Physician Buy-In, Addressing Clinical Issues, and Implications for Resource Demands
Joanna Mills BSN, Clinical Systems Educator, Information Management, Baycrest

9:45 am – 11:15 am

Integrating Health Information Technology in Long Term Care

This presentation examines the unique needs of health information technology in the long term care setting, and demonstrates how HIT can positively impact frail and elderly patients. The National Association for the Support of Long Term Care currently leads efforts on HIT in the LTC setting; panelists will discuss how to select an IT vendor, build a business case with a cost/benefit analysis, and apply HIT in the LTC public and private sector. Peter Clendenin, Executive Vice President National Association for the Support of Long Term Care (NASL)

Disease Management at South Carolina Heart Center
Sherry will describe how the South Carolina Heart Center utilizes disease management software to improve outcomes of Stage III and Stage IV CHF patients and manages their anticoagulation Clinic patients, showing statistics on patient outcomes. In this session participants will:
- Understand how to use disease management software to manage patients
- Learn how patients are involved in their disease management
- Learn how to improve communication with all healthcare providers

Sherry Shults RN BSN, CIO/Research Director, South Carolina Heart Center

2:00 pm – 3:30 pm

HOME HEALTHCARE

Linking Home Healthcare with the ER
This case study describes the use of eMPI and Blackberry technology, enabling community care coordinators to receive immediate notification when their client presents in the Emergency. Additionally, electronic patient profiles determine which emergency patients require a home care assessment.
Heather Garnett, Senior Analyst, Project Management Office, Shared Information Management Services (SIMS), University Health Network (UHN)
TBA, Toronto Community Care Access Centre

3:45 pm – 5:15 pm

HOME HEALTHCARE

Multidisciplinary Cross-Border Pathways Between Hospital and Home Healthcare
Within the hospital, training in clinical pathways has been organized in collaboration with the home care professionals. As part of the education, multidisciplinary groups develop cross border pathways to discuss the sticking points of the pathways for COPD, breast feeding, palliative care and morbid obesity. All participate in the inventory of the sticking points via e-mail questionnaires, which also serves as an attention trigger, discussion medium and as test bank to introduce pathway proposals, key interventions and care process renewals. Based on that information and the group discussion, mutual task appointments are made and visualized in a flowchart. The flowchart functions as the central structure for the care and process. Once the content was established, the same structure was used to develop the pathway website.

Coenen Jef, Quality Manager, General Hospital Vesalius, Tongeren, Belgium

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In-Depth Case Study

INNOVATIVE SOLUTIONS FOR REAL-WORLD PROBLEMS

At Saint Francis Hospital, Tulsa, OK, a number of initiatives have successfully been implemented with the intent of ensuring that the EHR used by the caregivers helps promote an environment where quality care and patient safety are the primary outcomes. In this session, the presenters will share a diverse sampling of ways the facility is using their EHR to achieve these goals.

Part I: Facilitating Quality: Making the EHR an Integral Part of Interdisciplinary Care

Learn the application of EHR for:

- Nursing Snapshot – create one place where nurses, physicians, and other clinicians can easily get a total picture of the patient’s current status pulling pieces of data from a variety of nursing assessments and intervention notes.
- Med Admin - enhance the display of medication history using HTML tools to make the electronic MAR more than a med sheet display
- Interdisciplinary Education Record and Progress Notes – consolidate relevant clinical data from a variety of disciplines into a uniform display (without losing the uniqueness each specialty brings to the table)
- Quality measures – emphasis on quality continues to grow as organizations struggle to meet and improve their scores on various national benchmarks. The EHR has been instrumental in addressing such indicators as CHF and pneumonia at Saint Francis.

Margaret (Peggy) Budnik DM RN, Project Lead, Clinical Applications, Saint Francis Health System

Jane Traut BSN RN, Clinical Information Analyst, Saint Francis Health System

Part II: Medication Reconciliation: Blood from a Turnip

Creating the most accurate list possible of all medications a patient is taking pre-hospitalization, between levels of care, and prior to discharge is a task with which we are all faced. How it is approached from an EHR perspective can make a difference in the success of meeting the need versus improving patient care and improving patient safety. Ted Casey will share the hospital’s experience with auditing the process, developing a solution, and implementing new processes combining paper and the EHR to facilitate the improved care and patient safety with medication reconciliation.

Ted Casey, Senior Management Analyst, Saint Francis Health System

Part III: Capturing Charges: Routine Nursing Documentation Can Generate Revenue

Given the right tools, the nurse can not only provide excellent care and produce exceptional documentation – they can also impact an organization’s bottom line. Since implementing this approach through its EHR, Saint Francis Hospital, Tulsa, Okla. has seen significant revenue growth from “simple” nursing documentation with such procedures as dressing changes, chest tube maintenance, tracheostomy care, and a wide variety of medical procedures performed at the bedside. In addition, other nursing users routinely capture charges and statistics as part of their routine clinical documentation in the EHR. This session will share some lessons learned and benefits gained from incorporating charge capture into nursing documentation.

Dave Paulson, Manager, Clinical Information Systems, Saint Francis Health System

PANEL DISCUSSION

PREVENTING LOST CHARGES IN THE NURSING REALM

This lively discussion will examine the many areas of lost revenue in the delivery of nursing services, how this is being addressed by participants, best approaches to establishing a point-of-care tracking system, and attaining the necessary support and funding to get it right.
Tuesday, May 23, 2006

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8:00 am – 9:30 am

CLINICAL & ELECTRONIC DOCUMENTATION SYSTEMS

This session will explore the challenges and requirements for implementation of clinical and electronic documentation systems. Implementation strategies include team design, process redesign, standardization, data management, training, and go-live plan. Speakers will also share lessons learned and measurable benefits resulting from the implementations.

Implementation Case Study: Clinical Documentation
Basil Holloway RN, Nursing Informatics Specialist, East Texas Medical Center Regional Healthcare System
Pete Range, Clinical Applications Manager, East Texas Medical Center Regional Healthcare System

Electronic Documentation: Forcing the Square Peg into a Round Hole
Ivan Marden RN

9:45 am – 11:15 am

TECHNOLOGY TO THE RESCUE: ASSISTING NURSES

Here’s a change: learn how technology is being made to work for nurses! Learn of a mobile technology implementation focused on nurses, which shows the tangible benefits being realized by the nurses and outlines important steps for other hospitals to consider when focusing on their nurses’ workflows. Also learn the results of a recent survey specific to nursing technology, and how this will impact you.

Technology for the Often Neglected Member of the Care Team: Nurses
Theresa Brodrick RN, Vice President, Nursing, Virtua Health

Survey Results: Technology that Assists Nurses with the Nursing Shortage
Susan K. Newbold MS RNBC FAAN FHIMSS, Doctoral Candidate, University of Maryland School of Nursing; CARING Founder and Board

2:30 pm – 4:00 pm

In-Depth Case Study

IMPROVING CARE AND REDUCING ERRORS:
STRATEGIES FOR IMPROVEMENT IN THE EMR

Several components of primary care are at high risk for error and therefore place the organization and provider at increased risk of liability. Managing the components of referral tracking, lab management, and sample med dispensing are critical to the delivery of quality care. This presentation will demonstrate how one integrated delivery system of 11 clinics developed and implemented these components. The presentation will include both the tools and discuss the IT development to achieve the goals.

Diane Todd Pace PhD APRN BC, Project Manager/EMR, Nurse Practitioner/Nurse Scientist, Regional Medical Center/The Health Loop
Mara Robertson, Project Manager/EPM, Regional Medical Center/The Health Loop
Daniel Thomas, Operations, Informed Medical Networks

4:15 pm – 5:45 pm

PANEL DISCUSSION

INSTALLATION IS ONLY THE START:
HOW TO ENSURE A SUCCESSFUL EHR AFTER THE IMPLEMENTATION

Paper and work processes are the underpinnings of any successful EHR. Share stories with nursing peers, and learn the most effective means of making the EHR work for you and not against you.

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### Wednesday, May 24, 2006

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<tr>
<th>Time</th>
<th>Session Title</th>
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<td><strong>8:00 am – 9:30 am</strong></td>
<td><strong>STANDARDS: WIFM?</strong> &lt;br&gt;This series of expert presentations and panel will identify pertinent professional, national, and international standards for nurses, nursing, and healthcare to answer “What's In It for Me? (WIFM)”&lt;br&gt;Moderator: Carol J. Bickford, PhD, RN, BC, Senior Policy Fellow, American Nurses Association&lt;br&gt;Panelists: Linda Fischetti, RN, MS, Health Informatics Architect, Future Health Systems Design and Usability Health Information Architecture, Veterans Health Administration; Virginia K. Saba, EdD, Honorary PhD RN FAAN FACMI LL, Distinguished Scholar, Adjunct, Georgetown University, Washington DC; Adjunct Professor, USUHS, Bethesda, MD; Kathryn A. Lesh, RN, EdM, MS, BC, BS; LuAnn Whittenburg, MSN, FNP, Family Nurse Practitioner for Popular Health, Office of the Chief Information Officer for the DoD Health Program</td>
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| **9:45 am – 11:15 am** | **APPLICATIONS FOR CCR AND HANDS IN NURSING**<br>How is standardization impacting nursing? Speakers share the accomplishments of the Continuity of Care Record, as well as HANDS, the electronic program for generating the plan of care using NANDA, NIC, NOC standardized terminologies for nursing; a plan of care that constitutes the change-of-shift communication mechanism.<br><strong>CCR Applications in Nursing</strong> <br>Ivan Marden, RN<br><strong>HANDS: Standardized Terminologies for Nursing</strong> <br>Gail Keenan, PhD, RN, University of Illinois Chicago |

| **2:00 pm – 3:30 pm** | **MANAGING MEDICAL INFORMATION IN THE 21ST CENTURY**<br>Staying on top of the vast amount of new and existing information in today’s medical world is more than a formidable challenge - it’s almost impossible. Having this information at the point of care is now a must-have and arming patients with education tools from trusted sources has become just as critical. Speakers will share success stories and lessons learned in the implementation of hardware and software.<br><strong>Improving Patient Care</strong> <br>Renee McLeod DNSc RN CS CPNP<br><strong>Communication Systems Integration for a Best Practice Call System in Acute Care Settings</strong> <br>Sue Prince RN MSN, Director of IT, Huntsville Hospital<br><strong>IT Implementation to Positively Impact Patient Safety and Outcomes</strong> <br>Sue Prince RN MSN, Director of IT, Huntsville Hospital |

| **3:45 pm – 5:15 pm** | **PANEL DISCUSSION**<br><strong>WHAT IS THE ROLE OF NURSING IN INFORMATICS?</strong><br>And how do we integrate informatics into nursing practice? Engage in discussion addressing the challenges and evolving role of nursing and informatics, and how it impacts you. |
## Overview of the Veteran Health Administration Health Information Network
Marcia Insley, Director, Data Standardization Program, Health Data and Informatics, Office of Information, VHA

### Data Standardization and Enterprise Reference Terminology
Marcia Insley, Director, Data Standardization Program, Health Data and Informatics, Office of Information, VHA
Roger Sigley, Project Manager, Data Standardization Program, Health Data and Informatics, Office of Information, VHA

### Health Data Repository and Corporate Data Warehouse
Tim Cromwell PhD RN, Senior Project Manager, Health Data Repository, Health Systems Design and Development, Office of Information, VHA
Jack Bates, Director, Corporate Data Warehouse, Health Data and Informatics, Office of Information, VHA

### My HealtheVet: The VHA's Personal Health Care Record
Ginger Price, Acting Director, Health Enterprise Strategy, Office of Information, VHA

## Computerized Patient Record System – Re-Engineered: A Look at the Next Gold Standard
Mike Braithwaite BS PMP, Acting Senior Project Manager, Computerized Patient Record System, Health Data and Informatics, Office of Information, VHA

### Bio-surveillance
Gary Roselle MD, National Program Director, Infectious Disease, VHA
John Quinn, Program Manager, National Data Systems, Health Data and Informatics, Office of Information, VHA

### Interagency Data Sharing: Federal Health Information Exchange and Clinical Health Data Repository Projects
Cliff Freeman, Director, VA DoD Health IT Sharing Program, Office of Information, VHA
Greg Donham, Interagency Project Manager, Federal Health Information Exchange Program, Department of Veterans Affairs
Jack Mandel, Supervising Program Analyst, Health Enterprise Strategy / Health Informatics Strategy, Office of Information, Department of Veterans Affairs

## THE DEPARTMENT OF VETERANS AFFAIRS ELECTRONIC DENTAL PATIENT RECORD: CLINICAL DATA CAPTURE WITH NATIONAL AND LOCAL STATISTICAL REPORTING
The Department of Veterans Affairs (VA) dental electronic patient record (EPR) combines existing VA electronic systems with customized software developed, implemented, and maintained through a vendor partnership to form an integrated uniform national application. These presentations will detail project goals, performance measures, and outcomes. Incremental improvement strategies, cost savings, cost avoidance, and return on investment will be discussed. Change management and transition issues critical to the project will also be presented.

Gregory G. Zeller, Director of Dental Informatics, Office of Dentistry, VA Central Office
Pamela Fieldus, DDS, General Dentist, Chair, VHA Dental Software Development Committee
Sylvia Endicott-Sullivan, Project Manager, Department of Veterans Affairs Dental Record Manager; Project Manager for the Bidirectional Health Information Exchange
Dave Johnson, VHA Implementation Manager, Office of Information
Scott Wachter, OI National Training and Education Office, VA
Major moves are now taking place in healthcare across Europe, as governments grapple with burgeoning demand and large-scale demographic challenges. By 2020, the retired and chronically sick population is set to exceed total European working population for the first time ever. This has major implications for healthcare provision – and effective use of IT is emerging as a key component for service modernisation.

In England, the National Health Service is slated to spend more than £6 billion of central funding on a National Programme for IT (NPfIT) by 2010 – with substantially more money ‘promised’ from local sources. As the true shape of NPfIT emerges, many tough strategic questions are being posed for the UK healthcare IT market. At the same time, other countries are looking to the NHS for early practical lessons on different aspects of IT infrastructure deployment, and USA vendors are sizing up potential opportunities in Europe.

This raises some serious strategic issues for consideration by user organisations seeking to implement EPR/EHR solutions and suppliers seeking to build significant healthcare IT market presence in the UK and Europe. The presentation will review current status of EPR/EHR evolution across Europe and contrast different approaches with the USA. Murray will draw on latest UK and European research to paint a comprehensive picture of progress towards Electronic Patient Records.

Murray Bywater, Managing Director, Silicon Bridge Research

8:00 am – 9:30 am

EUROPEAN HEALTHCARE IT – A MAJOR MARKET ‘ON THE MOVE’

9:45 am – 11:15 am

Panel Discussion
Learning from Different National Policies on Electronic Health Records
Lead panelist: Murray Bywater, Managing Director, Silicon Bridge Research

2:30 pm – 4:00 pm

ONE PATIENT, ONE RECORD: INTEGRATING THE MILITARY HEALTHCARE CONTINUUM ON AND OFF THE BATTLEFIELD

COL Victor Eilenfield CHE MS USA, Program Manager, Clinical Information Technology Program Office, Military Health System
COL Bart Harmon MD MPH USA, Chief Medical Information Officer, Deputy Director Information Management, Military Health System

4:15 pm – 5:45 pm

CCHIT Town Meeting
CERTIFICATION AS A CATALYST TO ACCELERATE HIT ADOPTION

The mission of CCHIT is to accelerate the adoption of robust, interoperable healthcare information technology throughout the United States by creating an efficient, credible, sustainable mechanism for the certification of healthcare IT products. CCHIT was founded in 2004 with support from three industry associations in healthcare information management and technology – the American Health Information Management Association (AHIMA), the Healthcare Information and Management Systems Society (HIMSS), and The National Alliance for Health Information Technology (Alliance). In September 2005, CCHIT was awarded a contract by the U.S. Department of Health and Human Services (HHS) to develop, create prototypes for, and evaluate the certification criteria and inspection process for electronic health records (EHRs) and the infrastructure components through which they interoperate.

This session will provide:
• An understanding of the historical barriers to HIT adoption and how certification of products can help bridge that adoption gap
• The progress of CCHIT and its operating work groups, the launch of the certification program for ambulatory EHRs, and future timelines for inpatient and network certification
Mark K. Leavitt, MD, PhD
Chair, Certification Commission for Healthcare Information Technology (CCHIT)
Wednesday, May 24, 2006

8:00 am – 9:30 am

HEALTH IT IN GOVERNMENT - EMPOWERING CITIZENS AND TRANSFORMING HEALTH CARE

The office focuses on federal, state, local and international governmental activities, especially related to the eGov initiatives and high priority IT solutions. This presentation will describe leading-edge HIT solutions, based on research from a case book of 20 leading-edge health IT projects cutting across federal, state, local and international governments. Key topics and projects include Open Source EHRs and HIEs integrated at the local, county and region-wide levels, actual public health disease and biosurveillance systems based on national standards and architecture, and the planning and development of the Medicaid IT Architecture (MITA).

Marc Wine, MHA
Program Analyst for Health IT
GSA Office of Intergovernmental Solutions

9:45 am – 11:15 am

CMS DOQ-IT UPDATE: NATIONAL DOCTORS’ OFFICE QUALITY-INFORMATION TECHNOLOGY PROJECT

The DOQ-IT project - currently going live nationally - encompasses two major themes that will be addressed in this session: 1) promoting the adoption of standards, and 2) extraction of relevant data elements from existing electronic health record products, transfer of these data via secure/approved mechanism to a national repository, editing and processing of data and reporting back to the physician performance rates pertaining to quality indicators.

Will Matos, Centers for Medicare and Medicaid Services (CMS)
Kathy Barberio (formerly Naughton), Assistant Director, Health Informatics, Iowa Foundation for Medical Care

TEPR 2006 Conference Proceedings

Though you may take meticulous notes, you may not capture every piece of vital information you wish from the speaker sessions you attend. And, you certainly cannot attend every session. For that reason, MRI offers FREE online access to all TEPR 2006 session proceedings to registered attendees. With documentation on the hundreds of speaker presentations from the educational sessions of TEPR 2006, these proceedings are worth the price of admission alone. Website links, PowerPoint presentations, tables, charts and graphs are all included for a wealth of information that will fuel your Health IT fires for the full year ahead... until another TEPR is upon us.

Divide and Conquer TEPR

With literally hundreds of speakers presenting and 200 exhibitors at TEPR 2006, it is impossible for even the most ambitious attendee to see and experience it all. So send a team from your organization to cover the daily proceedings and scan the exhibit hall, allowing your organization to get the most out of TEPR 2006. Meet up after, share and swap ideas, and grow together as a group from your collectively TEPR experiences!
**CONTINUITY OF CARE RECORD: UPDATE**

The CCR is a revolutionary new ASTM International standard that will change the way in which healthcare professionals preserve and transfer healthcare information about their patients. This snapshot of a patient’s health status and treatment concisely includes all relevant data needed for continuity of care. It is sent to the next healthcare provider whenever a patient is referred, transferred, or otherwise uses different clinics, hospitals, or other providers. The standard, E 2369, Specification for Continuity of Care Record (CCR), was developed by Subcommittee E31.28 on Electronic Health Records, which is under the jurisdiction of Committee ASTM International E31 on Healthcare Informatics. Many EMR vendors are integrating the CCR in their systems. The CCR will help every healthcare provider document and communicate patient information more efficiently and effectively. Learn the latest from this group, and how it will impact your practice.

**CCR Introduction and Update**
Claudia Tessier CAE RHIA, Co-Chair, ASTM E31.28 CCR Workgroup, Executive Director, Mobile Healthcare Alliance

**A New Strategy for Networking of Health Information**
C. Peter Waegemann, Co-Chair, ASTM E31.28 CCR Workgroup; Chair, Mobile Healthcare Alliance

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**CONTINUITY OF CARE: ASTM/HL7 PROJECT UPDATE**

The HL7 Clinical Document Architecture (CDA) is a document architecture standard designed to represent medical legal health care encounter documents in a standardized format. The ASTM Continuity of Care Record (CCR) was designed and implemented as a standard for a comprehensive data summary that aggregates data from multiple sources, health care records, medical legal documents, and health care encounters to form a comprehensive overall clinical picture of a patient’s current and relevant historical health care status. This session will provide an update on their efforts to move forward their joint objectives.

Rick Peters, MD
Steven Waldren, MD
A representative of HL7, to be announced

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**CONTINUITY OF CARE RECORD IN PRACTICE**

The CCR standard (ASTM E2369-06) is without doubt the single most important health care IT standard of our time. Designed to be an authoritative, portable, and interoperable summary of clinically relevant personal health information expressed in broad computer-industry XML, the CCR standard is quite literally “bridging the gap” between clinicians, health systems, health departments, and patients/consumers. Several innovative projects and programs are utilizing the CCR standard to empower physicians and health care consumers alike to exchange important health information and to derive quality, convenience, and cost efficiency benefits that have heretofore unavailable. This session will answer the question many physicians are asking about the CCR standard – “What’s in it for me and my patients?” - and connect the dots between practice-based EHRs, PHRs, and other stores of health information.

**The Continuity of Care Record: Changing the Face of Health Care Information; an Update on Projects, Programs, and Organizations Using the CCR Standard in the US**
David C. Kibbe MD MBA, Director, Center for Health Information Technology, American Academy of Family Physicians

**The Continuity of Care Record—The Cheapest RHIO Around**
Stasia Kahn MD, Northern Illinois Physicians For Connectivity
Vikram Sheshadri PhD
### RHIO UPDATES

This session will help you understand the driving forces behind the development of RHIOs; the reality of the status of emerging RHIOs; and the types of IT products, networks, and services that RHIOs will need.

**RHIO Update**

Jeffrey Blair, Co-Chair, NCVHS Subcommittee on Standards and Security

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### DEVELOPING PUBLIC & PRIVATE PARTNERSHIPS FOR INFORMATION EXCHANGE

**In-Depth Case Study**

**How to Remain an Agile Enterprise - A RHIO Point of View**

This session will focus on the various economic, political, regulatory, and physical challenges in developing public and private partnerships for achieving an integrated human and healthcare information data exchange.

**Moderators:**

- Liesa Jo Jenkins, Executive Director, CareSpark Regional Health Information Organization
- Carl Mitchell, Executive Director, One Care

**Participants include:**

- Bruce Taffel MD, Vice President, Health Informatic, BlueCross BlueShield of TN
- John Dreyzehner MD, Director of Cumberland Plateau Health District in four Virginia counties
- Richard Eshbach, Assistant Vice President for Health Information Systems, Mountain States Health Alliance
- Vicky Collins, One Care, Department of Social Services

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### RHIOs: GLOBAL PERSPECTIVE

Not only are there dozens of RHIOs in the United States with different approaches and featuring different goals, there is also substantial RHIO activity internationally. Learn from innovative projects in Finland, Canada, and Israel.

**Regional Health Information Network eServices organized by the RHIO (UUMA)**

- Kari Harno MD PhD, Chief Physician and Senior Lecturer, Department of Medicine, Administration, Helsinki University Central Hospital
- Juha Tuominen MD PhD, Chief Administrative Physician, The Hospital District of Helsinki and Uusimaa (HUS)

**Implementing the Northwest Health Network, a Regional Health Information Network**

Northwest Health Information Network, Ontario Canada

**One Physician's Real-Life Experience with a RHIO**

Rina Yahalom, M.D., Medical Director, Central District, Clalit Health Services, Israel

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### CCHIT TOWN MEETING

**Certification as a Catalyst to Accelerate HIT Adoption**

The mission of CCHIT is to accelerate the adoption of robust, interoperable healthcare information technology throughout the United States by creating an efficient, credible, sustainable mechanism for the certification of healthcare IT products. In September 2005, CCHIT was awarded a contract by the U.S. Department of Health and Human Services (HHS) to develop, create prototypes for, and evaluate the certification criteria and inspection process for electronic health records (EHRs) and the infrastructure components through which they interoperate. This session will provide:

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- The progress of CCHIT and its operating work groups, the launch of the certification program for ambulatory EHRs, and future timelines for inpatient and network certification

Mark K. Leavitt MD PhD, Chair, Certification Commission for Healthcare Information Technology
Wednesday, May 24, 2006

Speakers and topics are subject to change. Visit TEPR.com for updated program information.

8:00 am – 9:30 am  
**ePRESCRIBING**  
ePrescribing is often the starting point for physicians beginning their journey to electronic health records. This session provides perspectives both domestic and global, from pros and cons of the standalone systems, to integration with the EHR and beyond.

**ePrescribing Today and Tomorrow: A Step in the Digital Journey**  
Daniel Z. Sands MD MPH FACP FACMI, Assistant Clinical Professor of Medicine, Harvard Medical School; Faculty, Harvard-MIT Division of Health Sciences and Technology; Associate in Medicine, Beth Israel Deaconess Medical Center; Director, American Medical Informatics Association; Advisor, Center for Health Information and Decision Systems, Robert H. Smith School of Business, University of Maryland

**Twenty Five Years of Experience with ePrescribing in Sweden**  
Bengt Åstrand MSc, Senior Director, e-Health Services, Apoteket AB, Sweden

**Enabling ADAP Drug Information Systems - The Canadian Electronic Drug (CeRx) Messaging Standard Project**  
Marc Koehn, Project Manager, Canadian Electronic Drug (CeRx) Messaging Project, Canada Health Infoway

**EMRs: Expanding Clinical Support Within the Chart**  
James Ruffer, MD, Medical Director, Good Shepard Hospital Radiation Oncology Center

9:45 am – 11:15 am  
**HEALTHCARE INFORMATION EXCHANGE: CHALLENGES & OPPORTUNITIES**  
Some of the more immediate challenges for successfully exchanging information include gaining physician buy-in, overcoming cultural changes, establishing and meeting benchmarking/evaluative measures, standardization of processes, and interoperability with partners outside the organization Learn how these and other challenges are being met.

**Five Skeletons in the Health IT Closet**  
Rod Piechowski, Vice President, Technology Leadership, The National Alliance for Health Information Technology

**Advancing Healthcare Technology in Rural Communities**  
Mike DeLuca, Vice President Information Systems, Sarah Bush Lincoln Health System  
Beth Evermon, AEMR Application Specialist, Sarah Bush Lincoln Health System

11:15 am – 2:00 pm  
**DEDICATED EXHIBIT TIME**

2:00 pm – 3:30 pm  
**INTEROPERABILITY AND STANDARDS**  
Speakers share their experiences and lessons learned from efforts to bring together the clinical, policy and technical components for successful information sharing among systems.

**NCHICA: A Collaborative Model for Connecting Communities**  
W. Holt Anderson, Executive Director, North Carolina Healthcare Information and Communications Alliance, Inc. (NCHICA)

**Electronic Standardization for Information Exchange Among Health Plans Organizations and Healthcare Providers in Brazil**  
Jussara Macedo Rotzsch, Information Manager, National Supplementary Health Agency (NSHA), Brazil

**The Complete Record: Integrating Administrative and Clinical Data**  
Gwendolyn Lohse, Project Director for Administrative Simplification Initiatives, Council for Affordable Quality Healthcare

3:45 pm – 5:15 pm  
**Panel Discussion**  
**HEALTHCARE INFORMATION EXCHANGE: OVERCOMING CHALLENGES**  
This track illuminates much of the work being done to exchange healthcare information. This session will pull it all together in a lively interactive discussion identifying the more successful approaches, how they can be applied more broadly, and provide a roadmap for more effective healthcare information exchange both domestically and globally.
8:00 am – 9:30 am  DIGITAL SIGNATURES

Reliable identity assurance is at the core of any healthcare information exchange and is critical to simplifying the patient-doctor relationship. Learn how the need for secure and trusted access to information by both doctors and patients, requiring the legally enforceable and regulatory compliant use of verifiable digital signatures, is being met.

**Digital Signatures: Building the Platform for a Digital Healthcare Community**
Mollie Shields-Uehling, President and CEO, SAFE-BioPharma Association

**W3C Digital Signature and Encryption for the ASTM Continuity of Care Record**
Alan E. Zuckerman MD, Georgetown University Medical Center, American Academy of Pediatrics

**Network Monitoring: Identifying “Non-Normal” Activity**
Peter A. Bensch PhD MBA, Systems Analyst, SDSU Student Health Services

9:45 am – 11:15 am  DATA VISUALIZATION AND DOCUMENT CREATION

Learn strategies for implementing new technologies into work processes, enhancing reporting performance while improving the bottom line, using technology for data discovery and analysis, and how the abundance of data via an EHR enables greater opportunities to look at the information in a much more efficient and timely manner. Learn the power of data visualization in a real-world application and day-to-day management, and how data can be used to manage all aspects of a health care practice or facility as well as data visualization implications for clinical research. Also learn how online document creation via document wizards not only ensures that documentation for a visit has been completed, but that it has been completed on time, is complete and accurate, and contains the necessary information for billing compliance. The result is better patient safety, reduction in time and expense of checking transcription, and greater accuracy in billing.

**Reducing Expenses Through the Efficient Use of Technology and Data Visualization**
Jeff Skjerseth MBA, Administrator, Memorial & St. Elizabeth’s Cancer Treatment Center

**Document Wizards: A Case Study for the Healthcare Triad**
Mandy Brecht Sands, Project Leader, EPR, Johns Hopkins Hospital

11:30 am – 1:00 pm  DOCUMENT IMAGING

Learn about the pros and cons of document imaging management for chart completion, release of information, decrease of A/R, and patient registration.

**Document Imaging at University of Louisville Hospital**
Walter Zupances RHIA, Director of HIM, University of Louisville Hospital

**The Do’s and Don’ts for Selecting & Installing an Imaging Solution**
Rita K. Bowen MA RHIA CHPS, Director of HIM, R&R and Privacy Officer, Erlanger Health Systems

**Document Imaging in a Medical Practice**
Victoria S. Jackson, Formerly Practice Administrator, Southern Orange County Pediatrics

**Document Imaging for EHRS**
Joe Weber, CEO, Lexicore

2:00 pm – 4:00 pm  OPENING SESSION see page 12
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speakers and Presentations</th>
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| 8:00 am – 9:30 am | **EHR SECURITY**        | The healthcare industry faces the dual challenge of business demanding quick and easy, “anytime, anywhere” access to applications and information, while at the same time privacy and HIPAA regulations require the protection of sensitive data. Add complications such as the need for secure remote access, and healthcare systems comprised of multiple systems with multiple user IDs, and you have an IT nightmare. These presentations will guide you through the maze of identity management as well as secure remote access challenges specifically impacting healthcare organizations.  
  **Protecting the Integrity, Privacy and Security of EHR**  
  Matthew Hicks, Manager, Information Security, Children’s National Medical Center  
  **Curing Secure Remote Access Pains**  
  Zachary Grant, Senior Network Engineer, Sun Healthcare Group |
| 9:45 am – 11:15 am | **TRACKING APPLICATIONS** | In this fascinating session, learn the approaches used for tracking by two different trauma centers. Aggressively leveraging technology is enhancing caregiving, department performance and the patient flow across each enterprise.  
  **Tomorrow’s Automated Emergency Department Today - A Case Study of a Level 1 Trauma Center**  
  L. Albert Villarin, Jr MD FACEP, Director, Medical Informatics, Department Emergency Medicine, Albert Einstein Medical Center  
  **Preparing for Change - A Business Process Model for Implementing Passive Tracking - A Level 1 Trauma Center Case Study**  
  Christopher J. Konen, Sr. IS Project Leader, Information Services, Christiana Care Health System |
| 2:30 am – 4:00 pm | **RFID AND AIT**         | Learn the newest applications of RFID and the enormous savings in money and time being realized. For instance, a new method of accessing patients’ electronic health records which requires no data entry on the part of the care giver: using RFID chips embedded in the patient wristband, clinicians access the EHR using tablet PC and make no keystrokes. Also the cost savings the Navy is realizing within eight 500 bed hospitals and numerous expeditionary clinics, in addition to a 150,000 square foot medical distribution warehouse.  
  **Effortless Access to an EHR using RFID**  
  Daniel Morreale, Vice President & Chief Information Officer, Atlanticare Regional Medical Center  
  **RFID and AIT at the US Navy Fleet Hospital Support Office**  
  LCDR (Sel) Corey Cook, Director of Operations, US Navy Fleet Hospital Support Office |
| 4:15 pm – 5:45 pm | **MOBILE APPLICATIONS IN HEALTHCARE** | Which mobile technologies are gaining traction in healthcare environments? Learn the ways in which mobile devices are being used to improve healthcare delivery and practice, integrating into current systems, developing a long term strategy, and selecting appropriate systems.  
  **Realizing the Potential of Mobile Technologies in Healthcare**  
  Steve LeVine, MD, Kaiser Permanente  
  **Best Practices for Creating and Managing Safe and Successful Wireless Patient Care Systems**  
  Elliot Sloane PhD, Assistant Professor of Decision and Information Technologies, Villanova University, Todd Cooper, President, Breakthrough Solutions  
  **Using PDAs in Medicine**  
  Justin S. Moli MD, Pediatric Chief Resident, Greenville Hospital System University Medical Center  
  **Mobile Applications in the US - Case Studies**  
  Mark Anderson, CEO and Healthcare IT Futurist, AC Group, Inc. |
### SPEECH RECOGNITION

Learn of implementation successes and lessons learned, system technology including bi-directional interfaces, workflow modifications, improved report turnaround time for patient care and billing, additional clinical and financial return on investment, training methodologies, and product enhancements.

**Simply Speaking…Using Speech Recognition in Radiology**
Susan A. Demorsky MHSA RHIA FHIMSS, Group Manager, Advanced Development
Children’s Medical Center, Dallas

### INTEROPERABILITY

Is there a way to achieve interoperability before all providers have EMRs? Hospitals are seeking to make it happen, and the CCR is on the case too. Learn the progress being made and its impact on your organization.

**Overcoming Interoperability Challenges with Smart Cards**
Dianne Emminger, Vice President Information Services, Armstrong County Memorial Hospital

**Interoperability Issues and Solutions: Work of the CCR Acceleration Taskforce**
Steven E. Waldren MD MS, Assistant Director, Center for Health Information Technology, American Academy of Family Physicians

### VISTA

After its release of Hui OpenVista in 2003, the Pacific Telehealth & Technology Hui realized a need to provide the VistA derivatives to small healthcare clinics and practices that did not have the information systems resources to install, operate and maintain a stand-alone system. To accommodate these types of healthcare facilities, the Hui developed a VistA Application Service Provider (ASP) prototype. In the ASP configuration, Hui OpenVista is maintained on servers at a central location from which healthcare sites can access the system via workstations. This provides the sites access to a fully integrated healthcare information system configured for their specific requirements. In 2005, the Hui demonstrated that Hui OpenVista can be configured as an ASP and validated the prototype in an operational environment at two clinic sites in Honolulu, Hawaii. Learn the outcome of the Hui OpenVista ASP demonstration project and steps being taken to transfer the prototype technology to the private sector.

**Configuration and Validation of a VistA EHR Application Service Provider (ASP) Prototype**
Stanley M. Saiki, Jr MD, Director, DoD VA, Pacific Telehealth & Technology Hui

### OPEN SOURCE

Open source software provides advantages: free to obtain, programming can be modified, as well as challenges such as limited support options to physicians and facilities looking to implement EHRs. This session is comprised of presentations and a panel discussion, with the objective of helping attendees understand open source EHRs for their own applications.

**Introduction to Open Source EHRs**
Larry Ozeran MD, Practicing General Surgeon and President, Clinical Informatics, Inc

**A Free, Open-Source EMR**
Stefan Topolski MD, CottageMed

**Mendocino Health Records Exchange Project**
Will Ross, Mendocino Informatics

**Opportunities Lost: Processes to Avoid**
Open Source Panel Discussion
Larry Ozeran MD, Practicing General Surgeon and President, Clinical Informatics, Inc.
John C. Joe MD MPH, Assistant Professor, Family Medicine, Baylor College of Medicine; Assistant Medical Director, Information Services, Texas Children’s Hospital; Informatics Specialist, Space Medicine, NASA Johnson Space Center
While there is substantial pressure to implement CPOE systems in your hospital, some providers have found that the system may not find physician acceptance or does not achieve a reduction of medical errors. This session will have presentations and frank discussions on the right way to develop a strategy, select, and implement a CPOE system. If you are in the process of implementing such a system, you will also get practical insights on how to make it work.

Citizens Memorial Healthcare has implemented an EMR and CPOE in acute care, long term care, home care and physician offices. Paper charts have been eliminated. Learn how challenges were overcome and how to accomplish this in your own facility.

Denni McColm, Chief Information Officer, Citizens Memorial Healthcare
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Description</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>9:45 am – 11:15 am</td>
<td><strong>WIRELESS INFRASTRUCTURE</strong></td>
<td>The integration of wireless and communication systems presents a challenge for every hospital. In this session, hospitals will discuss the implementation of a wireless infrastructure. The costs are not excessive, and an infrastructure is hard to justify because direct benefits are often difficult to demonstrate. This presentation will discuss the pros and cons. It will also give you insights of successes and failures.</td>
<td>University of Chicago Hospitals and Health System and Northeast Medical Center (NEMC)</td>
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<tr>
<td>2:30 pm – 5:45 pm</td>
<td><strong>AMDIS: CHALLENGES, CHANGING ROLES IN HEALTHCARE IT</strong></td>
<td>Richard Rydell of the Association of Medical Directors of Information Systems will moderate this session comprised of CMIOs, addressing successes and challenges. The Association of Medical Directors of Information Systems (AMDIS) is a leading professional organization for physicians interested in and responsible for healthcare information technology. These thought leaders, decision makers and opinion influencers are dedicated to advancing the field of Applied Medical Informatics, thereby improving the practice of medicine.</td>
<td>Eric Yablonka, Vice President and Chief Information Officer, University of Chicago Hospitals and Health System and Carla Maslakowski, Vice President and CIO, Northeast Medical Center, Humble, TX</td>
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<tr>
<td>8:00 am – 9:30 am</td>
<td><strong>PATIENT FLOW AND ASSET TRACKING</strong></td>
<td>Managing better patient flow in your hospital results in higher efficiency for hospital departments and greater patient satisfaction. This session will discuss passive tracking technologies including RFID and how they have been used to improve patient flow and asset tracking.</td>
<td>Bethesda Healthcare System, a community-based hospital, will share its experience in implementing a bar-coded medication management solution, including challenges, tips, clinical results, and ROI. Tracy Legenos, Vice President of Information Services and CIO, Bethesda Healthcare System</td>
</tr>
<tr>
<td>9:45 am – 11:15 am</td>
<td><strong>CHARGE CAPTURE</strong></td>
<td>Charge capture and real time financial communication with your payers will be addressed in this session. Explore the most interesting and advanced projects in the country. See for yourself what works and what doesn't. Charge capture can bring great benefits your hospital but you have to know how to avoid the pitfalls. This session might change your operations for the future!</td>
<td>A Model for Community Hospitals: Nacogdoches' phasing in of EHR is an exemplary model for community hospitals. Nacogdoches recognizes that achieving EHR is a process, and that each stage adds its own user value. Jane Ann Bridges MBA CPA, Chief Financial Officer, Nacogdoches Memorial Hospital</td>
</tr>
<tr>
<td>2:00 pm – 3:30 pm</td>
<td><strong>PHASED IMPLEMENTATION OF EHR</strong></td>
<td>Careful planning and implementation of new systems is essential for its success. Where should you start? How do you measure success, and how much time should be allotted for each phase? Compare approaches and determine how best to implement your own systems.</td>
<td>A Model for Community Hospitals: Nacogdoches' phasing in of EHR is an exemplary model for community hospitals. Nacogdoches recognizes that achieving EHR is a process, and that each stage adds its own user value. Jane Ann Bridges MBA CPA, Chief Financial Officer, Nacogdoches Memorial Hospital</td>
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</table>
TO RECEIVE AUTOMATIC PROGRAM UPDATES, E-MAIL US AT UPDATES@TEPR.COM

Distinguished Faculty TEPR 2006
Preliminary list; see TEPR.com for updates

Michelle Leafloor, The Ottawa Hospital
Mark K. Leavitt, MD, PhD; CCHIT
Tracy Legenos, Bethesda Healthcare System
Steve LeVine, MD, Kaiser Permanente
Gwendolyn Lohse, Council for Affordable Quality Healthcare
J ack Mandel, Department of Veterans Affairs
Ron Manderscheid, PhD, Constella Group
Eugenia Marcus, MD, FAAP, Pediatric Health Care-Newton Wellesley
Ivan Marden, RN
Carla Maslakowski, Northeast Medical Center, Texas
Will Matos, CMS
Dave McCord, TM Floyd & Co
Debra McGrath, CRNP, The Coker Group
Teresa M. McKay, West Michigan Cancer Ctr
Denni McColm, Citizens Memorial Healthcare
Renee McLeod, DNSc, RN, CS, CPNP
Richard D. Miller, DO, MHA, Avera Health Plans
J erry Miller, MD, Holston Medical Group
Hal Miller-J acobs, PhD, Human Factors Int'l
J oanna Mills, BSN, Baycrest
Carl Mitchell, One Care
Justin S. Moll, MD, Greenville Hosp System Univ Medical Ctr
Daniel Morreale, AtlantiCare Regional Medical Ctr
Dennis P. Morrison, PhD, Ctr for Behavioral Health
Judy Murphy, RN, BSN, Aurora Health Care
Sarah Muttit, MD, Canada Health Infoway
Michael J. Mytych, Health Information Consulting, LLC
Susan K. Newbold, MS, RNBC, FAAN, FHIMSS, Univ of Maryland School of Nursing
Larry Ozern, MD, Clinical Informatics, Inc
Diane Todd Pace, PhD, APRN, BC, Regional Medical Ctr/The Health Loop
Stan Padilla, MD, Brown & Toland Medical Group
Bill Pascal, Canadian Medical Assoc
Dave Paulson, St Francis Health System
Rick Peters, MD
Rod Piechowski, The Natl Alliance for HIT
Pierre Pincetd, MD, Univ of Utah Health Sciences Center
John Poikonen, PharmD, Partners Healthcare System
Ginger Price, Veterans Health Administration
Sue Prince, RN, MSN, Huntsville Hospital
J ohn Quinn, Veterans Health Administration
Pete Range, E Texas Medical Ctr Regional Healthcare System
J im L. Raper, DSN, CRNP, JD, Univ of Alabama at Birmingham School of Medicine
Linda Reed, RN, Atlantic Health System
Dennis W. Regan, MD, Deaconess Billings Clinic
Linda Reino, Universal Health Services
Mara Robertson, Regional Medical Ctr/The Health Loop
Gary Roselle, MD, Veterans Health Administration
Linda Rosenberg, MSW, CSW, Nati Council for Community Behavioral Healthcare
Will Ross, Mendocino Informatics
J ussara Macedo Rotzsch, National Supplementary Health Agency, Brazil
Jamie Ruffer, MD, Good Shepard Hospital
Ronald D. Ryan, CHRISTUS Health
Richard L. Rydell, FACHE, FHIMSS; AMDIS
Michael S. Saag, MD, Univ of Alabama at Birmingham
Virginia K. Saba, EdD, Georgetown Univ
Stanley M. Saiki, J r., MD, DoD VA, Pacific Telehealth & Technology Hui
Anita Samarth, eHealth Initiative and Foundation
Daniel Sands, MD, MPH, FACP, FACMI, Harvard Medical School
J ane Sarason-Kahn, ThinkHealth
Stephanie Saull-McCaig, Univ Health Network, Canada
Sherry Shults, RN, BSN, S Carolina Heart Ctr
Vikram Sheshadri, PhD
Mollie Shields-Uehling, SAFE-BioPharma Assoc
Pauline Siders, APRN, BC, Behavioral Medicine Network
Roger Sigley, Veterans Health Administration
Jeff Skjerseth, MBA, Memorial & St. Elizabeth’s Cancer Treatment Ctr
Elliot Sloane, PhD, Villanova University
Alan Solovy, Hospitals & Health Networks
Phil Soubliere, The Ottawa Hospital
Gregory Spencer, MD, Crystal Run Healthcare
J ack Starmer, MD, Vanderbilt University Medical Ctr
J amie Steck, Central Utah Clinic
Chris Stevens, Deaconess Billings Clinic
Jamie Stinneft, Premier Surgical Associates
Robert Stolarick, DDS, MBA, Shelby County Health Dept/The Health Loop
Bruce Sutton, Thunder Bay Regional Health Sciences Centre
Les Swanson, MBA, Texas Health Resources
Bruce Taffel, MD, BlueCross BlueShield of TN
Roger Taylor, MD, MPA, Rand Corp
Claudia Tessier, CAE, RHIA, Mobile Healthcare Alliance
Daniel Thomas, Informed Medical Networks
Doug Thompson, First Consulting Group
Michael Tooke, MD, Delmarva Foundation
Stefan Topolski, MD, CottageMed
Praveen Toteja, George Washington Univ Medical Faculty Assoc
Jane Traut, BSN, RN, St Francis Health System
Patricia A. Trits, MPA, CHBC, CPC, CHCC, CHCO
Lisa Tudor, MBA, Cardinal Hill Healthcare System
J uha Tuominen, MD, PhD, Hospital District of Helsinki & Uusimaa
Ferdinand Velasco, MD, Texas Health Resources
Jim Veline, Avera Health
Paul Veregge, MD, MS, CPE, Affinity Health System
Alan Vierling, RN, MSN, Carilion Health System
Christopher Vignare, Rochester Inst of Technology
L. Albert Villarin, J r., MD, FACEP, Albert Einstein Medical Ctr
Scott Wachter, OI National Training & Education Office
C. Peter Waegemann, Medical Records Inst
Steven E. Waldren, MD, MS; AAFP
Joe Weber, Lexicore
Chuck Webster, MD, J MJ Technologies
Will Weider, Affinity Health System
Allen Wenner, MD, Primetime Medical Software
James H. Wilig, MD, Univ of Alabama at Birmingham School of Medicine
Marc Wine, MHA, GSA Office of Intergovernmental Solutions
Eric B. Yablonka, Univ of Chicago Hospitals
Rina Yahalom, MD, Clalit Health Services, Israel
Gregory G. Zeller, VA Central Office
Alan Zuckerman, MD, Georgetown Univ
Walter Zupances, RHIA, Univ of Louisville Hospital
What’s your strategy...

...for implementing EHR? Choosing an EHR system for your practice is an important move. Choosing the right partner to help you implement it is even more important. With over 25 years of industry experience, Emdeon™ Practice Services uses a 4-step EHR process aimed at minimizing disruption to your staff. Make your next move the right move – contact Emdeon Practice Services to learn more.

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A Special Thank You to Our Co-Sponsoring Organizations

TEPR AWARDS
Each year, the TEPR Awards are presented to the top three vendors in a number of key categories, and each year healthcare providers are eager to see who receives these prestigious awards. Panels of independent judges will decide the 2006 winners. The final session will be open to the public. Visit www.tepr.com for time and location. Then join us on Monday, May 22 when we announce the winners.

- EMR systems for small practices
- EMR systems for medium and large practices
- EMR systems for hospitals
- Mobile applications for healthcare
- Standalone e-prescribing systems
- Medical devices
- Hot products
- Speech recognition (front-end)
- Personal health records
- OR suites (surgical)
- Document imaging
- Medical transcription businesses
- Pediatric awards

HEALTH IT USER GROUP

What is the Health Information Technology User Group?
It is a community of the most satisfied customers in the Health IT field, users of EMR systems and all other Health IT solutions and products of companies who are exhibitors at Medical Record Institute’s TEPR Conference. This community of individuals who have been nominated by their vendors will come together at TEPR and other events during the year to network, evaluate, lobby, and discuss common issues of Health IT.

You will see people at TEPR who will be wearing a special badge saying “I am a satisfied customer of xxx.” Whether you meet them in the aisles, see them in educational sessions, or anywhere else, feel free to stop them and ask them about their experiences. Ask them what they like, what they don’t like, how their colleagues accepted the system, what their next steps are, and so on. It is a unique opportunity to network and learn from others. This is an added value of TEPR because of the person-to-person exchange.

If you would like to become a member of the Health Information Technology User Group, please contact your vendor or Medical Records Institute at 617-964 3923 ext. 216.
Exhibit Hours

Monday, May 22, 2006
4:00 pm - 7:00 pm

Exhibit Hall Reception 5:30 - 7:00 pm.

Tuesday, May 23, 2006
11:00 am - 6:00 pm

Lunch served in Exhibit Hall 11:30 am

Wednesday, May 24, 2006
10:00 am - 2:30 pm

Lunch served in Exhibit Hall 11:30 am

Solution Seekers

This is a special service to TEPR attendees. Rather than randomly trying to find the right person at an exhibit booth, the Solution Seeker program allows you to make appointments through MRI’s website. You can alert a specific exhibitor of your interest and request an appointment. When you arrive at the specified time, you will be treated like a VIP.

TEPR 2006 Exhibitors as of 1/27/06

A4 Health Systems  Emdeon  MDLogic, Inc.
ABELSoft Corporation  e-MDs  MedAptus
AcerMED  Epic Systems Corporation  MedcomSoft
Advanced Data Systems  Cora  Medfusion
Corporation  For the Record  Medical Communication
AdvancedMD  Fujitsu  Systems Inc
A-Life Medical  GE Healthcare  Medical Informatics
Allscripts, LLC  GeniusDoc  Engineering
Ambir Technology  Health Imaging & IT  Medi-EMR
AMGA  Healthcare Informatics  MediNotes Corporation
Artromick International, Inc  Healthwise  Meditab Software
AssistMed, Inc  Henry Schein, Inc.  Meditech Medical
Avality, LLC  Holt Systems, Inc.  Information Technology, Inc.
Axolotl Corporation  Hospitals and Health  MedNet System, Inc.
Beacon Partners, Inc.  Networks  MediRule
Bond Technologies  iConsult  Mele Health Information
CapMed, A Division of  iMedica, Inc.  Systems Group
Bio-Imaging Technologies  Innovative Card  MindGent Healthcare
Cardiac Science Corp  Scanning, Inc.  Services LLC
Cerner Corporation  iConsult  Misys Healthcare Systems
ChartLogic, Inc.  iMedica, Inc.  Motion Computing, Inc.
Companion Technologies  Innovative Card  Mountain Medical
Cygnus, Inc  Scanning, Inc.  Technologies Inc
Dialog Medical  Instant Medical History  Navicure, Inc
DocuTAP  Intelligent Medical  NextGen Healthcare
DrFirst, Inc  Objects, Inc.  Information Systems, Inc.
DSS, Inc.  InterSystems Corporation  Noteworthy Medical
eClinicalWorks, LLC  JM Technologies, Inc  Solutions
Electronic Healthcare Systems  Kryptiq Corporation  OA Systems Inc
Electronic Medical Solutions  Lakes Health Systems Inc.  Office Practicum
Elkins Consulting Group  LaserFiche Document  Patient Care Technology
Electronic Healthcare Systems  Management  Systems
Electronic Medical Solutions  M*Modal  PatientKeeper
Elkins Consulting Group  M*Modal  PCIS GOLD
Please check www.TEPR.com for the most up-to-the-minute list of exhibitors.

Physician Micro Systems
Practice Today
Pulse Systems, Inc.
Purkinje
QuadraMed Corp.
Quest Diagnostics
RemedyMD, Inc
Sequel Systems, Inc
Siemens/Healthcare Data
Exchange
Smooth Solutions, Inc.
Sphers
SRS Software, Inc.
SSIMED Corp
STI Computer Services
TASCAware, Inc
Televox Software
TekVisions, Inc
The Heartland Institute
Thomson MICROMEDEX
T-System
UnicornMed
USAT Corp
US Bancorp Oliver-Allen
Technology Leasing
Welch Allyn, Inc
Wellogic
Wolters Kluwer Health
Zynx Health

TEPR 2006 — CONFERENCE & EXHIBITION
VISIT WWW.TEPR.COM FOR UPDATED INFORMATION OR CALL 617-964-3923

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Baltimore is a bustling city built on tradition and civic pride. The crown jewel of Baltimore is the Inner Harbor, a scenic and popular waterfront area with dozens of retail stores, restaurants and attractions. It is also a national prototype for urban renewal and historic preservation. Beyond the Inner Harbor, charming neighborhoods beckon, each with its own proud ethnic heritage and culinary traditions. From the cultural mecca of Mt. Vernon to the kitchens of Greektown and Little Italy, and from the cobblestone streets of Fell’s Point to the view atop Federal Hill, Baltimore offers many unique and unforgettable experiences.

ACCOMMODATIONS
MRI has contracted special discounted hotel rates for TEPR 2006 attendees at the hotels listed below – all are within easy walking distance of the Baltimore Convention Center. To qualify for these special rates, you must make your hotel reservations through the TEPR 2006 Housing Bureau. Please go to www.tepr.com to make your hotel reservations. Or, call 800-282-6632. International attendees call 410-837-4636.

Baltimore Marriott Inner Harbor at Camden Yards
110 South Eutaw Street
Within blocks of the Marriott, you’ll find yourself amid many of Baltimore’s charmed attractions including Orioles Park at Camden Yards, the Ravens’ M&T Bank Stadium, the Baltimore Convention Center, and the famed Inner Harbor. This contemporary Baltimore hotel is located on the west side of the Inner Harbor, with easy and quick access to all major highways and BWI airport.

Days Inn Inner Harbor
100 Hopkins Place
In the heart of downtown Baltimore’s exciting Inner Harbor area, the Days Inn Hotel offers beautifully appointed guest rooms and the Hopkins Bar & Grill. The Days Inn is the closest hotel to the Baltimore Convention Center located directly across the street.

Holiday Inn Inner Harbor
301 W. Lombard Street
The Holiday Inn Inner Harbor is conveniently located just one block from the Baltimore Convention Center and Oriole Park at Camden Yards, and only four blocks from the famed Inner Harbor attractions.

Hyatt Regency Baltimore
300 Light Street
Centrally located on the Inner Harbor, Hyatt Regency Baltimore continues to be one of the city’s foremost hotels. It is linked by skywalk to the Convention Center and Harborplace.

Sheraton Inner Harbor
300 South Charles Street
The Sheraton Inner Harbor Hotel is the gateway to the heart of Baltimore. It is centrally located between Oriole Park at Camden Yards, M&T Bank Stadium, is adjacent to the Convention Center.

Renaissance Harborplace Hotel
202 East Pratt Street
Discover a four-diamond jewel among downtown Baltimore hotels and Inner Harbor accommodations at the Renaissance Harborplace Hotel, situated just steps from the area’s most unique sights and attractions.

Getting to Baltimore
Baltimore’s strategic location on the Eastern Seaboard places it within easy driving distance of Washington, D.C.

Baltimore/Washington International Airport (BWI) is approximately ten miles, a short fifteen-minute ride to the city center. The taxi fare from the airport to downtown is approximately $18 and the BWI Super Shuttle is approximately $12 one way.

Baltimore is served by AMTRAK, located at Pennsylvania Station, five minutes north of the downtown area. The MARC commuter train operates weekdays along the Baltimore/Washington corridor with two lines that leave from Washington’s Union Station and arrive in Baltimore at either Camden or Penn Stations. AMTRAK, MARC train and Baltimore’s light rail system all service the Baltimore/Washington International Airport.
REGISTRATION INFORMATION

FULL CONFERENCE REGISTRATION

Full conference registration includes admission to all educational sessions from May 22 to 24, 2006, unlimited exhibit hall visits, Opening Session, Super EMR Road Show Sessions, Lunch on May 22, 23, and 24, Exhibit Hall Reception, Gala Social Event, and conference proceedings. Pre-conference Tutorials are additional.

PRE-CONFERENCE TUTORIALS

An additional registration fee is required for each in-depth tutorial session that runs during the pre-conference May 20-21, 2006. See registration fee schedule at right. The tutorial registration fee includes attendance at the tutorial of your choice and tutorial workbooks (if provided by speaker). If you plan on attending several tutorial sessions, we suggest that you register for THE WORKS Package (see below for details).

EXHIBIT HALL ONLY REGISTRATION

Exhibit Hall Only Registration allows unlimited entrance into the exhibit hall where you can evaluate technology solutions being demonstrated. Exhibit Hall Only Registration does NOT include entrance into the educational sessions or lunch on May 23 and 24.

THE WORKS PACKAGE INCLUDES:

- Full conference registration
- Attendance at as many TEPR 2006 tutorials as your schedule allows
- The TEPR 2006 Proceedings
- Full documentation from all tutorial sessions available only to The Works Passport holders.
- Lunch on May 22, 23 and 24.
- Unlimited access to the Exhibit Hall
- Exhibit Hall Reception
- Gala Social Event

GROUP RATES

SEND A TEAM! Special discounts are available for multiple registrations from the same organization. Registrations must be received at the same time (mail or fax) and paid in full.

- 2 to 3 Registrants - 10% off registration fee
- 4 to 9 Registrants - 20% off registration fee
- 10+ Registrants - 25% off registration fee

NOTE: In the case of mailed registrations, date of receipt will determine qualification for early registration rates according to the deadlines noted above.

Cancellations/Refunds

All requests for refunds/cancellations must be made in writing and postmarked no later than April 21, 2006. No refunds will be made after this date. A 50% handling fee applies to all cancellations.

REGISTER EARLY AND SAVE!!

You can register between now and May 12, 2006, by choosing one of the following methods. After May 12th, you must register on-site.

INTERNET

Register on-line at www.TEPR.COM. Credit card information must be provided.

FAX

Fax a completed form, one copy per person to: 617-964-3926. Credit card information must be provided.

MAIL

Mail completed registration form with payment to:

Medical Records Institute
TEPR 2006 Registration
425 Boylston Street, 4th Floor
Boston, MA 02116

TELEPHONE

Credit card payments (MasterCard, Visa, and American Express) only 9 am to 5 pm EST, Monday – Friday at: 617-964-3923.

ON-SITE

You may register on-site in the TEPR Registration Area in the Baltimore Convention Center beginning on Saturday, May 20, 2006.

GENERAL TEPR 2006 REGISTRATION FEE SCHEDULE

<table>
<thead>
<tr>
<th>Deadlines</th>
<th>Full Conference</th>
<th>One Day Full Conference</th>
<th>Two Day Full Conference</th>
<th>Exhibit Hall Only</th>
<th>Each Tutorial</th>
<th>The Works</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to March 2</td>
<td>$895</td>
<td>$450</td>
<td>$750</td>
<td>$80</td>
<td>$125</td>
<td>$1,700</td>
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<tr>
<td>March 3 to April 2</td>
<td>$995</td>
<td>$480</td>
<td>$795</td>
<td>$85</td>
<td>$145</td>
<td>$1,900</td>
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<tr>
<td>April 3 to May 2</td>
<td>$1,095</td>
<td>$515</td>
<td>$895</td>
<td>$95</td>
<td>$160</td>
<td>$2,100</td>
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<tr>
<td>May 3 to May 12</td>
<td>$1,195</td>
<td>$550</td>
<td>$995</td>
<td>$125</td>
<td>$175</td>
<td>$2,300</td>
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<tr>
<td>On-Site</td>
<td>$1,395</td>
<td>$615</td>
<td>$1,195</td>
<td>$175</td>
<td>$195</td>
<td>$2,400</td>
</tr>
</tbody>
</table>
**TEPR 2006 • May 20-24, 2006**
Baltimore Convention Center • Baltimore, MD

### Registration Information

- **First Name**
- **MI**
- **Last Name**
- **Job Title**
- **Organization Name**
- **Address**
- **City**
- **State**
- **Zip/Postal Code**
- **Country**
- **Phone**
- **Fax**
- **Email**
- **Website**

*Registration confirmations will be sent via e-mail.*

### Credit Card Information

- **Credit Card Type** (please circle): MC, Visa, AMEX
- **Amount to be Charged**
- **Check #**
- **PO#**
- **Credit Card Number**
- **Exp Date**
- **Card Holder Name**
- **Card Holder Billing Address**
- **Billing Address City**
- **State**
- **Zip Code**

### Written Cancellation Notice

Written cancellation notices received by April 21 will be refunded less a 50% handling fee. No refunds will be allowed after that date.

### Tutorial Sessions

#### SATURDAY, MAY 20, 2006 (Circle choices)

- 8:00 am – 11:00 am: SA1a, SA2a, SA3a
- Noon – 3:00 pm: SA1b, SA2b, SA3b
- 3:15 pm – 6:15 pm: SA1c, SA2c, SA3c

#### SUNDAY, MAY 21, 2006 (Circle choices)

- 8:00 am – 11:00 am: SU1a, SU2a, SU3a, SU4a, SU5a, SU6a, SU7a, SU8a
- Noon – 3:00 pm: SU1b, SU3b, SU4b, SU5b, SU6b, SU7b, SU8b
- 3:15 pm – 6:15 pm: SU1c, SU2c, SU3c, SU4c, SU5c, SU6c, SU9c, SU8c

### Registration Fee (see above)

- **Total Cost** = $_______

### Tutorial Session Details

<table>
<thead>
<tr>
<th>Tutorial Sessions (price per Tutorial)</th>
<th>Rec’d Before 3/2</th>
<th>Rec’d 3/3 to 4/2</th>
<th>Rec’d 4/3 to 5/2</th>
<th>Rec’d 5/3 to 5/12</th>
<th>On-Site</th>
<th>COST</th>
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<tr>
<td>Full conference</td>
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<td>One Day (CIRCLE DAY: MON, TUE, WED)</td>
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<td>Two Day (CIRCLE DAYS: MON, TUE, WED)</td>
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<td>The Works Package</td>
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<tr>
<td>Tutorial Sessions (price per Tutorial)</td>
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</table>

Registration Fee (see above) = $_______

# Tutorials Circled ____ x $_______ = $_______

**TOTAL COST** = $_______

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### Medical Records Institute

**TEPR 2006 REGISTRATION**
425 Boylston Street, 4th Floor • Boston, MA 02116
Tel: 617-964-3923 • Fax: 617-964-3926

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1. Which of the following best describes the environment where you spend most of your workday?
   - Hospital (<300 beds)
   - Hospital (>300 beds)
   - Solo or small group practice/clinic (<10 physicians)
   - Large group practice/clinic (>10 physicians)
   - IHDSO
   - MCO
   - Specialty
   - Long-term care
   - Home healthcare
   - Clinical or public health research
   - Consulting firm
   - Payer
   - IS/IT vendor
   - Other

2. Which of the following best describes your role within your organization?
   - President, CEO, or Exec VP
   - VP of Finance or COO
   - VP of Director of IS, or CIO
   - IT Manager
   - VP of Medical Services, Med Director, or CMO
   - Health Info Mgr, MIS Mgr, CIS Mgr
   - Program, Applications, or Network Mgr
   - MIS Prof1 (Analyst, CTO)
   - Physician
   - Nurse
   - Quality Mgr, Officer, or Director
   - Privacy/Security Mgr, Officer, or Director
   - Health Info Admin, Mgr, Director
   - Office Mgr (Ambulatory Setting)
   - Other
TEPR (téprüf’) n. acronym for Toward the Electronic Patient Record; An annual conference in its 22nd year defining the coming of age of the electronic patient record internationally. Recognized experts, scholars, users, vendors and novices within the healthcare field gather for the industry’s leading information/findings on implementing a myriad of computer based technologies within daily healthcare data capture across all fields of practice, from the single practitioner’s office to multiple hospital facilities. See Also: Continuity of Care Record; HIPAA; EMRs; Speech Recognition; Healthcare IT government mandates. (plural form: cannot be duplicated)