# Employee Post-Travel Disclosure of Travel Expenses

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**Post-Travel Filing Instructions:** Complete this form within **30 days** of returning from travel. Submit all forms to the **Office of Public Records in 232 Hart Building.**

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

☒ The **original** *Employee Pre-Travel Authorization* (Form RE-1), **AND**
☒ A **copy** of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): Healthcare Information and Management Systems Society (HIMSS)

Travel date(s): February 11 - 14, 2019

Name of accompanying family member (if any): _____
Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING **DID NOT INCREASE** DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

**Expenses for Employee:**

| | Transportation Expenses | Lodging Expenses | Meal Expenses | Other Expenses (Amount & Description) |
|---|---|---|---|---|
| ☐ Good Faith Estimate<br>☒ Actual Amount | $281.36 | $363 | $134.07 | $825 (gov't rate registration - waived) |

**Expenses for Accompanying Spouse or Dependent Child** (if applicable):

| | Transportation Expenses | Lodging Expenses | Meal Expenses | Other Expenses (Amount & Description) |
|---|---|---|---|---|
| ☐ Good Faith Estimate<br>☐ Actual Amount | | | | |

Provide a description of all meetings and events attended. *See* Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): I attended educational seminars regarding telehealth and remote patient monitoring to learn about how various health care providers have developed models intended to reduce costs, improve outcomes, and better manage populations with complicated disease. I visited with several organizations to learn about their electronic health record platforms and how they can be used by health systems to monitor results and identify areas for improvement and possible new treatment options or clinical trials.

I also attended a seminar on the cost of prescription drugs and demonstrations on how interoperable technology can be used for telehealth in schools and to improve maternal mortality. I visited with a South Dakota company that has developed technology deployed in hospitals to help educate patients about how to manage their conditions once discharged. I attended talks led by CMS Administrator Verma where she discussed the new interoperability regulation and head of CMMI Boehler where he discussed the new Emergency Triage, Treat, and Transport payment model.

3/14/2019 — *(Date)*
Danielle Jurvinski — *(Printed name of traveler)*
*(Signature of traveler)*

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

3/14/19 — *(Date)*
*(Signature of Supervising Senator/Officer)*

(Revised 1/3/11) **Form RE-2**

Date/Time Stamp:

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# EMPLOYEE PRE-TRAVEL AUTHORIZATION

**Pre-Travel Filing Instructions**: Complete and submit this form at least 30 days prior to the travel departure date to the **Select Committee on Ethics** in **SH-220**. Incomplete and late travel submissions will **not** be considered or approved. This form **must** be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

Name of Traveler: Danielle Janowski

Employing Office/Committee: Senator John Thune

Private Sponsor(s) (list all): Healthcare Information and Management Systems Society

Travel date(s): February 11-14, 2019

*Note: If you plan to extend the trip for any reason you **must** notify the Committee.*

Destination(s): Orlando, FL

Explain how this trip is specifically connected to the traveler's official or representational duties:

The trip will provide educational information on health care information technology generally, including electronic health records, telehealth, and how health IT can be used to increase access to health care and make more informed health care decisions. These are areas the Senator has engaged on historically and fall within the jurisdiction of the Senate Finance Committee on which he sits. These topics are also of interest to health care providers in South Dakota.

Name of accompanying family member (if any): N/A

Relationship to Employee: ☐ Spouse ☐ Child

I certify that the information contained in this form is true, complete and correct to the best of my knowledge:

1/11/2019
*(Date)*

*(Signature of Employee)*

TO BE COMPLETED BY SUPERVISING SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, Secretary for the Majority, Secretary for the Minority, and Chaplain):

I, Senator John Thune *(Print Senator's/Officer's Name)* hereby authorize Danielle Janowski *(Print Traveler's Name)*

an employee under my direct supervision, to accept payment or reimbursement for necessary transportation, lodging, and related expenses for travel to the event described above. I have determined that this travel is in connection with his or her duties as a Senate employee or an officeholder, and will not create the appearance that he or she is using public office for private gain.

I have also determined that the attendance of the employee's spouse or child is appropriate to assist in the representation of the Senate. *(signify "yes" by checking box)* ☐

1/11/19
*(Date)*

*(Signature of Supervising Senator/Officer)*

(Revised 10/19/15)

Form RE-1

# PRIVATE SPONSOR TRAVEL CERTIFICATION FORM

This form must be completed by any private entity offering to provide travel or reimbursement for travel to Senate Members, officers, or employees (Senate Rule 35, clause 2). Each sponsor of a fact-finding trip must sign the completed form. The trip sponsor(s) must provide a copy of the completed form to each invited Senate traveler, who will then forward it to the Ethics Committee with any other required materials. The trip sponsor(s) should **NOT** submit the form directly to the Ethics Committee. Please consult the accompanying instructions for more detailed definitions and other key information.

The Senate Member, officer, or employee **MUST** also provide a copy of this form, along with the appropriate travel authorization and reimbursement form, to the Office of Public Records (OPR), Room 232 of the Hart Building, within thirty (30) days after the travel is completed.

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1. Sponsor(s) of the trip (please list all sponsors): Healthcare Information and Management Systems Society (HIMSS)

2. Description of the trip: This is an educational experience to attend the HIMSS19 Global Conference and Exhibition for education, innovation and collaboration on health information and technology.

3. Dates of travel: February 11 - 14, 2019

4. Place of travel: Orlando, FL

5. Name and title of Senate invitees: Please see attached list of Senate invitee

6. I *certify* that the trip fits one of the following categories:

   ☒ (A) The sponsor(s) are not registered lobbyists or agents of a foreign principal **and** do not retain or employ registered lobbyists or agents of a foreign principal **and** no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee *at any point* throughout the trip.

   – OR –

   ☐ (B) The sponsor or sponsors are not registered lobbyists or agents of a foreign principal, but retain or employ one or more registered lobbyists or agents of a foreign principal and the trip meets the requirements of Senate Rule 35.2(a)(2)(A)(i) or (ii) *(see question 9)*.

7. ☒ I *certify* that the trip will not be financed in any part by a registered lobbyist or agent of a foreign principal.

   – AND –

   ☒ I *certify* that the sponsor or sponsors will not accept funds or in-kind contributions earmarked directly or indirectly for the purpose of financing this specific trip from a registered lobbyist or agent of a foreign principal or from a private entity that retains or employs one or more registered lobbyists or agents of a foreign principal.

8. I *certify* that:

   ☒ The trip will not in any part be planned, organized, requested, or arranged by a registered lobbyist or agent of a foreign principal except for *de minimis* lobbyist involvement.

   – AND –

   ☒ The traveler will not be accompanied on the trip by a registered lobbyist or agent of a foreign principal except as provided for by Committee regulations relating to lobbyist accompaniment (*see question 9*).

9. **USE ONLY IF YOU CHECKED QUESTION 6(B)**
I *certify* that if the sponsor or sponsors retain or employ one or more registered lobbyists or agents of a foreign principal, one of the following scenarios applies:

☐ (A) The trip is for attendance or participation in a one-day event (exclusive of travel time and **one** overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *on any segment* of the trip.

– OR –

☐ (B) The trip is for attendance or participation in a one-day event (exclusive of travel time and **two** overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *on any segment* of the trip (*see questions 6 and 10).*

– OR –

☐ (C) The trip is being sponsored only by an organization or organizations designated under § 501(c)(3) of the Internal Revenue Code of 1986 and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *at any point* throughout the trip.

10. **USE ONLY IF YOU CHECKED QUESTION 9(B)**
If the trip includes two overnight stays, please explain why the second night is practically required for Senate invitees to participate in the travel:

11. ☒ An itinerary for the trip is attached to this form. I *certify* that the attached itinerary is a detailed (hour-by-hour), complete, and final itinerary for the trip.

12. Briefly describe the role of each sponsor in organizing and conducting the trip:

HIMSS develops, organizes, and conducts all aspects of the trip and conference. HIMSS19 is the largest healthcare conference, bringing together thought leaders from across the healthcare community, including healthcare providers, IT experts, vendors, and local, state, and federal government representatives.

13. Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission:

HIMSS is a global advisor and thought leader supporting the transformation of health through the application of information and technology. As a mission driven non-profit, HIMSS provides community building, public policy, professional development, and engaging events to bring forward the voice of our members.

14. Briefly describe each sponsor's prior history of sponsoring congressional trips:

HIMSS holds a Global Conference annually, and invites congressional staff, as well as federal, state, and local policymakers and officials, for this unique learning experience.

15. Briefly describe the educational activities performed by each sponsor (other than sponsoring congressional trips):

HIMSS hosts educational briefings and roundtables with federal and state officials, and health IT experts focused on relevant health policy issues. These events are both on and off Capitol Hill, as well as across the country. We also host numerous workshops and smaller conferences across the country.

16. Total Expenses for Each Participant:

| | Transportation Expenses | Lodging Expenses | Meal Expenses | Other Expenses |
|---|---|---|---|---|
| ☒ Good Faith estimate<br>☐ Actual Amounts | $350 | $363 | $198<br>(Some meals covered in conference registration fee; no alcohol will be provided to Senate staffers) | $825 (gov't rate registration - waived)<br>$45 (Women in Health IT Reception fee waived, if applicable) |

17. State whether a) the trip involves an event that is arranged or organized *without regard* to congressional participation or b) the trip involves an event that is arranged or organized *specifically with regard* to congressional participation:

The trip is organized without regard to congressional participation.

18. Reason for selecting the location of the event or trip

HIMSS Global Conference brings together over 45,000 attendees and rotates among the few cities that can accommodate a conference of our size.

19. Name and location of hotel or other lodging facility:

Rosen Centre Hotel, 9840 International Dr, Orlando, FL, 32819

20. Reason(s) for selecting hotel or other lodging facility:

HIMSS seeks bids from local hotels and negotiates with hotels adjacent to the convention center where the conference is held. Contracts are based on a consideration of price, location, accessibility to the the conference and availability of rooms to accommodate congressional staff.

21. Describe how the daily expenses for lodging, meals, and other expenses provided to trip participants compares to the maximum per diem rates for official Federal Government travel:

The lodging rate is lower than the per diem rate (by $31 per night), and the estimated daily meals rate is equal to the per diem. This event is organized without regard to congressional participation and the hotel is selected for reasons listed in question 20.

22. Describe the type and class of transportation being provided. Indicate whether coach, business-class or first class transportation will be provided. If first-class fare is being provided, please explain why first-class travel is necessary:

HIMSS is providing roundtrip coach commercial air fare to Orlando, and taxi/ride sharing transportation to and from the airport.

23. ☒ I represent that the travel expenses that will be paid for or reimbursed to Senate invitees do not include expenditures for recreational activities, alcohol, or entertainment (other than entertainment provided to all attendees as an integral part of the event, as permissible under Senate Rule 35).

24. List any entertainment that will be provided to, paid for, or reimbursed to Senate invitees and explain why the entertainment is an integral part of the event:

None provided

25. I hereby *certify* that the information contained herein is true, complete and correct. (For trips involving more than one sponsor, you *must* include a completed signature page for each additional sponsor):

Signature of Travel Sponsor: _____

Name and Title: Ilene I. Wolf Moore, SVP, General Counsel and Government Relations

Name of Organization: HIMSS

Address: 33 West Monroe Street, Suite 1700 Chicago, IL 60603

Telephone Number: 312-802-5932

Fax Number: _____

E-mail Address: imoore@himss.org

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HIMSS

**Congressional Staff Agenda**
**Location:** Orange County Convention Center, Orlando, FL
February 11 – 15, 2019
Access Full Conference Information here: **HIMSS19**
**All activities are at Orange County Convention Center unless otherwise noted.**
**All times are Eastern Time (EST).**

****Note: All events and receptions listed on this agenda are open to all conference attendees****

## Monday, February 11th, 2019

| **4:32pm Flight Arrives in Orlando (AA849)** | |
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| 5:00 – 7:00 PM | **HIMSS19 Opening Reception**<br>Join us for this year's not-to-be missed superhero-themed Opening Reception at HIMSS19 to network with your colleagues, peers and friends! Don't forget to pack your favorite superhero costume, because all guests are encouraged to come dressed up in costume! The opening reception is free to registered attendees and exhibitors of HIMSS19.<br>****No alcohol will be provided or served to Senate staff**** |
| 7:00 – 9:00 PM | **HIMSS19 Public Policy Leaders Dinner**<br><br>Location: Rosen Centre<br><br>Description: Join policy leaders within HIMSS, as well as state and federal officials, for dinner to discuss policy matters including the health IT policy, legislative, and regulatory landscape in Washington, DC and the states.<br>****No alcohol will be provided or served to Senate staff**** |

## Tuesday, February 12th, 2019

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| 8:30 – 10:00 AM | **HIMSS19 Opening Keynote - Is Consumer-Directed Exchange Disrupting the Healthcare Marketplace?**<br>Opening keynote panel featuring CMS Administrator Seema Verma, Dr. Karen DeSalvo, Gov. Michael Leavitt, and Aneesh Chopra. |
| 10:00 AM – 6:00 PM<br><br>(When not at educational sessions or for non-scheduled time) | **HIMSS19 Exhibition Hall with live technology demonstrations, presentations, and education sessions**<br><br>Description: Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS19 exhibit floor. Features the HIMSS Interoperability Showcase, the Cybersecurity Command Center, Federal Health IT Solutions Pavilion, the Personalized Health Experience, and more. |
| 10:00 AM – 6:00 PM<br><br>(When not at concurrent educational sessions or for non-scheduled time) | **Interoperability Showcase**<br><br>Description: Explore a health ecosystem where standards-based health IT enables individuals to securely access, contribute to and analyze their own health data. Learn how current health IT products in the market deliver standards-based interoperability and health information exchange with an interactive learning experience. |
| 10:30 – 11:30 AM | **Views from the Top: How Consumer Technology is Revolutionizing Our Daily Lives** |

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| | **Description:** Consumer tech is reshaping nearly every industry. The consumer – empowered by access to better information and technology – is increasingly center stage. Powered by increasingly low-cost sensors, clever algorithms, artificial intelligence, agile robots and big data, innovative new services, products and businesses are being created every day. Will the healthcare industry look the same in ten years? How must doctors rethink their practices to harness innovative health technologies? How will the patient experience change? Is HIPAA still relevant? Will consumer devices replace or supplement hospital IT needs? |
| 10:30 – 11:30 AM | **Congressional Forum**<br><br>**Description:** The Congressional Forum session provides the opportunity to hear from key Senate and House of Representatives staffers about the health information and technology policy topics being addressed in Congress and where they seek information and input from stakeholders. This session will offer an in-depth discussion on the priorities for health I&T policy-related issues on Capitol Hill in 2019 and what the agenda looks like for Congressional action. |
| 10:30 – 11:30 AM | **Concurrent Education Sessions:**<br><br>**Leveraging Electronic Health Records to Discover Effective Care Coordination Practice Patterns**<br>Healthcare institutions are increasingly investing in patient centered care team models to encourage greater communication, collaboration and coordination among providers to improve care. However, the development of care team models is still in its infant phase. In addition, they can easily miss collaborations occurring across providers, those that occur on an ad-hoc basis or those that take place virtually, via a reading of other providers' notes in electronic format. This unique session offers a data-driven framework that relies on social network analysis along with EHRs to infer provider interaction networks, matches of patient medical needs to care teams and clinical impacts of different care team models.<br><br>**OR**<br><br>**MHS CIO – Standardizing, Modernizing, Securing Health IT**<br>To achieve our IT modernization priorities, DHA needs to move to a more secure, agile, and cost effective infrastructure predominantly provided by shared services. This session will examine how, as the DHA CIO, a primary focus is driving standardization across our enterprise to improve the performance and affordability of health information technology operations and enable centralized management capabilities throughout the Military Health System. Implementing the Desktop to Datacenter – or D2D program – is a critical step in streamlining health information technology infrastructure service lines across the MHS enterprise. Cybersecurity is a huge concern, especially for DoD as a target for national security and health care information. This is a time of tremendous opportunity for improving continuity of care for our highly mobile beneficiaries who often receive care from DoD, VA and private sector health care delivery partners.<br><br>**OR**<br><br>**The Real Challenges of Telehealth Adoption**<br>Telehealth continues to evolve rapidly worldwide. The technology available facilitates monitoring and examination of patients with an amazing level of quality, efficiency and accuracy. Patient interest and satisfaction is high, and many large healthcare systems and payers have invested millions into their |

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| | evolution into the telehealth space. Despite these advances, telehealth continues to face significant barriers. Many large professional societies have publicly expressed concerns over the widespread adoption of telehealth, many payers still restrict payment for services, and a large segment of the provider population remains skeptical or even opposed to the growth of telehealth. The speakers will draw from their extensive experience in telehealth across the clinical, academic, administrative, financial, technical and payer worlds to provide key insights and actionable solutions on enhancing reimbursement, provider adoption, and stakeholder buy-in.<br><br>**OR**<br><br>**Identifying Risky Drug-Seeking Behavior at the Point of Care**<br>Brigham and Women's Hospital employed visualization techniques as well as descriptive and predictive analytics on a large longitudinal prescription dataset (PDMP - prescription drug monitoring program). A web-based tool, MeDSS, was then developed which dynamically generates charts on the patient's trajectory and does complex computations on risk predictors within seconds. A crossover study was conducted with participating physicians to determine how the inclusion of risk predictors from machine-learning models, incorporated into a tool with an improved UI design, increases comprehension of PDMP data, efficiency and recognition of high-risk factors--and thus assists with prescriber decision-making when a controlled substance is prescribed.<br><br>**OR**<br><br>**Remote Monitoring Shows Significant Pop Health Benefits**<br>Patient engagement is critical to realizing outcomes and improvements necessary for healthcare systems' movement toward value-based care. However, the sickest populations are often those with the most obstacles to the kind of engagement needed to make a positive impact on their care and on costs. Telemedicine, once thought of as a fringe approach appropriate for only a small population of total patients, is now being used to significantly boost engagement among patients with chronic and costly morbidities such as congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD), along with specialized but typically very costly populations such as those with post-partum hypertension. The University of Pittsburgh Medical Center (UPMC) and the Ontario Telemedicine Network (OTN) are both influential champions for the use of telemedicine to help manage these patient populations and will discuss how their use of this platform is improving care and lowering costs. |
| 12:00 – 1:00 PM | **Concurrent Education Sessions:**<br><br>**Patient-Centric Health Information Exchange**<br>Fragmented patient records scattered about disparate healthcare providers is the major disconnect in a healthcare industry on the precipice of transformation. With a shift from Fee-For-Service (FFS) to Value-based Care and Episode-based payment fee schedules, the creation of a new model is vital to the patient and to the industry at large. Without true interoperability between health information systems from a technological, state-regulatory, and economic standpoint, the patient will continue to bear the brunt of adverse health and financial outcomes. The advent and continuous maturation of technologies like FHIR Resources and Private Blockchain Networks have provided us the infrastructural tools required to liberate Personal Health Information from closed exchanged networks. Our presentation spotlights how detrimental the lack of interoperability is to the American healthcare system and proposes the concept of a Patient-Centric Health Information Exchange. |

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| | OR<br><br>**Enabling Digital Health Innovation: A Real-World NHS Journey**<br>This session will provide results and learnings from 2.5 years of effort in kick-starting innovation at a large London hospital. Starting from a position where innovation was entirely unknown, this organization invested in supporting frontline excellence holistically, delivered multidisciplinary consultation, offered seed funding for projects and established organizational awareness to C-level. They have learned that innovation, at first, can be an opportunistic pipeline that has frontline excellence and knowledge of real world problems as its fuel. The speakers will explain key stages of organizational maturity for and methods with which innovation can grow and flourish in large acute settings.<br><br>OR<br><br>**Colorado's Health IT Success: What's Our Secret Sauce?**<br>This session will detail how the Colorado Health IT Roadmap was developed with support from the federal level, state legislators, policy makers, technology experts, government partners, care providers and patients to drive higher consumer engagement, to help create an environment for value-based payments and to support Colorado's Triple Aim: "Best Care. Best Health. Best Value." Lessons learned will be shared that can benefit many different types of organizations hoping to change the healthcare infrastructure in their organizations, regions and states. The important role of sustainable health information exchange will be discussed, as well as ideas for gathering the right players who can share a spirit of collaboration with patients at the center.<br><br>OR<br><br>**Office of the National Coordinator for Health IT (ONC) Session**<br>The Office of the National Coordinator for Health IT (ONC) will be presenting on the work it is undertaking related to implementing the 21st Century Cures Act, including interoperability, information blocking, and the Trusted Exchange Framework and Common Agreement as well as other critical issues in its portfolio related to standards, usability, and increasing health IT adoption and functionality. |
| 12:30 – 1:00 PM | **Keynote: The Journey to a More Patient-Focused Sustainable Health System**<br>Rasu Shrestha, MD, MBA Chief Innovation Officer & Executive Vice President, UPMC & UPMC Enterprises |
| 1:30 – 2:30 PM | **Concurrent Education Sessions:**<br><br>**Cracking the Code to Better Quality and Financial Outcomes**<br>One of the greatest challenges facing hospitals is their increased assumption of risk as a result of the transition to value-based care. Rather than allowing providers to drive revenue by raising their volume of services, both CMS and commercial payers are now moving to base provider reimbursement on quality outcomes and scores. Since it costs more to deliver proper care to patients with more health issues, CMS introduced risk adjustment factors (RAFs) to compensate providers for this increased level of care, which brought a host of challenges around documentation accuracy. Faced with these challenges, Rush University Medical Center sought new ways to improve risk-based revenue and elevate quality scores. Among the most important was an initiative to boost premium revenues through accurate HCC code capture, which enabled Rush to take on more high-risk covered lives. The program resulted in increased revenue of $2,300 per patient, or about |

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| | $20 million per hospital annually.<br><br>**OR**<br><br>**Improving Care Coordination with Nationwide Data Exchange**<br>In a 2018 study, 50% of physicians surveyed noted they were not satisfied with their access to patient data, noting that the lack of access to patients' clinical history can impede care coordination and result in increased costs. This session will share personal clinical and operational experiences in leveraging patient-centered interoperability to connect disparate information and technology solutions, health systems and providers both locally and nationally. Bringing their unique experiences, the speakers will share how having unfettered, real-time access to relevant patient health data cannot be underestimated. It is a game changer for the industry that is ultimately resulting in better value, improved patient experience, reduced costs and decreased provider frustration.<br><br>**OR**<br><br>**MHS GENESIS: Transforming the Delivery of Healthcare**<br>MHS GENESIS, the Military Health System's single electronic health record, deployed to all four final initial fielding sites in the Pacific Northwest, which served as the initial test of MHS GENESIS and its supporting operations and infrastructure. This session will take a look back and talk about the Initial Operational Capability phase, the value that's already being seen, and how the lessons learned are applied in the ongoing MHS GENESIS deployment efforts. MHS GENESIS will deploy enterprise-wide across the Military Health System using a wave deployment process beginning in late 2019.<br><br>**OR**<br><br>**Changing the Culture of Data to Support Value-Based Models**<br>It is well known how difficult it has been for ACOs to accrue, manage and share data and the insights that come from advanced analytic solutions. This session will share how the right data strategy can help providers bend the cost curve while making important gains in health outcomes for different patient populations, it will enlighten attendees on an effective data strategy and motivate to deploy one. |
| 3:00 – 4:00 PM | **Concurrent Education Sessions:**<br><br>**Artificial Intelligence vs COPD: The Fight for Patient Health**<br>Geisinger Health System is using a unique and powerful cognitive machine to drive down rates of avoidable admissions for COPD patients. Applied within the system's largest medical center, this AI solution is helping identify the sub-group of COPD patients at risk of an acute exacerbation (AECOPD). Approximately 50% of AECOPD are not reported by patients, but AECOPD drives 2.4% of acute hospitalizations. Leveraging cognitive machine technology, Geisinger is able to pin point those COPD patients at a 30x risk of an avoidable admission and the interventions that will most likely keep a patient out of the hospital. During this session, the speakers will provide an overview of the project, current and projected clinical performance/impact and key lessons learned in the application of AI to reduce complications for patients with chronic conditions.<br><br>**OR**<br><br>**Telehealth 301: Beyond the Basics**<br>The smallest patients sometimes require the most attention, and for |

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| | Children's Mercy Kansas City, they are the health system's priority. Pediatric patients in the Midwest often face extreme barriers to care because of the shortage of specialty (and sub-specialty) physicians, the vast expanse of rural topography and the region's social determinants of health. To overcome those challenges and provide better access to a higher quality of care, Children's Mercy saw one solution to its patients' problems: virtualized care through telehealth solutions. As partners in healthcare delivery, the presenters will share insights to challenges, solutions and opportunities for building and implementing virtual care models to serve geographically isolated populations. The speakers will dive into best practices and share results for how their strategies have improved patient access, increased patient satisfaction, and provided opportunities for provider retention.<br><br>**OR**<br><br>**Department of Veteran Affairs Session**<br>The Department of Veterans Affairs (VA) will be presenting on several significant topics in their sessions, including the health IT-focused efforts underway to deliver transformative services to its veteran population as well as the work and planning to more fully integrate VA and Department of Defense health care resources and information in support of veterans and service members. |
| 3:00 – 4:00 PM | **Views from the Top - From Real-World Data to Digital Twins: Paving the Way for Personalized Healthcare**<br><br>**Description:** Prof. Okan Ekinci, Chief Medical Officer for Roche Diagnostics Information Solutions, will provide insights on Roche's Personalized Healthcare strategy. He will discuss how data-driven Clinical Decision Support Solutions evolve and help healthcare institutions in their digitization effort to ultimately improve patient outcomes as well as clinician satisfaction - at an increased level of efficiency and quality. |
| 4:15 – 5:15 PM | **Concurrent Education Sessions:**<br><br>**Mitigating the Next Generation of Risk: Connected Devices**<br>With the significant increase in innovative, connected medical devices becoming part of patient care, Information Technology and Clinical Engineering are no longer mutually exclusive disciplines within the clinical setting; rather, they are out of necessity a fully integrated continuum in the integrated chain of patient care. Insuring the security and integrity of information and technology assets in the hospital data center is well understood; however, the practice of securing and protecting the ever-expanding range of connected medical devices that interact directly with the patient is not as well understood and is fraught with a range of additional and unique challenges. This session will describe the similarities and differences in securing information and technology and clinical assets and will outline a model to protect connected medical devices from malicious intent.<br><br>**OR**<br><br>**Defeat Nation State Actors Stalking the Healthcare Sector**<br>Retired Brigadier General Greg Touhill, the first Chief Information Security Officer of the United States government and current president of the Cyxtera Federal Group, will discuss the current cyber threat environment; the tactics, techniques, and procedures used by nation state actors and cyber criminal groups to threaten organizations; why the health care environment is at high risk; and what the health care sector should do to better manage their risk.<br><br>**OR** |

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| | **Smartphones Are Driving Clinical Transformation**<br>Hospitals and health systems surveyed are making large-scale, enterprise-wide investments in smartphones and unified communications solutions to drive clinical transformation and address mission as well as patient-critical communications requirements of clinical and non-clinical mobile workers within the hospital and across care continuum. These solutions support the achievement of the Quadruple Aim by reducing costs, improving quality and outcomes and increasing patient and provider satisfaction. The speakers, representing research, clinician and administrator standpoints, will offer compelling details of what a successful deployment looks like; how to address and overcome the associated pitfalls in operationalizing a large-scale health system-wide deployment; and explore future growth opportunities involved with integrating these solutions with evidence-based clinical pathways and care management programs including support of bedside documentation and clinical surveillance. |
| 6:30 – 8:00 PM | **HIMSS19 Women in Health IT Reception (OPTIONAL)**<br><br>Location: TBD<br><br>**Description:** Be a part of the industry's most powerful gathering of women innovators, leaders and entrepreneurs shaping and transforming health through technology today. Share stories, recognize and celebrate your peers – form valuable connections that will last a lifetime.<br>****No alcohol will be provided or served to Senate staff**** |
| | **Dinner on your own** |

**Wednesday, February 13th, 2019**

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| 7:00 – 8:15 AM | **HIMSS Public Policy Leaders Breakfast**<br><br>Description: Breakfast with HIMSS public policy leaders, winners of the HIMSS Nichols E. Davies Award for Excellence in Health Information Technology, and the HIMSS Public Policy Committee. |
| 8:30 – 9:30 AM | **State Officials Panel: Smart States and the Push towards Health IT Modernization**<br><br>Description: States and local governments are on the front line of creating "smart health systems" given recent modernization efforts leveraging 21st Century digital technologies, the abundance of robust real-time health related data, and health and human services integration. This session will underscore the opportunities and trends that have prompted state legislators, governors, and county officials to reimagine how they could use health IT solutions to upgrade legacy systems and address complex health issues relating to social determinants, the impact of global health pandemics and population health outcomes. Panelists will discuss their efforts to address these issues with the help of federal agencies, partner organizations, and in collaboration with other states. |
| 8:30 – 9:30 AM | **Views from the Top – Transparency in Prescription Drug Costs to Help Patients Save Money**<br><br>Description: In a consumer-oriented world, why are we still surprised by the out-of-pocket cost of our medications? How many of us simply leave the prescription behind and become part of the "non-adherence" statistic due to cost? Hear Casey Leonetti, Senior Vice President of PBM Innovation of CVS Health, and Tom Skelton, CEO of Surescripts, two trail-blazing innovators in pharmacy, healthcare and health information technology, talk about how making prescription drug cost and drug benefit plan information available to patients, prescribers and pharmacists can help improve health care engagement. In fact, early results show |

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| | that this type of transparency is transforming the prescription decision-making process for physicians, pharmacists and patients by supporting and enabling a consumer-driven market-place that ultimately helps patients save money on their medications. |
| 9:30 AM – 6:00 PM<br><br>(When not at concurrent educational sessions or for non-scheduled time) | **HIMSS19 Exhibition Hall with live technology demonstrations, presentations, and sessions**<br><br>**Description:** Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS19 exhibit floor. Features the HIMSS Interoperability Showcase, the Cybersecurity Command Center, Federal Health IT Solutions Pavilion, the Personalized Health Experience, and more. |
| 10:00 – 11:00 AM | **Concurrent Education Sessions:**<br><br>**Lessons from Israel: Finding Cancers with AI and EHR Data**<br>What can the U.S. health system learn from its Israeli counterpart when it comes to leveraging existing EHR data for preventative care? Israel's digital database (the world's second largest) has collected medical records for over 98% of the population to further the development of preventative treatment and personalized care plans. In this session, the speaker goes beyond conjecture to demonstrate how U.S. health systems can learn from the Israeli model and integrate AI tools into clinical practice to identify high-risk patients and create a clinical path for effective intervention. She will reference the real-world development, validation, implementation, adoption and results of an AI-based tool designed to flag individuals at risk of harboring colorectal cancer using only existing EHR data. The clinical and ROI results of this implementation will reveal how AI can facilitate early interventions to improve patient outcomes while enabling health systems to prioritize resources..<br><br>**OR**<br><br>**Blockchain Privacy, Security, Compliance and Regulation**<br>Blockchains show great potential to help healthcare reduce costs, and improve patient engagement, experience, and outcomes. Privacy expectations and risks must be successfully managed to enable healthcare to fully realize the benefits of blockchain. Concurrently, blockchains hold incredible potential to put patients and data subjects in control of their data and improve privacy. A myriad of regulations and data protection laws apply to blockchains, and must be complied with to avoid non-compliance, penalties, and other impacts. The challenges of compliance are exacerbated by the fact that blockchains can span states, countries, and regions that represent different jurisdictions with different regulations and data protection laws, and data sovereignty and trans-border data flow requirements and challenges can also emerge as blockchains grow globally.<br><br>**OR**<br><br>**Digital Transformation: Uniting the Full Continuum of Care**<br>As health systems consolidate, populations age and healthcare professionals are stretched increasingly thin, how can providers deliver a continuum of care that significantly yet cost-effectively advances quality of life without compromising care standards or intensifying professional burnout? For many, including Jewish Senior Living Group (JSLG), digital transformation points the way forward. Focused on improving quality of life for residents and professionals, JSLG's San Francisco Campus for Jewish Living wanted to reduce fragmentation and unify its services for patients/residents. It developed a digital transformation strategy that integrates experiences on- and off-campus and in virtual space to deliver the right services at the right time. Fundamental to JSLG's approach is the tenet that, to succeed, |

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| | digital solutions must be accessible and useful to the patients and clinicians interacting with them. This session will explore JSLG's end-to-end digital transformation journey. |
| 11:00 - 11:20 AM | **Staff Led VIP Tour of the Interoperability Showcase** |
| 11:30 AM – 12:30 PM | **Concurrent Education Sessions:**<br><br>**Restore Human Connections with Collaboration and Technology**<br>In this session, learn how the CXO and her team of experienced coaches are designing effective approaches to improve the human experience, collaborating with clinical and information and technology leaders to help caregivers and leaders intersect their purpose, passion and skills to make a difference as well as foster more meaningful interactions with each other, patients and families, driving positive human connections and transformative change in healthcare.<br><br>**OR**<br><br>**Teaming up for Change: Virtual Care Lessons**<br>The value of providing instant care and collaboration across care teams has never been higher, necessitating that everyone from doctors and care coordinators to finance and billing managers and pharmacy, find a solution that works for everyone--especially for patients in the care continuum. Forward-thinking Kaiser Permanente shares how they expanded their Chat with a Doctor program to provide secure chat and other instant services to their members all while making it easier for care teams to collaborate in a secure environment. Their results are the highest NPS score (40 in 2018) in healthcare, triple the industry average (13), over 70% remote encounter resolution rates and some of the highest member and provider retention rates.<br><br>**OR**<br><br>**Optimizing Health Information Technology to Promote Opioid Stewardship**<br>In the midst of the national opioid epidemic, many organizations are still early in the development of their opioid stewardship efforts. Truman Medical Centers has empowered a leader within the Pharmacy team to expand the institutions pain management and opioid stewardship services. The pharmacist uses the EHR to review inpatient orders triggered by targeted drug reports, focusing on scheduled and long-acting opioid medications. This approach has led to safer administration of opioids and safer prescribing behaviors. Intermountain Healthcare has established a collaborative clinical/technical team focused on improving opioid safety across the organization. Multiple technical solutions have been or are being implemented. These include interventions designed to 1) identify patients at high risk of opioid induced respiratory depression, 2) reduce over-prescribing of opiates for acute pain, and 3) increase safety in ordering and administering opiates in hospital settings. |
| 1:00 – 2:00 PM | **Federal Health Community Lunch (OPTIONAL)**<br><br>**Description:** A community of HIMSS members and Federal Government employees, coming together for cross-agency information sharing and networking, and to share new ideas on how health IT can be used to improve healthcare delivery by the federal government. |
| 1:00 – 2:00 PM | **Concurrent Education Sessions:**<br><br>**Data-Driven Clinical Transformation in an Unhealthy Region**<br>Value-based care can be a daunting change. It's particularly true in the Southeast, ranked the least healthy U.S. area. Building on a partnership with a large Louisiana-based health plan, COSEHC leads a large practice transformation network, serving over two million people through 703 practice sites and 4,599 clinicians. Leveraging actionable information, evidence-based guidelines and |

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| | training, its PTN has become a CMS top performer. It shares challenges and successes in meeting or exceeding most chronic disease targets and saving millions by transforming patient- and family-centered care; data-driven quality improvement; and creating sustainable business operations.<br><br>**OR**<br><br>**Redesigning Clinical Care with Analytics**<br>With annual US Healthcare expenditures surpassing $3 trillion, the industry is challenged with providing high-quality care at the lowest possible price. The Memorial Hermann Healthcare System is facing this challenge head-on. Through eliminating waste and increasing quality, we are changing the way care is provided. In this presentation, you will learn how Memorial Hermann Health System is using visual analytics with its Electronic Health Record (EHR), and other healthcare IT (HIT) systems to improve quality and safety of care and enhance the patient experience while reducing costs.<br><br>**OR**<br><br>**Enhanced Public Health Reporting Using an HIE Network**<br>Leveraging an existing, robust health information exchange (HIE) network, we implemented a decision support intervention to facilitate awareness among primary care providers that a notifiable disease should be reported to a local public health agency. In a controlled before-and-after trial, we evaluated the impact of the intervention on notifiable disease reporting rates. In this session, the speakers describe the intervention, methods and results of the trial. |
| 2:30 – 3:30 PM | **Concurrent Education Sessions:**<br><br>**Leveraging Technology to Improve Prior Authorization**<br>This session will describe and quantify the growing PA problem using survey statistics, review the currently available technologies for both prescription and medical services PA, discuss challenges to adoption, and discuss how grassroots web tools and social media can be effectively leveraged to address PA policy issue.<br><br>**OR**<br><br>**Embracing the IoT: Ideas Are Easy, Execution Is Hard**<br>The speakers will paint a futuristic picture of healthcare, utilizing a standards-based, edge-computing IIoT architecture and discuss the benefits and challenges of implementation. Finally, you will be provided with the tools (reference architectures from the IIC and MD PnP) necessary to help the healthcare industry begin developing products and creating an ecosystem for a next generation of connected healthcare products.<br><br>**OR**<br><br>**Medicare Reimbursement and Connected Health: Where Are We?**<br>Join this session to learn about and participate in a dialogue on: a) What is the state of play regarding reimbursement for use of connected health tools in Medicare? b) Opportunities to make your voice heard in related policy development processes c) Next steps/milestones for the uptake of connected health-tech. |
| 4:00 – 5:00 PM | **Concurrent Education Sessions:**<br><br>**Using Real-Time Analytics to Improve Patient Clinical Outcomes**<br>Learn how we combined real world clinical experiences with innovative architecture, while leveraging existing technology, to produce a near-time |

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| | dashboard for nurses. This session goes beyond mere concept and shares practical applications of near and real-time reporting. We will share how we combined analytics and technology to save clinicians time while increasing the visibility of the quality of care being delivered, ultimately leading to improved outcomes.<br><br>**OR**<br><br>**Adapting Guidelines for Emergencies in the Digital Age**<br>In the case of emergency preparedness, based on the redesigned process, we are developing CDS for post-exposure prophylaxis to anthrax in the event of a bioterrorism attack. The speakers will discuss the approach, issues with integrating multiple guidelines and translating them into machine-readable language, piloting the CDS, steps required for local systems integration and lessons learned for future use and iterative improvement of the redesigned clinical guidelines development process.<br><br>**OR**<br><br>**Demystifying TEFCA: Ins and Outs of the Exchange Framework**<br>This session describes the ins and outs of ONC's TEFCA - the new interconnection of qualified health information networks (QHINs), to advance the establishment of an interoperable health system that: a. empowers individuals to use their electronic health information to the fullest extent, b. enables providers and communities to deliver smarter, safer and more efficient care and c. promotes innovation at all levels. |
| 5:30 – 6:30 PM | **Views from the Top – A U.S. Government Perspective**<br><br>**Description:** A special discussion with a high-level U.S. Administration Official! |
| 6:45 – 8:00 PM | **Federal Health Community Reception**<br><br>**Description:** Networking event for the Federal Health Community, a community of HIMSS members and Federal Government employees.<br>****No alcohol will be provided or served to Senate staff**** |
| | **Dinner on your own** |

## Thursday, February 14th, 2019

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| **10:45am Flight Departs Orlando (AA431)** |

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## Additional Information

Question 5. U.S. Senate Invitees:

Brett Baker (Senate Finance Committee)
- Andrew Burnett (Senate HELP Committee)
- Jennifer DeAngelis (Sen. Whitehouse)
- Erin Dempsey (Senate Finance Committee)
- Will Dent (Sen. Isakson)
- Victoria Flood (Sen. Capito)
- Julia Frederick (Sen. Warren)

Colin Goldfinch (Senate HELP Committee)
- Rita Habib (Sen. Bennett)
- Samantha Elleson (Sen. Wicker)

Elizabeth Henry (Sen. Cochran)
- Virginia McMillin (Senate HELP Committee)

Danielle Janowski (Sen. Thune)
- Lauren Jee (Sen. Cardin)
- Adam Lachman (Sen. King)

Kathleen Laird (Sen. Baldwin)
- Aisling McDonough (Sen. Schatz)

Bobby McMillin (Senate HELP Committee)

Brett Meeks (Senate HELP Committee)
- Madeleine Pannell (Senate HELP Committee)
- Stuart Portman (Senate Finance Committee)
- Lorenzo Rubalcava (Sen. Stabenow)
- Kristi Thompson (Senate HELP Committee)
- Beth Vrabel (Senate Finance Committee)

Arielle Woronoff (Senate Finance Committee)

Adam Reece (Senate VA Committee)

Grant Dubler (Sen. Rosen)
- Beth Nelson (Senate HELP Committee)
- Aliza Fishbein (Senate HELP Committee)

Question 23. **Note**: No alcohol will be provided or served to Senate staffers, as noted on the agenda.

JOHNNY ISAKSON, GEORGIA, CHAIRMAN
CHRISTOPHER A. COONS, DELAWARE, VICE CHAIRMAN

PAT ROBERTS, KANSAS
JAMES E. RISCH, IDAHO
BRIAN SCHATZ, HAWAII
JEANNE SHAHEEN, NEW HAMPSHIRE

DEBORAH SUE MAYER, CHIEF COUNSEL AND STAFF DIRECTOR
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# United States Senate

SELECT COMMITTEE ON ETHICS

February 7, 2019

Danielle Janowski
Office of Senator John Thune
United States Senate
Washington, DC 20510

Dear Ms. Janowski:

This responds to your recent correspondence concerning an invitation you received to travel to the 2019 Healthcare Information and Management Systems Society (HIMSS) Global Conference and Exhibition in Orlando, Florida, on February 11-14, 2019, sponsored by HIMSS. HIMSS certified to the Select Committee on Ethics (the Committee) that it will pay the *necessary expenses*[1] related to the travel and that it is neither a lobbyist, nor lobbying firm, nor an agent of a foreign principal, and it is not otherwise acting as a representative or agent of a foreign government. HIMSS has also certified that it does not retain or employ a registered lobbyist or agent of a foreign principal and that no registered lobbyist will accompany you at *any point throughout your trip*.[2]

Based on information and materials available to the Committee, and assuming the **actual** travel and travel-related expenses conform to the information and materials you provided, it appears that the proposed payment or reimbursement of necessary expenses for this trip **may be accepted** under relevant Senate Rules and the Committee's *Regulations and Guidelines for Privately-Sponsored Travel*, so long as at the time of the payment or reimbursement, HIMSS is neither a registered lobbyist nor lobbying firm under the Lobbying Disclosure Act of 1995, nor an agent of a foreign principal under the Foreign Agents Registration Act (and is not otherwise acting as a representative or agent of a foreign government), and provided the travel and all required documents are disclosed to the Secretary of the Senate in accordance with the provisions of Senate Rules 34 and 35.

Under Senate Rule 35, Senate staff must receive advance authorization signed by the Member or officer under whose direct supervision the individual works in order to accept payment or reimbursement for necessary expenses related to fact-finding travel. Further, such authorization and expenses must be disclosed to the Secretary of the Senate by filing the completed *Employee Pre-Travel Authorization* and the *Employee Post-Travel Disclosure of Travel Expenses* (Form RE-1 and Form RE-2), along with a copy of the *Private Sponsor Travel*

[1] The term "necessary expenses" has a specific definition. *See Select Committee on Ethics' Regulations and Guidelines for Privately-Sponsored Travel – Glossary of Terms* at 8.

[2] The term "any point throughout your trip" has a specific definition. *See id.* at 2.

*Certification Form,* and all relevant attachments (e.g., the private sponsor's invitation and itinerary) **within 30 days of the conclusion of Privately-Sponsored Travel.**

Finally, Senate Rule 34 requires a reporting individual,[3] on his or her Financial Disclosure Report, to make an annual disclosure of the receipt of payments or reimbursements under Senate Rule 35 from a private sponsor for officially-related travel expenses where, in the aggregate, travel expenses exceed $390 from that sponsor during a calendar year. However, if a Member, officer, or employee properly reports the receipt of necessary expenses for such travel to the Secretary of the Senate within 30 days of the travel, as discussed above, the travel expenses need not be disclosed a second time on their Financial Disclosure Report.

I hope you find this information helpful. If you have any additional questions, please do not hesitate to contact the Committee.

Sincerely,

Deborah Sue Mayer
Chief Counsel and Staff Director

Enclosure: Travel Checklist

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[3] A reporting individual is someone whose salary equals or exceeds 120% of the basic rate of pay for GS-15 ($126,148 for CY 2018) or is a political fund designee and is required to file Financial Disclosure Reports. The financial disclosure threshold for CY 2019 has not yet been released. Please contact the Committee in the coming weeks for the CY 2019 figure.