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#### 09/2019 - Current

# University of Texas Health Science Center at Houston Chief Medical Information Officer

- Providing clinical input and leadership to direct the planning, design, development, implementation and sustained support and optimization of the EHR.
- Developing a positive culture of inclusion and understanding of physician needs and building relationships with physicians to gain support of several IT initiatives.
- Constantly reviewing medical informatics trends, experiences, and approaches, while developing technical and application implementation strategies, and assisting in the development of strategic plans for clinical information systems.
- Effectively communicating throughout the entire organization to ensure the alignment of IT with business and patient care initiatives.
- Leading all the appropriate clinical advisory groups to provide broad-based input into the design of the clinical information system.
- Continuously being greatly responsive to user needs, including training, to ensure wide-spread acceptance and provider use of the clinical systems.
- Leading designs of clinical pathway models with physician, nursing, and administrative leadership; while assisting in modification of these models to gain maximum efficacy and support for patient care.
- Leading development of clinical "rules" supporting patient care as well as the design of clinical system features.
- Designing and evaluating collection of data for clinical purposes, including tracking and interpretation of outcomes.
- Acting in an advisory capacity with executive leaders regarding clinical IT and informatics issues.
- Working with University leadership in conjunction with vendors on product development and implementation strategy.
- Acting as a liaison with appropriate vendors in clinical project design, reporting, and problem resolution.
- Benchmarking and improving clinician use of the EHR. Driving improvement initiatives that increase physician satisfaction and engagement. Using productivity and other effectiveness measures to enhance the value of the EHR and related clinical information systems.
- Advising clinical leaders on efficiency opportunities and evaluating and analyzing the impact of information technology on clinical processes. Identifying areas to promote use of technology in creating efficiencies for clinicians and improving quality of care.
- Maintaining awareness of existing and emerging technology and regulatory requirements and their applicability to IT systems.
- Liaising and participating actively in the Organizational Change Management Staff and Patient Engagement.
- Developing and promoting standardized Enterprise EHR best practices across all clinics by identifying and improving Quality, Patient Safety, Revenue, Patient and Provider Experience metrics.

#### New York City Health and Hospitals

Queens, Coney, Elmhurst and Harlem Hospital Centers

#### Chief Medical Information Officer – EPIC Program Implementation, Optimization and Support

- Served as a liaison between the Facility Medical Staff, Facility Leadership, IT and Corporate/Enterprise Leadership.
- Leveraged key Known Performance Indicators (KPIs) and dashboards in interactions with the C-Suite and stakeholders across all facilities.
- Provided full commitment, directions and clear ownership to New York Health and Hospital executives and clinicians.
- Liaised and participated actively in the Organizational Change Management Staff and Patient Engagement.
- Participated in the planning, selection, implementation and performance assessment of clinical IT with a lens towards a reliable and consistent patient experience, quality outcomes, and elimination of waste.
- Assisted in the development of training programs for clinicians on clinical systems, and continuous improvement of such training programs.
- Participated actively in requirement definition, design, test and implementation tasks and provided review and development of alerts, clinical decision support, pathways, protocols and Order sets.
- Worked with leadership in conjunction with vendors on product development and implementation strategy.
- Developed and promoted standardized Enterprise EMR best practices across all Epic live sites by identifying and improving Quality, Patient Safety, Revenue, Patient and Provider Experience metrics.
- Developed strategic plans regarding information management and clinical IT
- Reviewed and made recommendations regarding information clinical practice workflows/processes as well as clinician computing devices.
- Served as a change agent and advocate for best practices and process improvement; enlisted and engaged others; presented opportunities, issues and recommendations to the support, optimization and implementation teams in a way that clarified desired outcomes.
- Continuously managed the expectations of End Users.
- Provided assertive but positive advocacy for physicians when meeting with stakeholders and served as an advocate for stakeholders when meeting with physicians/providers
- Ensured established operating standards, policies, regulatory requirements (Meaningful Use, Patient-Centered Medical Home PCMH, Delivery System Reform Incentive Payment Program DISRIP Program etc) and protocols.
- Became very familiar with all provider facing aspects of the EMR (EPIC) and guided providers to a positive experience with the EMR

#### Meetings.

- Co-Chair Facility Hospital Information Technology Governance Meeting.
- Co-Chair Queens Hospital Executive Steering Team
- Voting Member Health Information Technology Prioritization Committee Enterprise

Member - Director of Service Meetings - Elmhurst Hospital Center

- Member Chairpersons Meetings. Coney Island Hospital
- Member GO-Live Readiness Assessment Meeting Harlem Hospital and Enterprise
- Member EPIC Integrated Workstream Committee Enterprise
- Member Change Management Process Committee Enterprise
- Member leadership Intake and strategic planning Optimization Enterprise.

## 12/2011-12/2015

Hospital for Special Surgery, New York, NY; Mercy Health Partners Cincinnati, OH; Cedars Sinai Medical Center Los Angeles, CA; Mount Sinai Hospital New York, NY; Dana Farber Cancer Institute, Brigham and Women's Boston, MA, Lehign Valley Health Network Allentown, PA; Valley Health – Winchester Medical Center Winchester, VA; UNIVERSITY OF WEST VIRGINIA, 5 INOVA HOSPITALS, ST. LUKES HOSPITAL IDAHO, UNIVERSITY OF CINCINNATI, LEE MEMORIAL AND HEALTH PARK HOSPITAL Fort Myers, FL, SIBLEY MEMORIAL HOSPITAL, AND CEDAR SINAI HOSPITAL.

#### Physician Executive and Informaticist – EPIC

## EPIC – Implementation/Activation, Optimization and Support/Stabilization

- Partnered with Physician Leaders, clinicians, and project team to identify common physician workflows, ability to understand current state processes and assist in the development of future state workflows
- Assisted with implementation and oversight of the necessary processes, appropriate resources and tools needed to effectively execute training and support approach.
- Provided support for physicians, residents and midlevel providers for Ambulatory and Cancer Centers for Beacon and Phoenix applications
- Provided key demonstrations of best practices to the hospital physicians and key support staff
- Provided direction regarding integration of physician adoption principles and strategies
- Partnered with Physician Leaders, clinicians, and project team to identify common physician workflows, ability to understand current state processes and assist in the development of future state workflows
- Reviewed issues and developed recommendations with the Physician Champion; facilitated escalation of issues as needed
- Identified and reported and managed obstacles in physician adoption progress
- Lead at the elbow and lead small group personalization sessions for targeted attending providers, residents and mid-level providers beginning four weeks prior to each go live and continuing until four weeks post live. (All Physician related modules Ambulatory, Beacon, Inpatient, ASAP, Anesthesia, Optime, Stock. Cupid and Radiant)
- Captured, tracked, and reported build issues, workflow concerns and optimization opportunities arising from personalization sessions and go-live support.
- In collaboration with the leadership, developed provider personalization curriculum, including, but not limited to, best practice guidance.
- Aligned Meaningful Use, Core Measures and menu item metrics to clinical workflows by demonstrating and enforcing adherence to best practices for: Problem List Management, Medication Reconciliation and Computerized Provider Order Entry (CPOE)
- Identified providers who may require additional support during the go live period, during the personalization sessions
- Post Live Optimization and Support
- Assessed processes in the medical office to determine the level of operational efficiency with particular emphasis on: Patient flow, Point-of-care documentation, Clinical Documentation strategy and tactics, In-office communication, Chart abstraction, Document management.
- Evaluated the use of Epic functionality and made recommendations for optimization to: Improve operational efficiency, increase productivity, Standardize routine operational tasks.
- Continued personalization session coordination and delivery (as outlined above) with the following additional activities:

- Provided mentoring and coaching of support personnel and superusers on how to personalize providers on an ongoing basis
- Collaborated with the training team to identify or support the development of training materials to be disseminated during provider personalization sessions.
- Provided input for managing issues logs and build priorities.
- Provided input for metrics and dashboard reports for post live.
- Documented relevant changes to complex work flows and processes for transitioning to the Optimization team and/or Valley Health team.
- Provided at the elbow education and support for Adult Primary care and specialist providers and staff in Hierarchical Condition Categories (HCC), Annual Wellness Visits (AWV) and ICD 10 documentation in EpicCare Ambulatory
- Deployed and trained providers and staff on workflow recommendations for the "CareVisit" model, HCC and AWV
- Documented and tracked training and technical issues encountered on site and communicated back via defined communication channels.

#### 10/2013 - 12/2015

## Physician Executive - Cerner - Implementation/Activation and Support/Stabilization

UNIVERSITY OF ARIZONA HEALTH NETWORK - Tucson, AZ; Dignity Health Enterprise – Marian Regional Hospital San Luis Obispo, CA; Methodist Le Bonheur Hospital Memphis, TN; UHS Health Network McAllen, TX; Jackson Memorial Health Center Miami, FL; Adventist Behavioral Hospital Rockville, MD; Intermountain Health System Logan and Salt Lake City, UT

- Served in the physician adoption group for implementation of Cerner EHR system
- Participated in GoLive Prep Session and Readiness, reviewed all materials prior to arrival in terms of specifics for the Clinical Informatics Support role as well as training materials
- Provided education and support on the physician adoption process (CPOE and documentation FirstNet and Power Chart) and supplied tools to leadership, physicians, and other key stakeholders.
- Collaborated with Physician Champion/CMIO and communication leaders to keep the physician community updated on the project
- Provided best practice-based guidance for providers on: Chart navigation, Computerized Physician Order Entry, Physician documentation, E-Prescribing, Patient List Settings, MPage customization, Order Preference Lists, Order Set, Power Plan, Meaningful Use and Core Measures compliance
- Demonstrated and enforced adherence to Meaningful Use, Core Measures and CDI item metrics
- Captured, tracked, and reported patient safety concerns, build issues, workflow concerns and optimization opportunities received from providers
- Provided mentoring and coaching of clinic support personnel and super users Escalated issues as appropriate and compile a list of major issues and potential recommendations
- Participated and lead in meetings to discuss issue resolution and aid with development of strategy and materials for communication to physicians
- Provided best-practice based guidance for clinicians on chart navigation, CPOE, documentation, and e-prescribing
- Assessed post implementation issues related to workflow, training curriculum and made recommendations to fix current issues and applied them to future hospital roll out.
- Performed Specialty needs assessment and identified opportunities for physician workflow build and training.

- Developed general and specialty training workflow curriculum that catered to best practices and meaningful use for NP, PA-C and physicians.
- Worked with institution leadership to manage physician end user dissatisfaction relative to the roll out.
- Provided direction regarding integration of physician adoption and strategy for future hospital implementations.
- Helped to re-structure workflow design for the build team and redesign power plan, favorite's orders and documentation.
- Worked with project managers to integrate physician adoption project plan into overall EMR project plan
- Identified and reported obstacles in Physician adoption processes.
- Collected and analyzed physician feedback.
- Helped physicians personalize the EHR application and workflow.
- Assisted in core measures and meaningful use goals of the health network

## **EDUCATION**

## MASTERS OF PUBLIC HEALTH, HEALTH POLICY AND MANAGEMENT

University of Georgia, Athens, GA 2007-2009

## BACHELOR OF MEDICINE; BACHELOR OF SURGERY

University College Hospital, University of Ibadan College of Medicine 1997 - 2004

## MEDICINE INTERNSHIP

Lagos State University Teaching Hospital, Lagos, Nigeria 2004-2005

## **PUBLICATIONS**

James N. McDougal, Ken L. Jones, **Babatope Fatuyi**, Katie Jo Gray, Ben C. Blount, Liza Valentín-Blasini, Jeffrey W. Fisher; The Effects of Perchlorate on Thyroidal Gene Expression are Different from the Effects of Iodide Deficiency- Journal of Toxicology and Environmental Health, Part A. Jul 2011, Vol. 74, No. 14: 917-926

Tatsuya Kunisue, **Babatope Fatuyi**, Jeffrey W. Fisher, Kurunthachalam Kannan- A method for the analysis of six thyroid hormones in thyroid gland by liquid chromatography–tandem mass spectrometry - Journal of Chromatography B, Volume 878, Issue 21, 1 July 2010, Pages 1725-1730