

HIMSS Focus, Value, & Opportunities

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Himss

Who HIMSS Is

- A non-profit organization founded in 1961 operating in North America, UK, Europe, Mid-East, and Asia Pacific
- Vision: better health through the best use of information and technology
- Mission: Globally, lead endeavors optimizing health engagements & care outcomes through I&T
- 70,000 Individual Members; 675 Corporate Members;
 375 Healthcare Provider Organizational Members
- Hosts the largest health event in the United States
- Includes HIMSS, Health 2.0, Healthbox, Analytics, Media, and the Personal Connected Health Alliance



Who is HIMSS?

HIMSS is a global voice, advisor and thought leader of health transformation through health information and technology.

With a unique breadth and depth of expertise and capabilities, we work to improve the quality, safety, access, and efficiency of health, healthcare and care outcomes.

With more than 400 employees, HIMSS operates in:

North America I Asia Pacific I Europe I The Middle East I United Kingdom

Our Vision

Better health through information and technology.

Our Mission

Globally, lead endeavors that optimize health engagements and care outcomes through information and technology.



How is HIMSS Leading Change?

FIVE KEY STRATEGIES



MEMBERSHIP enhance value delivered to HIMSS members



LEADERSHIPadvance the ecosystem of thought leadership

THOUGHT



develop the breadth and reach of HIMSS adoption models (beyond EMRAM)

MODELS



expanded opportunities for engagement through new

innovation-centric offerings



INTERNATIONAL

expand our international footprint to become the global leader in health innovation



The Canadian - US Opioid Epidemic



Facts on the Canadian Opioid Crisis

- In 2016, 2,800+ Canadians died from opioid overdoses.
- That was higher than the deaths recorded at the height of the HIV epidemic in 1995.
- It got worse in 2017: 3,996 died.
- Greatest concentration of deaths are 30-39, male, and in British Columbia.
- Those most impacted are suffering trauma or pain.
- In 2017, 72% of opioid-related deaths involved fentanyl or fentanyl analoges



Facts on the US Opioid Crisis

- 48,453 Americans died between 2/17-2/18.
 A 6.3% YOY increase.
- •62.6% of opioid abusers report the main reason for using opioids is relief from pain.
 - 53% of these reported getting their pain relievers from friends & relatives, 36% from prescribers, and 11% from other sources.
- 94% of those needing treatment did not receive it because they didn't think they needed it.



Three Roads to Substance Abuse Disorders

- People who just wanted to have a little fun, and got hooked.
- Patients who experienced trauma or pain, didn't get the pain management they needed, and got hooked.
- People who got lost at the intersection of "lack of purpose" and "loss of hope", and got hooked.

"Stigma is the enemy of public health."

Dr. Theresa Tam, Canada's Chief Public Health Officer



Cross-Border Similarities

- 5 of 6 most-impacted provinces/states are at the border
- Health leaders focusing on multi-facet strategy:
 - Canada: Prevention; Treatment; Harm Reduction; and, Law Enforcement
 - US: Treatment, Prevention, & Recovery Srvcs;
 Data; Pain Mgt; Targeting Opioid-Reversing Drugs;
 Pain & Addiction Research
- Clinicians, Providers, Policy-Makers, Community
 Leaders, and Patients can make a significant difference
- Substance abuse disorder stigma hobbles efforts



How Is Health IT Making a Difference?

- Clinical decision support for better pain mgt, overdose recovery, and disorder treatment
- Data analytics to uncover non-medical use of prescription opioids, warning signs from escalating health issues, and uncover issues affecting specific communities or regions
- Achieve interoperable, secure electronic exchange of health information in transitions of care
- Embrace the levers of policy and payment
- Educate patients, caregivers, and clinicians



Canadian Real-World Impact: Davies Award

- Centre for Addiction & Mental Health Services used IT to achieve Healthy Quality Ontario standards for opioid use disorders: increase use of buprenorphine and decrease use of Clonidine.
- Over 2 years, CAMH increased buprenorphine initiations by from 8% to 28%, and reduced Clonodine from 23% to 19%.
- Repeated ED visits w/in 7 days reduced from 5% to 4%.
- Reduced wait times b/w ED and rapid access service for opioid withdrawal patients from 9.3 days to 4.8 days.
- In 1 yr, reduced cost of treating patients by \$137,462.

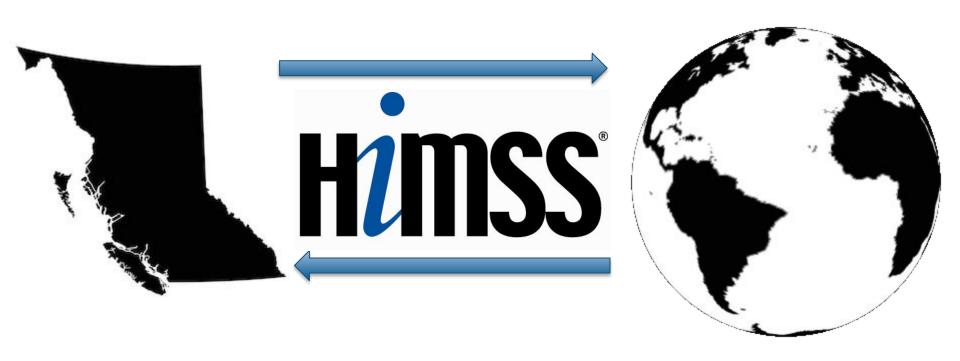


US Real-World Impact: Davies Award

- Mercy Health of Ohio used clinical decision support tools to achieve best practice prescribing patterns and achieve compliance with Ohio law
- 13% reduction in opioid prescriptions due to more effective pain management protocols
- Tool includes live auto-calculation for prescribers for all active opioid orders to ensure evidence-based best practice
- Achieved secure interoperability with multi-state prescription drug monitoring program for 1,300 prescribers' real-time access to data
- 43% reduction in 7-day supplies of opioid prescription orders



HIMSS Engagement in Canada







February 11-15, 2019
Orlando
himss.conference.org
#himss19



Thank you!

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