CSOHIMSS
2015 Spring Conference: Coordination of Care in the 21st Century
May 15, 2015

Below are the sessions that qualify for CPHIMS or CAHIMS continuing education (CE) hours. Check the "√" column for all sessions attended and total the number of hours earned each day. At the end of the form, total the number of hours earned for the entire event. **Do not send this form to HIMSS. Retain this form for your records.** You will need to provide a copy of this form if selected for an audit when renewing your certification.

Time	Session	Eligible Hours	(√)
9:00 – 10:00 AM	**Telehealth - Anytime, Anywhere Care** Karen Jackson, The Ohio State Wexner Medical Center Daniel Olson, Cisco	1.00	
10:15 – 11:00 AM	***Breakout Session 1A*** **Coordination of Care: The Tide is HIE but We're Moving On!** Scott Mash, MSLIT, CPHIMS, Ohio Health Information Partnership Adam Rossbach, Ohio Health Information Partnership ***Breakout Session 1B*** **How mHealth's Mobile-to-Mobile Platform can be Translated to the "Medical Home" Model** William C. Thornbury, MD, FAAFP, MeVisit	0.75	
11:15 – Noon	***Breakout Session 2A*** **A Dangerous Game of Battleship: Stresses the importance of deploying mHealth to retain the patient relationship** Tom Reid, Reid Consulting Group & Southern Ohio Healthcare Network ***Breakout Session 2B*** **A Community Connect Model: Madison Health's EMR Journey with The Ohio State University Wexner Medical Center.** Michael S. Browning, MHA, Madison Health Jennifer A. Piccione, RN, BSN, MHA, Madison Health Stacie Groves Gecse, RHIA, The Ohio State Wexner Medical Center	0.75	
1:00 – 2:00 PM	**Impact of Mobility on Care Coordination** Tom Martin, Ph.D., M.B.A.	1.00	
2:00 – 3:00 PM	**CMIO Panel Discussion - Coordination of Care, Tele-Health & ICD-10** Dr. Walt Reiling, CMIO, Premier Health Dr. Milisa Rizer, CMIO, OSUMC Dr. Stephen Beck, CMIO, Mercy Health	1.00	

Total Continuing Education hours possible to earn for this event (max = 4.50)   _____

I am claiming credits to renew my: CPHIMS ☐   CAHIMS ☐

I attest that I have attended all the sessions indicated above in their entirety.

Printed Name _____   Certificate Number _____

Signature _____ Date _____