

NHIT Week: Cyber Security – A Shared Responsibility

Welcome to Day Two of [National Health IT Week](#). If you're tracking the [agenda](#), you will notice there is a lot of focus on healthcare and cyber security. It may be because October is also [National Cyber Security Awareness Month](#), but it is probably more likely a main



area of focus since health care information systems are quickly becoming the [number one target](#) for cyber criminals—as predicted by many professionals in the field.

Another solid prediction you can bet on is that health care cyber security is a shared responsibility—one that all parties must take a vested interest in. Providers, payers, patients and staff all have a role to play in keeping health information safe and protected. Today's webinar, "[Ransomware's Attack on Healthcare](#)" is the first of many discussions around that shared responsibility. We will be listening in on John Valutkevich of Commvault Systems, Inc. at 1 pm EST today to hear their approach to ransomware including:

- * Components of an effective information security program.
- * Technology Best Practices for Protecting Data
- * Effective Backup Strategies
- * Educating Your Users to Secure the Endpoint

Follow us on Twitter to track lessons learned on this important topic. And check back later this week for more tidbits from #NHITWeek!

We're Taking Part in #NHITWeek. Are you?

This week is [National Health IT Week](#), and we're jumping in headfirst here at CNSI. If the event seems tailor-made for a company like CNSI, with a deep passion for its work in critical health IT projects, well, that's because it is. The events, webinars, and tweet chats span across the spectrum on those topics in which we care about deeply—cyber security, consumer engagement, infrastructure and innovation.

Created back in 2006 by Healthcare Information and Management Systems Society (HIMSS) and the Institute for e-Health Policy, the week is dedicated to “celebrating the benefits that health information technology can bring to U.S. healthcare.” We'll be deeply involved but we're hoping that you – our loyal readership – will get involved as well. How? Glad you asked.

The National Health IT Week [site](#) is a great resource including tips on how you can spread awareness from posting on social media to writing an op-ed for a local publication. Speaking of social media, our team will be sharing insights from scheduled webinars and live Tweet sessions throughout the week. We encourage you to engage with us on our various platforms. Feel free to tag us in your posts [@CNSIcorp](#) and don't forget to use the [#NHITWeek](#) hashtag.

There's also a feature on the National Health IT Week site that invites individuals to share their health IT story with the world. Going beyond statistics and technology, the community wants to hear from those impacted directly by health

IT. Head to the [site](#) or share your story on Twitter via #IHeartHIT.

And if you ever question why it is we do what we do, look no further for [inspiration](#) that has already been published. We look forward to seeing you around social. Let's get ready to have share the #HealthIT love!

Millennials Seek Inter-connectivity, Even in Health Care

Millennials are now the country's largest demographic cohort, having recently [overtaken the Baby Boomers](#). Ranging from about 20 years old to 35 years old, this group grew up in tandem with the digital revolution. Most don't remember a time without home computers or the internet. They were early adopters of smart phones (and smart TVs...and smart watches...and smart refrigerators...). Their lifestyles are intertwined with technology in a way that no other generation has experienced.

[A recently commissioned survey](#) explored millennial expectations for health care; it should come as no surprise that they want their digital lifestyle reflected in their health care. Among the attributes that make health care visits appealing to millennials are online registration, virtual or video access to a remote clinician, mobile apps for making appointments and tracking health information, e-kiosks for quicker check-in, wi-fi access, and technology integrated furniture.

As Upali Nanda, Ph.D. explained to *Health Facilities Magazine*,

“Structurally, technology needs to be nimble. Everything has to be connected.”

The health care experience – top to bottom – must be retooled to meet the digital expectations of millennials, from patient portals to hospital beds with integrated USB ports. The role of health IT in the broader category of health care is already large. But it’s sure to grow at an even faster rate as physical health care facilities become a greater part of the equation. Organizations that are well prepared for this shift by making investments in millennial-friendly facilities and technologies will have the advantage.

How else will millennials change the health care equation? Join the conversation by tweeting us @CNSIcorp.

Cyber Security, Meet Internet of Things

We’ve talked plenty about cybersecurity [in the past](#). We’ve also talked about connected medical devices [on occasion](#). The time has come to talk about the overlap between the two.

Connected devices come in all shapes, sizes, and utilities these days. At home, people are connecting their TVs, lightbulbs and even refrigerators, loosely termed, the [Internet of Things](#) (IoT). While these applications are certainly beneficial, they don’t begin to scratch the surface of IoT’s



ability to improve our lives. Take an example from a hospital in Boston: it's using connected infant-monitoring devices to instantly alert nurses' phones if a change in vitals is detected. That's one example, but there are more, described [here](#).

With the use of connected medical devices skyrocketing, they are becoming a natural target for cybercriminals. And the danger is larger than most realize. Yes, there is the obvious prize of individual HIPAA-protected information. But IoT devices can also serve as gateways as they are often connected to other networks. Rather than go through the well-protected router to gain access, hackers can target one of the many connected devices.

A recent Deloitte poll of health IT professionals identified that "approximately 30 percent of those surveyed said identifying and mitigating potential risks in legacy and connected devices was their greatest cybersecurity challenge." This is a serious – and growing – problem. And regulation is quickly catching up. [Health IT Security](#) reports that Senator Richard Blumenthal of Connecticut recently introduced The Medical Device Cybersecurity Act of 2017 (S. 1656), which would "strengthen the entire health care network against the ubiquitous threat of cyberattacks."

To tackle the problem IoT medical devices in an organization must be inventoried, audited, and – where necessary – upgraded to meet enterprise security requirements. It's a daunting challenge, and undoubtedly an investment, but it's far cheaper than a large-scale data breach incident.

How has your organization protected its connected devices? What tips can you share? Join the conversation by tweeting us [@CNSIcorp](#).

MESC 2017: got modularity?

Every year, CNSI [posts a blog](#) welcoming Medicaid industry leaders to the annual [Medicaid Enterprise Systems Conference](#) (MESC). With the 2017 conference being held in our own backyard, Baltimore that is, we feel an extra sense of pride bringing together experts in Medicaid Health IT.



When attendees are not busy sampling the area's best [crab cakes](#), or taking in the [harbor view](#) they will be [discussing important topics](#) such as modernization, interoperability, and—of course—modularity.

Still a top industry buzzword, modularity and how states go about procuring, building, and implementing a modular MMIS is a big focus for this year's conference. And still a top industry innovator, CNSI is ready to showcase the nation's first and only true modular MMIS, [evoBrix®](#), which is why we are asking each state one simple question...

got modularity?



The Benefits of Cloud Continue

It's August, which means MESC time! For you all not in the know, MESC stands for the [Medicaid Enterprise Systems Conference](#), the largest meeting for Medicaid health IT state providers and contractors. As we gear up to host in [our own backyard](#), we are reminded of a [post we published](#) last year on cloud-based, multi-state MMIS partnerships. Another acronym you may not know. MMIS stands for Medicaid Management Information Systems. These systems are responsible for

processing claims for over 70 million Medicaid beneficiaries across the U.S. They are complex, costly, and historically siloed.

That's where Health IT comes in, specifically in the form of cloud-based solutions. In fact, *Healthcare IT News* [identifies 17 unique ways the cloud](#) is changing the face of health IT, from [cybersecurity](#) to [collaboration](#). Each of the articles offer a fascinating look at the changes that are taking place across health IT landscape as it relates to cloud technology.

But although much has been written about the [advantages for cloud-based solutions](#), CNSI is the only company to apply the Cloud to state Medicaid. The [award-winning Michigan solution](#) uses cloud technology to share its infrastructure with other states, like Illinois, saving both an enormous amount of time, energy and money. For example, the partnership between the two states saved Illinois a whopping 67 percent on implementation costs and a projected 40 percent on long-term operational costs. As the host state, Michigan has already reduced its operational costs by 20 percent.

So regardless of whether we are talking streamlining patient records, developing new payment models, or processing claims for Medicaid, the cloud solution is bringing forth better patient services at a lower cost to tax payers.

Want to chat more about our cloud-based solution? Come visit us at booth 27/28 at MESC!

Edifecs Updates Tennessee

Medicaid Program with Payment Reform Solutions

BELLEVUE, Wash.— Edifecs, Inc., a global [health information technology solutions](#) company, today announced it has been selected by the Tennessee Medicaid Program (TennCare) to support the agency's payment reform and clinical quality initiatives. One of the longest standing Medicaid managed care programs, TennCare provides healthcare for approximately 1.5 million Tennesseans, covering approximately 20 percent of the state's population, 50 percent of the state's births, and 50 percent of the state's children.

As part of a larger effort to change the way healthcare is paid for in Tennessee – away from paying for volume and toward paying for value – Edifecs has partnered with the state Medicaid agency to help align its payment model with the Centers for Medicare and Medicaid Services' (CMS) national payment reform initiatives. Edifecs' Payment Reform and Value-Based Care solutions bring scalability to TennCare's initiatives by providing near-time quality calculations, ongoing visibility into performance, and the capability to apply non-claims based measurement data to performance goals.

TennCare is a leader in the move to value-based payment models. They are laser-focused on their goal to see a significant benefit to healthcare outcomes, while cutting the cost for the people of Tennessee," said Fred Guthrie, associate vice president of Edifecs. "We are proud our solution is part of this transformation and to be partnered with TennCare to better serve their populations."

Top features of the Payment Reform and Value-Based Care solutions include:

- Centralized and consolidated platform for all program

quality data entry and submissions

- Near real-time visibility of program metrics via role-specific dashboards, reports, and notifications
- Flexible quality engine for calculation of program-specific customized clinical and outcomes based-measures
- Ability to configure, group, monitor, and associate clinical quality values to all episodes in TennCare's eight phase episode of care initiative
- Partnership with CNSI, an industry-leading firm specializing in large-scale, mission-critical IT implementations for many state and federal agencies, to integrate MC-Track® for provider compliance and collaboration

These payment reform initiatives will eventually lead to a model in which health care providers are rewarded for high-quality, efficient treatment of medical conditions and the long-term maintenance of their patients' health. Clinically-focused measurements help drive provider acceptance and participation in value-based initiatives.

"CNSI is proud to bring its extensive managed care experience to our partnership with Edifecs," added CNSI Chief Strategy Officer Sharif Hussein. "Tennessee is showing great initiative in the progression toward value-based care. We are honored to be a part of the effort and look forward to producing great benefits for the people of Tennessee."

"States are taking a more active role in shaping payment terms between managed care companies and healthcare providers, and Edifecs recognizes the criticality of the healthcare industry's successful transition to value-based," said Sunny Singh, CEO of Edifecs. "We're committed to helping our customers make these transitions as smooth as possible, ultimately helping to ensure that payments align with quality outcomes for the many patients affected."

About Edifecs

Edifecs develops innovative, cost-cutting information technology solutions to transform the global healthcare marketplace. Since 1996, Edifecs technology has helped healthcare providers, insurers, pharmacy benefit management companies and other trading partners trim waste, reduce costs and increase revenues. More than 350 healthcare customers today use Edifecs solutions to simplify and unify financial and clinical transactions. In addition, Edifecs develops supply chain management solutions to support worldwide customers in non-healthcare industry segments. Edifecs is based in Bellevue, WA, with operations internationally. Learn more about us at www.edifecs.com.

About CNSI

CNSI delivers a broad range of health information technology (IT) enterprise solutions and customizable products to a diverse base of federal and state agencies. We align, build and manage innovative, high-quality, cost-effective solutions that help clients achieve their mission, enhance business performance and improve the health for over 28 million Americans. Formed in 1994, CNSI is headquartered in Rockville, Maryland, with locations throughout the U.S. and India. CNSI employs a world-class team of technologists, program managers, and subject matter experts, all of whom have experience with large scale mission-critical IT implementations. Formed in 1994, CNSI is headquartered in Rockville, Maryland, with locations throughout the U.S. and India. CNSI's website is: <http://www.cns-inc.com>.

Contact

Edifecs, Inc.

Janet Hohmann, 425-435-2894

janet.hohmann@edifecs.com

Another State Leveraging Big Data for Big Opioid Problem

A week ago, Missouri Governor Eric Greitens signed an [executive order](#) for the state to create a [prescription drug monitoring database](#). This measure comes after the state legislature failed to pass its own program back in May. Missouri comes in as the last state to implement such a program with the idea gaining popularity in the last year as both [law enforcement](#) and health care providers struggled to address the intensifying opioid epidemic.

Since the distribution of opioids in prescription form is restricted, states are turning to databases to monitor signs of overprescribing, which may indicate illicit distribution to addicts. At least, that's the basic idea, which CNSI's Chief Strategy Officer, Sharif Hussein, explains in this [MedCity article](#).

It seems like a slam dunk public health policy, right? Well, not exactly. Even an initiative that is undoubtedly good for public health is not without its challenges. The questions around what source(s) should supply the data, who has access to the data, and how systems will achieve interoperability have no easy answers.

For example, while the majority of state monitoring programs allow both physicians and pharmacists to access the data, the proposed Missouri system specifies that prescription and dispensation information received by the Missouri Department of Health and Senior Services will be confidential. However, doctors with access to such data have reduced the number of painkiller prescriptions from 81 to 71 per 100 people between

2012 and 2015, indicating the clear benefits of granting access to such information. As [Amy Tiemeir](#), St. Louis College of Pharmacy Director of Community Partnerships, points out:

“When medications are being used and there are negative consequences, there is a clear role for pharmacists to be involved based on their knowledge of the drugs, how they work and being able to provide insight into the appropriateness of therapy and potential therapies that might be less harmful.”

Regardless of who ends up seeing the data in Missouri, programs that leverage big data—if executed properly—have the potential to make a real impact and save lives. What else do you think we in the health IT space can do to facilitate such important progress?

Determining the Longitude of Data

What do you think of when you hear the word longitude? Your 4th grade history class? The term opposite of latitude? We can't blame you. It's important geography vocabulary, after all. But, we'd be remiss if we didn't introduce you to its health IT-related cousin: longitudinal data.

Last week, we [tweeted](#) a link to [an article](#) on longitudinal data, but upon further thought we decided it was worth a deeper explanation. Something tells us that it's going to be an important buzzword very soon.

Simply put, longitudinal data is data gathered during a longitudinal survey- a type of observational study. The data itself is a collection of information about a patient,

recorded over the course of many years to [track the patient's health](#). Too often, doctors rely on incomplete data sets or inaccurate patient memories when creating a course of treatment. Take for example, there is always the possibility that a patient has forgotten key symptoms after a procedure years ago. The collection of data consistently, over a long period of time, increases the chances of doctors making [better informed decisions](#) for their patients.

That's the most basic principal of longitudinal data, but there are so many more possibilities. Consider a longitudinal data set that not only contains your complete medical history, but also your demographic data. It can then be compared to other patients in similar circumstances with similar medical histories to offer doctors a wealth of information from which to make a recommendation.

Much like a sextant is needed to measure longitude and latitude, interoperability is needed for this time of data configuration. So, you can add the benefits of longitudinal data among the many reasons to have secure, integrated data sharing across healthcare systems.

Clearing the Path for Medical Device Innovation

Did you know that it is [estimated that health-related apps](#) will be downloaded 1.7 billion (yes, with "b") times by the end of this year? This includes everything from personal fitness apps to clinical decision support software. It is no surprise that digital technologies have and will continue to transform health care in important ways. They help address

public health crises, enable faster diagnosis and treatment by clinicians, and empower consumers to take control of their health. But the line between private innovation and public health is ambiguous at best.

Make no mistake. The government must walk a tightrope when it comes to regulating medical devices and apps. On one hand, it has the responsibility to ensure that the technology companies produce are safe and effective. On the other hand, the government doesn't want to overstep and stifle innovation that could lead to life-saving technology. This balance can be hard to find. However, one agency is making plans to walk that fine line.

In a [recent blog post](#), the Food and Drug Administration (FDA) Commissioner Scott Gottlieb, M.D. announced the administration's new Digital Health Innovation Plan. The plan proposes to eliminate ambiguities (as they currently exist) in the 21st Century Cures Act and provides increased guidance for digital health products.

While the program is still being developed, the FDA appears to be pursuing a third-party process that would eliminate a full FDA review for lower-risk products, making it easier for higher-risk products to work their way through the pipeline. The plan also includes provisions for post-market research and data collection that is promised to spur even more innovation down the line.

As one industry stakeholder told [Fierce Healthcare](#), "All in all, I feel like I've died and gone to heaven."

Good work, FDA. We look forward to seeing how this plan enables innovative health IT products. What do you think of the FDA's announcement? How else can the government aid the development of health IT? Join the conversation by tweeting us [@CNSIcorp](#).