

SEPTEMBER 12, 2018

RIT INN & CONFERENCE CENTER
5257 W. Henrietta Rd.
Rochester, NY 14467

5:00 pm—8:00 pm

Registration/Networking/Dinner
5 pm—6 pm

MONROE COUNTY MEDICAL SOCIETY'S
14th Annual Technology Program
**INNOVATION
IN ACTION 2018**
AN EVENING PRESENTATION & NETWORKING EVENT

FREE for MCMS
& 7th District
Members & Staff

\$50.00 for
Non-Members

Buffet Dinner Included



Denise DiNoto
Director of Community Services
Rochester RHIO

**NEW SERVICES, FUNDING
OPPORTUNITIES, WHAT'S NEXT?**

- Patient Care Network
- DEIP & SCI Funding
- Data Sources Expansion through CCDA

Denise will provide a brief update on what's new with the Rochester RHIO.



Ian J. Wilson, MD
Founder/Medical Director
Rochester Endovascular, PLLC

**REPAIRING VESSELS FROM
WITHIN: AN INSIDE LOOK**

- Advanced technology for opening diseased blood vessels
- A novel approach to care on an outpatient basis

Dedicated to the evaluation and treatment of patients (often diabetics) with peripheral vascular disease in an office-based setting, Rochester Endovascular is the first practice of its kind in the Rochester region. Dr. Ian Wilson will discuss the use of state-of-the-art devices which increase options for the care of patients and can often save limbs.



Scott C. Feitell, DO, FACC, FHFA
Director of Heart Failure
Sands-Constellation Heart Institute

**LVAD, ECMO and
CARDIOMEMS...OH MY!**

- What are LVAD, ECMO and CardioMEMS
- What they mean for heart failure

Dr. Scott Feitell will share how technology is changing the trajectory of advanced heart failure.



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REGISTRATION FORM

Online registration is available at www.mcms.org

INNOVATION IN ACTION 2018 • September 12, 2018 • 5 pm - 8 pm

Name(s): _____

Practice Name: _____

Phone: _____

E-mail: _____

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Registration Fees: MCMS and 7th District Members: Free Non-member: \$50 *Buffet Dinner Included*

Note to Nonmembers: Complete an MCMS membership application within three months and the registration fee will be applied to your first year's dues payment.

Check in the amount of \$_____ is enclosed. (Payable to "MCMS")

Credit card payment for the amount of \$_____

Cardholder Name: _____ Address associated w/ card: _____

Card #: _____ Exp. Date: _____ Security Code: _____

You may also call MCMS with your credit card information.

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