Agenda: January 24, 2017

I. Welcome
II. Patient Identification Safe Practices
III. Partnership News
IV. 2017 workgroups
V. Discussion
VI. Presentations from Collaborating Organizations: CHIME, AHIMA, and NIST
A Big Thank You to the Patient ID Workgroup

Thanking the Patient Identification Workgroup

Hardeep Singh, MD, MPH, Workgroup Chair
Jason Adelman, MD, MS, Chief Patient Safety Officer & Associate Chief Quality Officer, New York-Presbyterian Hospital/Columbia University Medical Center
Graham Atkinson, DPhil, Vice President for Research and Policy, Jayne Koskinas Ted Giovanis Foundation for Health and Policy
Linda G. Brady, CAE, Chief Executive Officer, Association for Healthcare Documentation Integrity (AHDI)
Samantha Chao, MPH, Pew Charitable Trusts
Gerry Castro, PhD, MPH, Project Director, Patient Safety Initiatives, Joint Commission on Accreditation of Healthcare
Allan Chen, MD, PhD, MHS, Associate Professor Oncology, Associate Professor Pediatrics, Armstrong Institute for Patient Safety and Quality, The Johns Hopkins Hospital
Harry Corey, McKesson Corporation
Brian Crawford, Epic
Justin Cross, MD, Medical Informatics Fellow, Office of the National Coordinator for Health IT
Sharon Fiveash, Baptist Memorial Health Care PSO
Trisha Flanagan, RN, MSN, Senior Manager, Patient Safety, athenahealth
Debbie Fox, McKesson Corporation
Angela Franklin, JD, Senior Officer, Drugs and Medical Devices, The Pew Charitable Trusts

Terhilda Garrido, MPH, VP Health Information Technology Transformation & Analytics, Kaiser Permanente
Andrew Gettinger, MD, Chief Medical Information Officer, Office of the National Coordinator for Health IT, Office of Programs & Engagement, Office of Clinical Quality & Safety
Ted Giovanis, FHFMA, MBA, President, Jayne Koskinas Ted Giovanis Foundation
Lynn Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA, Chief Executive Officer, American Health Information Management Association (AHIMA)
Helen Haskell, Mothers Against Medical Errors
William Isenberg, MD, PhD, Vice President Patient Safety, Sutter Health
Caroline Jonker, Executive Director, McKesson Corporation
Lesley Kadlec, American Health Information Management Association (AHIMA)
Leslie Kringstein, Interim Vice President of Public Policy of College of Healthcare Information Management Executives (CHIME)
Nara Kunerlkit, The Johns Hopkins Hospital
Pamela Lane, American Health Information Management Association (AHIMA)
Christoph U. Lehman, MD, FAAP, FACMI, Professor, Pediatrics and Biomedical Informatics, Monroe Carell Jr. Children’s Hospital at Vanderbilt University Medical Center
Susan Lucci, RHIA, CHPS, CHDS, Consultant/Chief Privacy Officer, Just Associates, Inc.
Safe Practices for the Use of Health IT in Patient Identification--Attributes

► (I) Electronic fields containing patient identification data should consistently use standard identifier conventions.

► (D) Use a confirmation process to help match the patient and the documentation.

► (E) Use standard attributes and attribute formats in all transactions to improve matching.

► (N) Use a standard display of patient attributes across the various systems.
Safe Practices for the Use of Health IT in Patient Identification—Technology

► (T) Include distinguishing information enhancing identification on screens, printouts, and those areas that require interventions.

► (I) Integrate new technologies to facilitate and enhance identification.

► (F) Implement monitoring systems to readily detect identification errors.

► (Y) Include high-specificity active alerts and notifications to facilitate proper identification.

Safe Practices for Patient ID Communication

► WHO we want to reach:
  ■ Healthcare organizations and providers, leaders, managers, and clinical users
  ■ Vendors
  ■ Physician practices—hospital affiliated and non-hospital affiliated
  ■ Patient Safety Organizations
  ■ Professional societies/associations
  ■ Policymakers
  ■ Patient/consumer representatives
  ■ Others
Safe Practices for Patient ID Communication Plan:

- **WHAT is the message we want to convey?**
  - Importance of the safe use of technology for patient identification
  - Recommendations are informed by the evidence
  - Recommendations were formulated using a multi-stakeholder process
  - Toolkit resources will help with implementation of the patient identification safe practices
  - Implementation is the key to success

Safe Practices for Patient ID Communication Plan:

- **WHEN, WHERE and HOW to disseminate the message**
  - Press releases
  - Social media
  - Webinars
  - Newsletters and trade association magazines
  - Policy meetings
  - Vendors’ and collaborating organizations’ member/customer meetings and communication materials
  - Website postings

ECRI will provide communication tools and assistance and the materials will be available on a public website
Partnership News

Polling Question: HIMSS17

Will you be at HIMSS17?

- Yes, I am planning on attending HIMSS17
- No
- Unsure
**News Of Interest for the Partnership**

- **21st Century Cures Act**
  - December 13, 2016
  - Health IT developers treated as providers for PSO purposes

- **Recent publications**
  - NISTIR 8166-Examining the Copy and Paste Function in the Use of Health Records DOI: [https://doi.org/10.6028/NIST.IR.8166](https://doi.org/10.6028/NIST.IR.8166)

- **Upcoming publications**
  - Partnership Proceedings—in-person meeting
  - Partnership Patient ID Safe Practices toolkit

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**Partnership 2017 Workgroups and Projects**

- Developing and Maintaining a HIT Safety Program
- Closing the Loop
  - Diagnostic Tests
  - Referrals
- Implementation Project Planning
  - NIST Usability
- Ambulatory Care
- Acute Care
- Others
Polling Question: Workgroup Participation

- Are you interested in participating in a workgroup?
  - Yes, the developing and maintaining a HIT safety program group
  - Yes, the closing the loop group
  - Yes, the implementation project
  - Yes, more than one workgroup
  - Not at this time

Workgroup Participation—If you Missed the Polling Question

- E-mail hit@ecri.org indicating your choice of workgroup
  - Note your interest in your participation or in working on implementation of safe practices
Open the Phone Lines for Discussion

- Comments on workgroup topics
- Data Gathering
- Identification of HIT’s Contribution
- Implementation Models

Partnership Discussion: In Preparation for a HIT Safety Program Workgroup

- How do you know if health IT has caused or contributed to adverse event or near misses in your organization?
- What are the other important pieces in the picture?
Polling Question: Adverse Events, Hazards and HIT

▶ Do you have a process to identify if HIT contributed to an adverse event or a hazard?
  ■ Yes, we have identified a method to figure this out
  ■ Yes, but it is case by case
  ■ No

Partnership Discussion: Tackling Implementation

▶ What tools are most useful in facilitating implementation of the safe practices?

▶ How do we best tackle implementation of safe practice recommendations?
  ■ development of "use cases"
  ■ determination of what organizations to conduct testing
  ■ monitoring progress and/or issues that arise
Polling Question: Implementation

- Would you be interested in participating in implementing safe practice recommendations?
  - Yes, Partnership’s copy and paste recommendations
  - Yes, Partnership’s patient identification recommendations
  - Yes, SAFER guides
  - Not at this time

Participant Discussion: Gathering Data to Derive Information

- Are there other ways to extract data from the EHR that would provide additional insights into safety?
  - Presently collected information
  - Information collected in the background

- Are there other sources of information that the Partnership should be evaluating?
Polling Question: Data Gathering

Do you presently identify and collect safety information directly from your EHR?

- Yes, we have identified and routinely collect
- Yes, we are in the process of identifying
- No

Updates from Collaborating Organizations
Partnership for Health IT Patient Safety Update
January 24, 2017
Barb Sivek
VP, Business Services
CHIME

Challenge Status

• 371 registered competitors
• Submission deadline – March 1, 2017
• 44 Use case scenarios and performance results
• Submission questions (6) – Enrollment & Identification, Security & Fraud Management, Privacy, Scalability, Adoptability, Implementation
• Images and video of Enrollment and Identification
• Statement on intellectual property rights
• Prototype development plan
• Supplemental information
**Challenge Timeline**

- 3/1 – Final submissions due
- 3/10 - Judges receive submissions (3-week review cycle)
- 3/30 – Finalists determined, and notified to submit prototypes
- 4/30 – Prototype submission deadline
- 5/1 - 5/30 – Prototype testing phase
- 6/1 – Finalist demonstration for Judges
- 6/14 – Winner announced

**Stakeholder Input**

How can the Partnership for Health IT Patient Safety help?

*What characteristics/functions/elements should a patient ID solution contain to make it successful from a Health IT safety perspective?*
AHIMA Task Force Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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<tbody>
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<td>Kaplan Higher Education Group</td>
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<td>VHC, Inc</td>
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<td>NIH/CC/MRD</td>
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<td>Diana Warner</td>
<td>Director, Standards</td>
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AHIMA Staff

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Problem

Patient Registration content is not standardized across organizations and information systems vendors today.

Getting Patient Registration right means:
- Information is correct, complete and timely
- Demographic entries are cross-validated throughout all documentation
- Documentation is complete
- Patient matching is enabled
- Documentation on the right patient is available to the right clinician (MD or RN) at the right time of the care

In 2016 AHIMA developed Patient Registration Use Case that serves the basis for Patient Registration Content Profile standard to be developed by AHIMA at the Integrating the Healthcare Enterprise (IHE)
AHIMA Patient Registration Use Case

Scope:
AHIMA Patient Registration Use Case identified 17 scenarios for patient registration across the 3 types of settings:
1. Emergency department visit
2. In-patient setting visit (hospitals, clinics and other)
3. Out-patient setting visit

Focus in 2016: Emergency department visit setting

AHIMA Patient Registration Use Case

Scope: Emergency department visit setting

AHIMA Patient Registration Use Case identified 17 scenarios for patient registration across the 3 types of settings:
1. Emergency department visit scenarios:
   • Registration of walk-in/patient presentation in ED
   • Registration initiated/conducted by clinicians
2. In-patient setting visit (hospitals, clinics and other)
3. Out-patient setting visit
18

AHIMA Patient Registration Use Case:
Actors, Workflow and Data Flow

**Use Case Name:** Registration of Walk-in/Patient Presentation in ED

<table>
<thead>
<tr>
<th># of Step</th>
<th>Workflow Steps</th>
<th>Information Items Examples (Record, Documents, Data Sets, Codes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Patient enters into ED and presents to the Registration staff</td>
<td>Episode of Care Record: Patient Registration Information</td>
</tr>
<tr>
<td>2</td>
<td>Registration staff identifies patient, asks patient to complete necessary forms (paper or electronic), and checks in the visit in R-ADT System. Refer to Pt Matching Use Case as described in DG9 In the case of “trauma/unidentified patient”, registration staff assigns a tag with the ID number to be used in the episode of care.</td>
<td>1. Patient/guardian demographics (e.g., name, DoB, address) 2. Visit demographics (e.g., enterprise medical record number, date/time of encounter, reason for visit, list of barcodes, etc.), 3. Physician demographics (name, PID, department/service) 4. Reason for visit 5. Consent for visit 6. Consent for information sharing</td>
</tr>
<tr>
<td>3</td>
<td>HIS creates an audit record of the encounter</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>R-ADT System searches and obtains patient and visit-relevant information from HIS, EHR, Financial Systems, EDMS, HIE, mHealth app, PHR</td>
<td></td>
</tr>
</tbody>
</table>

AHIMA Patient Registration Use Case:
Information Collected

- Patient Registration Information
  - Patient, Visit, Physician Demographics
  - Reason for visit
  - Consents (visit, information sharing)
- Insurance information
- Payment information

- Notification of Record Availability
- Acknowledgement of Receipt
- Audit Record: Who, When, Why, What

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[Images and diagrams]

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AHIMA Patient Registration Use Case:
Sample Content to be Standardized

- **Patient/Guardian demographics**
  - Name
  - DoB
  - Address

- **Visit demographics**
  - Enterprise MRN
  - Date/Time of encounter
  - Reason for visit

- **Care Team demographics**
  - Name
  - Role
  - PID
  - Department/service

- **Insurance information**
  - Type of Payor
  - Insurance ID
  - Coverage
  - Co-pay

AHIMA Patient Registration Use Case:
Standards Needed

- IHE PIX/PDQ - Patient Identity Cross-Referencing/Patient Demographic Query
- IHE XDW - Cross Document Workflow
- HL7 Version 2.x Patient Administration
- HL7 C-CDA - Consolidated Clinical Document Architecture
- HL7 FHIR - Fast Healthcare Interoperability Resources
- X12 Administrative Transactions
- Others, such as SNOMED, LOINC, etc
AHIMA - IHE Patient Registration Content Profile

• New IHE content profile with core sections that describe data elements and associated CDA formats for standardized patient registration across EHRs and other information systems

NIST

Examining Copy and Paste Function in the Use of Electronic Health Records
Examining the ‘Copy and Paste’ Function in the Use of Electronic Health Records

Human Factors Recommendations

<table>
<thead>
<tr>
<th>Human Factors Recommendations to support The Partnership Recommendation A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide a mechanism to make copy and paste material easily identifiable</td>
</tr>
<tr>
<td>• DHR systems must be designed to enhance the visibility of the information being selected for copy and paste to prevent users from inadvertently copying only part of the information that was intended to be pasted which could minimize the possibility of incomplete reuse of information that could lead to morbid/mortal errors.</td>
</tr>
<tr>
<td>Areas where copy and paste should be locked</td>
</tr>
<tr>
<td>• The ‘copy and paste’ function should absolutely not be allowed when entering any information into a blood bank information system due to the extreme risk involved in blood transfusion.</td>
</tr>
<tr>
<td>• Copy of demographic information should never be allowed, but needs to be autopopulated in all the interfaces within a patient’s chart.</td>
</tr>
<tr>
<td>• Dates should absolutely never be copied and pasted.</td>
</tr>
</tbody>
</table>
## Human Factors Recommendations

### Human Factors Recommendation to support The Partnership Recommendation B

<table>
<thead>
<tr>
<th>Ensure that the provenance of copy and paste material is readily available</th>
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<tbody>
<tr>
<td>• User interface has to display the “chain of custody” of the information associated with the use of copy and paste. However, this information should not be displayed by default, and only be shown on user demand to avoid the possibility of overwhelming clinical users and contribute to errors of commission (taking an incorrect action).</td>
</tr>
<tr>
<td>• A concept for reconciling that the copied information was read consciously and edited by the clinical provider would promote the attribution of the source of the information.</td>
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</table>

### Additional Human Factors Recommendations for critical areas identified in the study

#### Vital signs

- The following properties are recommended when documenting vital signs through charting done by the clinical user or by real-time feed to the EHR system from digital devices:
  - Time stamp when measured. How it was measured (nurse manually takes BP, arterial line captures BP at a single time)
  - Time stamp when documented in the EHR.
  - Time stamp when it is signed (locked).
  - Time stamp when it is revised.
  - Time stamp when retrieved.

#### Allergies

- There should be clear “chain of custody” when copying and pasting information related to allergies.

#### Surgical notes

- The design of the EHR must ensure that all of the information pertaining to surgical notes is provided with the ‘copy and paste’ functionality which helps the reuse of information by the clinical staff in the ‘exact’ and precise context of the surgical notes. Variability may exist due to patient-specific findings and/or specific situations that might arise unexpectedly during the procedure which must be accommodated by EHRs by means of provisions for efficient editing.
### Human Factors Recommendations

**Additional Human Factors Recommendations for critical areas identified in the study**

| Medication entry | When medication entry is done in free text form, the ‘copy and paste’ function could be the superior method of entry as compared to typing. Copying and pasting a medication with the dosing is much safer compared to the use of a drop down menu since there are known errors related to wrong selections and jumping menus in the use of drop down menus. The ‘copy and paste’ function should always be associated with a clear “chain of custody”. As a general rule, the use of copy and paste should be discouraged in new orders to reinforce the fact of conscious data entry. |
| Discharge summary | When used during patient discharge, the copy and paste of reused information should reflect the “chain of custody” for the clinical provider indicating that it is indeed copied from a past event. |
| Copying and pasting information from different departments and another patient’s EHR | When copying and pasting information into an EHR from a different patient’s chart is allowed, the EHR system must keep the clinician oriented as to which patient’s record they are accessing at any given point in the process. There should be a clear “chain of custody” indicating the exact source of the copied and pasted information while protecting the privacy and confidentiality of the source patient. Enable user to easily transition from the current chart with unrestricted access to input information to another chart by a deliberate action (i.e., identification / activation of the patient chart), by the user. |

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**NISTIR 8166: Examining the ‘Copy and Paste’ Function in the Use of Electronic Health Records**

Next Steps and Reminders

Reminders

► Watch for upcoming publications
► E-mail hit@ecri.org with your workgroup preference or your organization’s interest in implementing safe practices
► Keep alert for upcoming workgroup schedules
► See you at HIMSS17

  ▪ Partnership Meeting- Tuesday, February 21, 2:30 PM Room W234
  ▪ Journey to Patient Safety: Where We’ve Been and How Health IT Can Help
    ▶ Wednesday, February 22, 2017 — 11:30AM EST - 12:30PM EST
    ▶ Orange County Convention Center
    ▶ W320, Chapin Theater
    ▶ Session ID: 180
Partnership Expert Advisory Panel

- David W. Bates, MD, MSc, Brigham and Women’s Hospital
- Kathleen Blake, MD, MPH, American Medical Association
- Pascale Carayon, PhD, University of Wisconsin-Madison College of Engineering
- Tejal Gandhi, MD, MPH, National Patient Safety Foundation
- Chris Lehmann, MD, Vanderbilt University Medical Center
- Peter J. Pronovost, MD, PhD, The Johns Hopkins University School of Medicine
- Jeanie Scott, MS, VHA Office of Informatics and Analytics/Health Informatics
- Patricia P. Sengstack, DNP, RN-BC, CPHIMS, Bon Secours Health System, Inc.
- Hardeep Singh, MD, MPH, Michael E. DeBakey VA Medical Center and Baylor College of Medicine
- Dean Sittig, PhD, The University of Texas Health Science Center at Houston, School of Biomedical Informatics
- Paul Tang, MD, MS, IBM Watson Health

_working_together:_

[Partnership Logo]
Questions? Contact hit@ecri.org