

Letter from the Director**The view from the other side: on the coordination of care**

I have been a vocal and passionate advocate for health information technology, and truly believed that it can play an important role in addressing safety and efficiency shortcomings in our healthcare system. A recent experience reaffirmed my belief and convinced me more than ever before of the importance of CHIDS' mission.

Last month I had to make a trip to the hospital after a 911 call. I spent five days in the ICU and 5 days in a medical/surgical ward. My diagnosis of acute multi-lobar pneumonia required that in addition to the ICU doctor and the hospitalists in the regular ward, a pulmonary and infectious disease consultant be called in. In ten days I had seven chest X-rays, an ultrasound, and daily blood tests. There were some unusual readings on the blood test that the doctors said they wanted to monitor. Outside my hospital room was a large three-ring binder labeled "confidential" that accompanied me on the stretcher as I moved from one part of the hospital to another. During my stay I was an "informed" patient, quizzing the nurse about every medication I was taking. I discovered that on shift change, one dose of an antibiotic was missed and when I told the nurse the next day, she admitted that it had been overlooked. On discharge from the hospital I was advised to schedule follow-up visits with the pulmonary specialist and my regular primary care physician.

I arrived at the pulmonary practice only to find that there was no record of my hospital stay. I filled out a stack of forms, entering information about my meds and diagnosis. My copious notes during the hospitalization helped but nonetheless, it was a huge waste of time. Of course the doctor recognized me when we saw me, performed his examination, and scheduled another blood test.



Founder and Director of the CHIDS
Professor and the Dean's Chair of Information Systems
Robert H. Smith School of Business, University of Maryland

A week later I went to see my primary care physician. I figured she might want to see the latest blood test results so I called the pulmonary practice in the morning and asked them to send the results to her. She had a copy of the discharge summary from the hospital that had been faxed over, but no record of who the pulmonologist was or of the blood test.

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Again, I recounted my entire experience to her. Next week I go to see the pulmonologist again. I wonder what information I will be asked to provide.

This story is repeated thousands of times daily across ERs, hospitals, specialist practices, primary care practices, long-term care facilities, community clinics, etc. etc. We are handed over from one expert to the next and ironically, we, the non-experts, are the information “links” that bind the care together. It is frightening to reflect on the number of places in this network where information can be forgotten, distorted, or misinterpreted. It is worrisome to think about patients who are less vigilant in tracking their care or whose health literacy is low. And my treatment was in the very best of facilities with ample resources; my doctors serve an economically privileged stratum of society. It is terrifying to think of those needing their care coordinated in less privileged settings.

Now consider an admittedly utopian world with a safe, secure, and private central repository where each care encounter is validated and recorded. A repository that can be securely accessed by all the care providers so they know exactly what was done to the patient, when, and by whom. Where the healing takes place in a cloud of accurate and up-to-date health information about each patient. Now that’s a transformational idea!

CHIDS Co-Hosts 10th Annual CIO Forum: Web 2.0 and Beyond: Where will the Internet take us next?

By Seema Setia, Graduate Research Fellow

The new generation of Web 2.0 technologies, including social networking and online communities, are rapidly transforming the face of business and commerce, how government and public institutions engage with the citizenry, and how healthcare is managed, accessed, and delivered. From peer-to-peer lending, to online product reviews, to virtual patient communities that allow consumers to manage their own health and well-being, examples of this transformation can be seen in every sector of the economy.

Technology leaders from government, the healthcare industry and other sectors of the economy met to discuss Web 2.0, its evolution, global impact and future at the Robert H. Smith School of Business’ 10th Annual CIO Forum, November 6th in downtown D.C. The CIO Forum was hosted by the Center for Health Information and

Decision Systems (CHIDS) and the Center for Digital Thought and Strategy (DIGITS).

After a welcome from Dean G. “Anand” Anandalingam, Vivek Kundra, the CIO for the federal government, addressed the Administration’s technology agenda and challenges of implementing innovation at the federal government. He also addressed the importance of transparency that allows citizens access to information while upholding a high level of security. Cloud computing, mobile computing, and the improvements in the use of data through increased availability, were cited as focus areas. “We want to leverage the power of technology to fundamentally change the way the public sector operates,” Kundra said.



Vivek Kundra, CIO of Federal Government

Dr. Jamshed Irani, Chairman of the Executive Committee of Tata Quality Management Services and Director of Tata Sons Ltd., spoke at lunch about the unprecedented actions Tata Steel took to evolve including mass layoffs, unheard of in India at the time. He spoke of the CEO as a “Champion of Change” and the importance of encouraging action -- rewards were not based only on success or failure, but on action instead of inaction.

Paul de Sa, Chief Strategist for the Federal Communications Commission, closed the forum with a discussion about the impact of technology for telecommunications. He stressed the significance of broadband access, “If you don’t have Internet, you don’t get the same benefits as everyone else,” de Sa said, explaining that people without Internet access don’t have the same job, education or health opportunities as those who do. Also discussed were the tradeoffs in universal broadband access and supporting the old copper network.

Other featured speakers at the forum included Douglas Abel, CIO of Anne Arundel Health System, David Horrocks, President of the Chesapeake Regional Information System for our Patients (CRISP), Cheryl B. Jones, Director of Outreach for CRISP and Dr. Sean Khozin, Founding Member, VP of Medical Affairs, and Doctor at Hello

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Health. They discussed the application of technology to the field of healthcare, and myriad challenges and opportunities for transforming healthcare.

Hello Health's new model for primary care leverages social network applications to facilitate communication and convenience for patients. CRISP is developing a statewide health information exchange for Maryland, which will provide for sharing of clinical data and improved quality and coordination of care. Anne Arundel Health System has been leading a transformation of its clinical operations leveraging health information technology. These speakers represent the promise of innovation in healthcare.

The CIO Forum also featured Jason Karas, President of Carbonrally, Bipin Patel, CIO of ProQuest, Premal Shah, President of Kiva, and Larry Fitzpatrick, President of Computech, Inc. The panel was moderated by Professor Il-Horn Hann, and discussed the innovation in various sectors of business due to Web 2.0, from Kiva's groundbreaking success in microlending to Carbonrally's innovative carbon impact tools.

The CIO Forum was sponsored by the Center for International Business Education and Research (CIBER), Computech, and the Dingman Center for Entrepreneurship with media partner GovCon Wire.

Using Information Technology for an Aging Population: The Case for IT in Gerontology

By Brad Greenwood, PhD Candidate

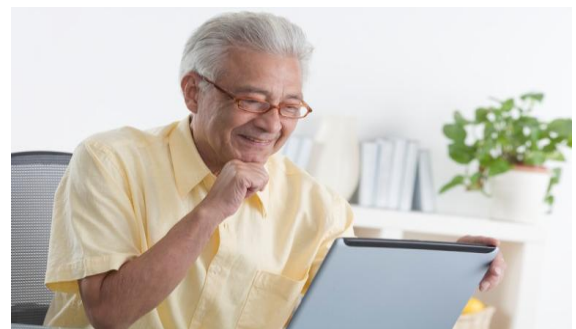
There is significant momentum throughout the nation for the adoption of electronic health records and other health information technologies (HIT) in hospitals and medical practices. The HITECH Act of 2009, through a system of early incentives and subsequent penalties, has been specifically designed to accelerate the adoption and use of HIT in these settings. One aspect of healthcare that has been largely overlooked in HITECH is taking care of America's aging population.

It has been estimated that by 2015 there will be 45 million seniors in America and more than 61 million seniors by the year 2025 (The Senior Journal). As the American public is aging at a rapid rate, and with the Baby Boomers set to retire, a plethora of problems are beginning to emerge. According to DHHS the retirement of the Me Generation will result in a need for nearly six million long term care nurses and aids where only two million are currently

available. Similarly, 80% of the senior care given in the United States today is provided by unpaid workers (friends, family, and neighbors) but as the average age of Americans continues to rise, it is evident that a major stress of the healthcare system will be the need to provide services to seniors and that the current system of nursing homes, home care assistance providers, and telemedicine will not be enough.

At CHIDS we are working to resolve these issues by teaming up with partners from the University of Maryland Medical School and investigating how we can augment and enhance the practice of caring for older citizens by harnessing the power of information technology. Technology for seniors, sometimes called "Nana Technology¹," has the unique opportunity to not only to promote the health and wellness of senior citizens but also assist in the maintenance of their independence. Within nursing homes and other long term care facilities it also has the ability to bolster the efficiency of workers by automating tasks for them and allowing them to focus their efforts on the patients who need them most.

Our research objective is to broadly understand the value potential of health IT in care delivery organizations that provide services predominantly targeted at a population of senior citizens. The current investigation examines not only subjective and objective assessments of nursing homes and other long term care facilities, in terms of both quality and performance, but also into how those facilities do use, or could use, health information technology to better serve patients, families and employees. For example, integrated systems such as "smart shirts," which monitor the vitals of the wearer, are only the beginning of our ability to streamline information assimilation in the long term care setting. When coupled with tools like ambulators and other monitoring devices the advent of true tele-health delivery becomes a real option where the aging population in America can spend its golden years in their own homes, self sufficient, instead of a nursing home.



A Cost-Effectiveness Model that Considers the Role of Social Networks in Disease Progression

By Chad Konchak, Graduate Research Fellow

Human beings are fundamentally social creatures surrounded by networks of individuals in which information and behaviors are translated and disseminated. Empirical research over the years has identified that these networks also impact an individual's health decisions and outcomes. Finding the appropriate model in which to measure and understand social network properties and their links to health, however, is where empirical research to date falls short. Cost effectiveness analysis (CEA) and Comparative effectiveness analysis, relying on Markov Models, have been widely used to effectively model disease progression and to discern the costs and benefits of relative treatments for simulated cohorts of individuals. These models, however, do not account for any social ties or networks between individuals that are present in the real world.

In an effort to account for the dearth of social networks in existing CEA models, CHIDS Director Ritu Agarwal and Research Professor Kislaya Prasad proposed integrating Agent-Based Models (ABM) into CEA. ABM are dynamic tools for representing dynamic social interactions, but are often too simple to account for complex disease progressions. By developing a model that incorporates ABM into CEA, a more accurate representation of costs and benefits where social networks play an important role can lead to better comparative effectiveness analysis of treatments.



Under the guidance of Dr. Prasad, MBA candidate Chad Konchak has developed a prototype for a comparative effectiveness model that accounts for social networks in disease progression. Specifically, the model addresses the consequential impact that social ties have on the obesity epidemic. Using the existing research that links an individual's propensity to gain and lose weight to their network ties, Konchak developed a model that simulates weight fluctuations of individual cohort members based on the influence of their networks. The model integrates

ABM into a Markov chain in order to account for the influence social networks have on weight fluctuations.

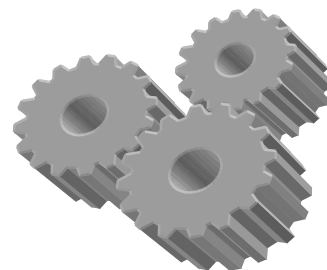
Using a model like the one developed at CHIDS by Konchak has significant cost-effectiveness benefits for the treatment of obesity, smoking, and diabetes where social components play a pivotal role. If we were able to understand which network ties had the most effect and link them back to their key members, we would be able to allocate resources towards these individuals whose behavioral change would have the most collateral impact. CHIDS plans to continue refining this model and we will update the community with any new developments forthcoming.

Evaluating the Food and Drug Administration Public-Private Partnerships Program

By Richard Ferri and Seema Setia, Graduate Research Fellows

The FDA Public-Private Partnerships Program is dedicated to leading the creation, implementation and management of strategic collaborations that leverage expertise and resources from FDA and other organizations to protect and promote public health. Public-Private Partnerships (PPPs) represent an economically compelling way for FDA and stakeholders to leverage combined resources and know-how, collaboratively and under aligned missions, for the benefit of public health. There are numerous business models that may be developed to facilitate different PPPs depending on the scientific goals, the resources available, the partners involved and the different leveraging mechanisms used. PPP partners span a wide range of other organizations including, but not limited to, patient advocacy groups, professional societies, charitable foundations, industry members, trade organizations, academic institutions and other government and state entities.

Federal programs, including the FDA PPP Program, must have performance metrics and meaningful outcomes that demonstrate a return on the taxpayer's investments. Many of the traditional performance metrics and outcome measures cannot fully quantify the results of creative



programs—several of which are unprecedented in scope, timelines and deliverables—and new methods to capture information and measure progress are needed.

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CHIDS is working with the FDA to evaluate the PPP Program and develop a framework and set of supporting information management processes. The research deliverables will assist in the ongoing governance and management of the PPP Program as well as in the development of future PPP's. In addition to the management tools including a database, CHIDS will be delivering case studies of five specific PPP's: the Cardiac Safety Research Consortium (CSRC); The Biomarker Consortium (BMC); the Safety of Key Inhaled and Intravenous Drugs in Pediatrics (*SAFEKIDS*) Initiative; the Patient Reported Outcomes (PRO) Consortium, and, the Predictive Safety Testing Consortium.

MIPS Award: Development of a Cardiology EHR

By Seema Setia, Graduate Research Fellow



This past July, the Maryland Industrial Partnerships (MIPS) Program awarded CHIDS and Intertwine Health Solutions, LLC (Intertwine) funding for the development of a cardiology electronic health record (EHR). The research project will customize Intertwine's existing EHR product for the practice of cardiology. The research seeks to alleviate one of the chief complaints of EHRs to date, which is the poor integration with provider operations and workflow; this problem is magnified for specialists including cardiologists.

Employing user-centered design principles including working directly with cardiologists and other staff, the research is identifying the functional requirements of a cardiology system while taking into account standards, certification, meaningful use, device connectivity and other factors. The functional requirements will be built into a live application in the second quarter, with testing and refinements leading to a market ready product by 2010 year-end.

About MIPS: MIPS accelerates the commercialization of technology in Maryland by jointly funding collaborative R&D projects between companies and University System of Maryland faculty. The purpose of this program is to provide cost-effective research for companies as well as create research opportunities for Maryland faculty that contribute to the advancement of viable technology. In addition to being a catalyst for the commercialization of

technology, the Program acts as a driver of economic development.

About Intertwine: Intertwine builds Internet-enabled software that helps medical and educational institutions, associations, companies and governments better serve, connect and educate their patients, students, members, employees, customers and constituents. Using Intertwine's award-winning ISI Platform technology, clients are able to quickly deploy personalized web services including medical records technology, document management, education programs and group project management to hundreds or thousands of users. Based in Baltimore, Intertwine has transformed the way small and medium organizations interact with their patients, members, employees and associates, allowing them to increase revenue, decrease support expenditures and markedly improve the user's organizational experience. To date, Intertwine has provided enhanced web services for over 1 million users around the world.

Featured Research Partner: Infosys Healthcare Using Meaningful Use to Optimize Value of EHR

By Seema Setia, Graduate Research Fellow

The American Recovery and Reinvestment Act (ARRA) HiTech provisions include over \$20 billion in incentives to encourage hospitals and physicians to purchase electronic health record (EHR) technology. In order to receive the incentives, however, hospitals and physicians must demonstrate meaningful use. On December 30th, 2009, CMS issued the proposed rule outlining provisions governing



the EHR incentive programs, including defining the central concept of "meaningful use" of EHR technology, but there are many questions as to what the meaningful use requirements will functionally mean to an organization.

CHIDS and Infosys Healthcare have a vision to address the challenge of meaningful use of EHR through a combination of technology, process and people innovation. The Meaningful Use Value Realization Method (MUVRM) has been developed so that hospitals can not only meet ARRA incentive requirements but also employ meaningful use activities as an opportunity to transform the organization

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to achieve maximum ROI from their health IT investments.

The methodology encompasses a researched approach to strategic, organizational, process, human capital and technology factors and leverages an advanced platform agnostic performance analytics technology named Veloz.

The strategic alliance between CHIDS and Infosys Healthcare offers a unique opportunity to complement on the strengths of each organization. CHIDS's healthcare research and domain expertise coupled with Infosys's technology and implementation expertise is resulting in enhanced capabilities. The goal of this alliance is to co-develop innovative technologies and commercialize these next generation solutions and services to the broader healthcare community for widespread benefit. It is also expected that the alliance will generate new knowledge and engage in thought leadership and research for driving the agenda for healthcare improvement through information technology.

About Infosys: Infosys is a global leader in providing IT consulting services and is respected as a trusted transformation partner. Infosys' offerings span business and technology consulting, application services, systems integration, product engineering, custom software development, maintenance, re-engineering, independent testing and validation services, IT infrastructure services and business process outsourcing. Infosys Healthcare is an independent, dedicated and global practice within a professionally managed business unit consisting of 4300+ employees ranging from MDs, PhDs, MBAs, Engineers, Technical architects and project managers.

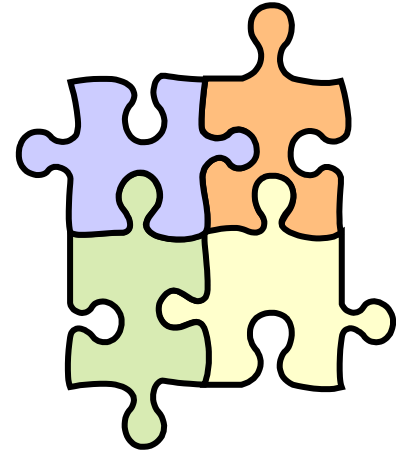
Health Information Exchange in the Nation's Capital with the DC RHIO

By Seema Setia, Graduate Research Fellow

The goal of the District of Columbia Regional Health Information Organization (DC RHIO) is to create a regional health information exchange (HIE) to enable hospitals, clinics, and other health care institutions to rapidly and securely access medical history information about patients at the time care is provided, to improve quality and cost effectiveness. The intent is to deliver tangible clinical and financial value for all RHIO stakeholders while ensuring sustainability of the HIE. The DC RHIO is being led by the District of Columbia Primary Care Association (DCPCA)

with funding provided by the Government of the District of Columbia.

In order to facilitate continued support for the DC RHIO program it is critical that the DCPCA understands, documents and communicates the analysis of key developmental considerations of this community-wide effort. To accomplish this goal, the DCPCA is working with a team of researchers at the Robert H. Smith School of Business, University of Maryland to conduct an evaluation of the DC RHIO. The evaluation framework will offer a multi-dimensional, multi-stakeholder perspective including a benchmarking evaluation with other similar organizations on the extent to which the DC RHIO is achieving its objectives; and, the model will offer recommendations on achieving favorable results.



CHIDS has completed significant research on the HIE landscape, and during the first half of 2010, CHIDS will interview key District health stakeholders and conduct benchmarking with leading RHIO initiatives nationwide. A full report will be produced in June.

Health IT Advocacy Day

By Seema Setia, Graduate Research Fellow

National Health IT Week, which kicked off Sep 21st, is a collaborative forum now in its fourth year of assembling key healthcare constituents—vendors, provider organizations, payers, pharmaceutical/biotech companies, government agencies, industry/professional associations, research foundations, and consumer protection groups—working together to elevate national attention to the necessity of advancing health IT. A key activity of National Health IT Week is Health IT Advocacy Day, led by the Health Information Management Systems Society (HIMSS) in order to connect health IT advocates nationwide with their congressional leaders.

More than 150 partners and 400 HIMSS members dedicated their time and resources to elevating the

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dialogue surrounding health IT, which is gaining broad-scale attention within the context of American Recovery and Reinvestment Act (ARRA) and healthcare reform.

Kenyon Crowley, Associate Director of CHIDS, met with key staff of House Majority Leader, Maryland Representative Steny Hoyer, and Maryland Senators Ben Cardin and Barbara Mikulski to exchange ideas about health information technology. The conversations focused on approaches to leverage health information technology to improve the quality and efficiency of healthcare while reducing costs.

Specific "Asks" included:

1. Ensure that the Executive Branch meets the timelines, requirements, and the needs of your Congressional constituents for the health information technology (IT) components included in the American Recovery and Reinvestment Act of 2009 (ARRA).
2. Require the Secretary of the Department of Health and Human Services (HHS) to conduct a study concerning the necessary funding needed to achieve the nationwide exchange of health information among health information exchanges (HIEs).
3. Apply Congressional oversight authority to ensure that the Drug Enforcement Administration (DEA) establishes a final regulation for the e-prescribing of controlled substances that would not impede the overall benefits of e-prescribing.

Introducing CHIDSapedia

CHIDSapedia is a new resource for sharing knowledge



about health IT companies. Inspired by Wikipedia, CHIDSapedia is meant to create a forum where people can share their experience and expertise about health IT organizations, companies, and related topics. The goal of CHIDSapedia is to foster the exchange of health IT information and promote an awareness and understanding for health information technology. The website is currently in Beta mode, with testing and refinement ongoing. Please visit us at www.chidsapedia.com.

CHIDS Student Fellows 2009-2010

Michele Abbott is a Senior majoring in International Business. She is currently working on a project in partnership with Booz Allen Hamilton and Johns Hopkins University supporting the launch of a Center of Excellence for Global Health and ICT. Her career goals include either management consulting or international development.

Paul Colatat is 2011 MBA candidate. Prior to working with CHIDS he was a research & development coordinator for Shisheido. He has been working on a project with the FDA developing performance metrics for Public-Private Partnerships and is interested in studying how HIT is transforming the business of healthcare. His career interests are in investment research, particularly on firms in healthcare.

Steven Feiner is a Senior double major in Supply Chain Management and Marketing with a minor in Rhetoric. He is primarily interested in the impact HIT will have in the pharmaceutical industry, specifically the cost saving in the supply chain. He is currently conducting research on how hospitals procure inputs and dispose of excess inventories.

Rick Ferri is a 2010 MBA candidate, and a new member of the CHIDS team. Rick is working on a project with the FDA to evaluate its Public Private Partnership Program. Rick hopes to work in marketing or strategic planning within the health care or energy industry.

Brad Greenwood is a PhD Student in the Department of Decisions, Operations, and Information Technology. Mr. Greenwood's primary research interests reside in the areas of the productivity gains associated with the implementation and proper adoption of Health Information Technology and the impact of information technology adoption in the Venture Capital industry. During his professional career Mr. Greenwood worked as a systems analyst, systems architect, and project manager for several world-class companies including General Electric and CACI.

Bing Jiang is a Senior double major Information Systems and Finance undergraduate student at the Smith School. In the business school he has been heavily involved in SUSA and is actively involved in clubs such as BITS and Smith Start. Upon graduation, Bing will be working with Deloitte as a technology analyst.

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Saadat Khan is a 2011 MBA candidate. He was a Program Manager and Design Engineer with BEA Systems prior to working with CHIDS. He is currently working on a project with Johnson and Johnson evaluating various frameworks and metrics need to better quantify business value of technology projects. His career interests include strategy consulting providing post-merger integration support and crafting business development strategies.

Jiban Khuntia is a PhD student in information systems at the Robert H. Smith School of Business. He has been a Graduate Research Fellow with the center since 2006. With his prior corporate experience of more than ten years, Jiban is leading several research projects and is involved in the management of the Center. His major interests are health information technology infrastructure and related socio-economic developments.

Laura Lai is a 2011 MBA candidate with an interest in entrepreneurship and technology. Laura was a technology product development analyst prior to working with CHIDS. She started at CHIDS in the fall of 2009 and is working on a MIPS project with Intertwine Healthcare Solutions to develop an EHR customized for cardiology. Laura hopes to transition into healthcare information technology consulting.

Melvin Lye is a 2010 MBA Candidate who has 7 years working experience in the IT industry holding both technical development and project management roles in online Web systems. In the summer of 2009, he interned at DrFirst conducting strategic analysis and planning in the area of ePrescribing and EMR solutions. His work at CHIDS includes research in the personal health information area and impacts of ePrescribing solutions. His career interests are in strategy, finance and IT. Melvin enjoys reading finance related articles as well as participating in Healthcare related online social communities.

Seema Setia is a 2011 MBA Candidate with five years of experience at information technology consulting firm Unisys. She is interested in studying how HIT can be used to make healthcare more accessible. Her career interests include a strategy position within the health care industry.

Eddie Tao is earning his Bachelors in Finance and Economics, and is expecting to graduate in the Spring of 2010. Upon graduation, he will working for GE Healthcare as part of the Financial Management Program, and hopes to continue to expand his knowledge of the healthcare industry during his time working as a research fellow at CHIDS.

Neil Vora is a 2010 MBA Candidate, and was worked as . as an engineering consultant and finance. He is currently working in collaboration with Infosys on development of a framework that will support value realization from meaningful use. His career goal is to enter the field of strategy consulting.



CHIDS Team Members

CHIDS Mission

To improve the practice and delivery of healthcare by offering researched solutions surrounding the introduction and integration of information and decision technologies into the healthcare system. CHIDS' research focuses on applications and processes that impact safety, quality, access, efficiency and return on investment.

Overview

The Center for Health Information and Decision Systems (CHIDS) at the Robert H. Smith School of Business, University of Maryland is an academia-led effort with collaboration from industry and government affiliates, designed to research, analyze, and recommend solutions to challenges surrounding the introduction and integration of information and decision technologies into the health care system.

Through mutually-beneficial partnerships, CHIDS is structured as a research and development center with the goal of conducting rigorous research, disseminating information, managing knowledge, and coordinating collaborations among concerned stakeholders. In addition, CHIDS serves as a focal point for thought leadership around the topic of health information and decision systems. Since its inception in 2005, CHIDS has been creating thought leadership around the implementation of information and decision technologies in the healthcare domain. CHIDS is designed to research, analyze and recommend solutions to challenges surrounding the introduction and integration of information and decision technologies into the healthcare system.

CHIDS draws on the expertise of the Decision, Operations and Information Technologies (DO&IT) department at the Smith School, the University of Maryland Medical Center, University Hospital, and other assets in the University of Maryland network. CHIDS offers the benefit of a world-class staff with hundreds of published manuscripts related to technology implementation, adoption, assimilation, workflow design, decision sciences, and value of IT. The DO&IT department includes Information Systems, Operations Management and Management Science disciplines and is staffed with over 30 professors and more than 30 PhD students and research assistants. The pool of talent, knowledge and expertise in DO&IT is acknowledged by several publications as a Top-5 performer in research production worldwide. The Information Systems group is ranked in the top-10 worldwide in *Business Week* and *U.S. News and World Report*.

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