THE TOP HEALTH IT TRENDS IN 2016
What the Health IT Executive Must Know
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PwC Cites Cybersecurity, Database Tools as Top Healthcare Issues for 2016

By Heather Landi

PricewaterhouseCoopers’ (PwC) Health Research Institute (HRI) released its annual list of the top healthcare issues for the coming year, and cybersecurity, mHealth and database analytical tools topped the list for 2016.

The annual list, this year titled “Thriving in the New Health Economy,” highlights the forces that are expected to have the most impact on the healthcare industry in the coming year and the report authors predict that 2016 will be a “year of firsts for healthcare consumers, organizations and new entrants,” as innovative tools and services enter the “New Health Economy.” Similar to last year’s list, HRI focused on health IT trends and tools as well as new payment models and medical cost calculations.

In 2016, millions of American consumers will have their first video consults, be prescribed their first health apps and use their smartphones as diagnostic tools for the first time. These new experiences will begin to make real the dream of care anywhere, anytime, changing consumer expectations and fueling innovation,” the HRI report authors stated.

The first trend on the list was “merger mania” and HRI predicts that high-profile mergers and acquisitions likely will continue in 2016, with regulators taking center stage in the debate over how consolidation impacts consumers.

On the health IT side of things, HRI listed mHealth, such as smartphones, connected medical accessories and apps, as a growing trend for 2016, noting that mHealth has been underutilized by the healthcare industry. The percentage of consumers with at least one medical, health or fitness app on their mobile devices has doubled in two years, HRI noted.
With the increased use of mobile devices and the move toward handheld medicine, HRI recommends that health systems should re-examine long-term capital investments in light of virtual medicine, “including moving from centralized brick-and-mortar plans to decentralized investments featuring partnerships and joint ventures.” HRI cites “bedless” hospitals and smartphone medicine as ways that health systems can deliver care remotely.

It’s no surprise that cybersecurity made the list as healthcare products, whether mobile apps or medical devices, increasingly are connected to the internet. The HRI report points out that connectivity comes with a price, namely, vulnerability to hackers and criminals. According to consumers polled by HRI, 38 percent of consumers would be wary of using a hospital associated with a hacked device. HRI recommends that providers keep devices updated, behind firewalls and on networks separated from key medical and personnel data.

New database tools also made the list of top 10 healthcare issues in 2016. As healthcare providers look to leverage big data, HRI predicts the growth of newer, “non-relational” databases that can convert large and diverse datasets into practical insights. HRI cites newer databases used by health systems such as Montefiore Medical Center and Children’s National Health System. And, these new databases could boost the value of existing EHR systems and cut costs, HRI states.

“These databases are already being used by the Patient-Centered Outcomes Research Institute (PCORI) to combine and analyze consumer health data with the goal of personalizing treatment and advancing medical knowledge,” the report authors state.

Other trends that made the top 10 list include cost accounting for medical care services, biosimilar drugs, or drugs that are near substitutes for original brand drugs, lowering the cost of prescription drugs and cost-effective strategies for behavioral health.
Survey: Healthcare Organizations Lack Confidence in Secure Data Sharing

By Heather Landi

According to a new survey, the demand for access to health data is outpacing the ability of organizations to ensure patient privacy. A survey conducted by Privacy Analytics, a de-identification technology vendor, found that more than two out of three healthcare organizations lack complete confidence in their ability to share data without putting patients’ privacy at risk.

The survey, conducted in collaboration with the Electronic Health Information Laboratory, a group that conducts theoretical and applied research on the de-identification of health information, also indicated that despite organizations’ lack of confidence, data sharing activities continue to grow.

The survey, called The State of Data Sharing for Healthcare Analytics 2015-2016, polled 271 professionals with various levels of seniority in their organizations, from the C-suite level to managers and employees. One in three individuals surveyed identified as being responsible for privacy and compliance in their healthcare organization, and another 23 percent work in the IT department. Others surveyed identified themselves as researchers, clinicians, project managers, analyst and consultants.

More than half of the respondents of the survey said they plan to increase the volume of data stored or shared within 12 months and two-thirds currently release data for secondary use. And, secondary use of health data applies to protected health information (PHI) that is used for reasons other than direct patient care, such as data analysis, research, safety measurement, public health, payment or provider certification.
Health records are the leading type of data being stored or shared, followed by medical claims data, trial data, survey responses, membership/enrollment and device data.

The survey findings indicated that individuals lack familiarity with advanced methods of de-identifying data, and, as a result, these individuals release information that has been stripped of its usefulness or share data in a way that puts them at an unacceptably high risk of a breach, the survey authors reported.

And, most organizations use data sharing approaches that can result in unknown data privacy compliance and increased risk, as 75 percent of respondents reported that their organizations use approaches such as data-sharing agreements, data masking or Safe Harbor methodology.

According to the survey authors, these approaches do not adhere to globally accepted data sharing guidelines, including those from Health Information Trust Alliance (HITRUST), the Institute of Medicine (IOM), and the Council of Canadian Academies. Although Safe Harbor is recommended by regulators, it represents a minimum standard for de-identification that can leave data vulnerable to a breach.

While there is currently no universal standard for the de-identification of protected health information (PHI), efforts to create a framework are underway. HITRUST recently released a de-identification framework, which organizations can use when creating, accessing, storing or exchanging personal information.

The survey found that nearly half (48 percent) of respondents cited patient re-identification as a key challenge. Additional challenges include low staff knowledge on managing data safely, low staff knowledge of data sharing practices and tools, cost concerns and lack of organizational policies.
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Cloud Forward: CIOs Overcome IT Security Concerns
By Heather Landi

Healthcare CIOs are increasingly moving electronic patient records, including EHRs and diagnostic images, out of the internal data center and into the cloud.

The widespread adoption of health information technology by patient care organizations in the past 10 years has been transformative to the healthcare industry. In 2008, only 9 percent of hospitals in the U.S. had a basic electronic health record (EHR) systems; by 2014, that had increased eight-fold with 76 percent of hospitals using a basic EHR system and 97 percent utilizing certified EHR technology, according to figures from the Office of the National Coordinator for Health Information Technology (ONC) and the American Hospital Association. With this surge in digitized patient data comes the challenge, for hospitals and health systems, to efficiently and cost effectively store and manage that data.

Healthcare CIOs are increasingly moving electronic patient records, including EHRs and diagnostic images, out of the internal data center and into the cloud. The global healthcare cloud computing market is forecasted to reach $9.48 billion by 2020, growing 20 percent from $3.73 billion this year, according to research firm MarketsandMarkets.

And, many industry experts say that the use of cloud services in healthcare is increasing steadily, despite the belief that the healthcare industry lags behind others in cloud use. In fact, results from a cloud survey by Healthcare Information and Management Systems Society (HIMSS) Analytics found that 83 percent of healthcare organizations use cloud services and only six percent of those surveyed reported having no plans to use the cloud at all.
Additionally, for the majority of respondents who organizations are using software-as-a-service (SaaS) models, the primary uses for cloud platforms are doing the following: hosting clinical applications and data, health information exchange, human resources applications and data and backup and disaster recovery. Three-quarters of respondents reported using either a private cloud or hybrid cloud services.

“Cloud, in general, is not scary anymore and most people either have their toe in the water or are fairly far into it,” Greg McGovern, associate principal at the Chicago-based consulting firm The Chartis Group, says.

Greg McGovern -- “Most of the healthcare organizations that we work with, when they talk about the cloud, they are generally talking about software-as-a-service,” McGovern says. “The notion of infrastructure-as-a-service, or these true full-tilt cloud services, is not fully developed in the healthcare space,” he adds, referencing the use in some industries of infrastructure-as-a-service players such as Amazon Web Services and Microsoft.

A 2014 Dell Global Technology Adoption Index survey found similar cloud adoption rates with 96 percent of healthcare organization respondents using or considering using the cloud, and only 3 percent having no plans to leverage cloud solutions. The Dell survey also found that the majority of healthcare providers use private or hybrid cloud solutions as well.

Many midsize and large physician groups and independent practice associations also are moving to cloud-based EHRs from vendors such as athenahealth or Practice Fusion, due to the speed of upgrades and better data recovery while avoiding costly hardware upgrades and IT personnel costs.
As previously reported in Healthcare Informatics, when East Georgia Healthcare Center, a federally qualified health center with nine facilities and 23 physicians, began experiencing slow computing and processing speeds due to the amount of data it was managing, the practice decided to subscribe to eClinicalWorks Grid Cloud.

“It was a smart decision for us financially and with the IT staff we have,” Herb Taylor, East Georgia’s IT director, says.

Taylor reports that the cloud offers better disaster recovery protection and financial security.

“You may be able to spend that $300,000 to $400,000 to get where you need to be this year, but where are you going to be in five or six years when it is time to upgrade all that hardware again? That was the big factor for me. No matter what happens, I am paying X amount of dollars to eClinicalWorks. It was a no-brainer for us with 23 providers to pay the monthly fee,” he says.

Investing up front in IT equipment requires capital expenditures, whereas using cloud services is an operational expense and that has been a big driver for healthcare organizations to use the cloud, McGovern says.

“The ability to pay as you go and purchase capacity as you need it and carry that as an operating expense becomes very attractive,” he says.

What many healthcare leaders report about using the cloud echoes the results of the HIMSS Analytics Cloud Survey.
According to the 150 healthcare IT professionals surveyed, reasons for using cloud services included lower costs than maintaining the current IT system (56 percent), faster deployment (53 percent), a lack of staff able to maintain on-premise systems (52 percent) and more robust data recovery (50 percent). Other reasons given include the need for on-demand, scalable, always on solutions (45 percent), regulatory compliance (41 percent), better information security (26 percent) and mobility of workforce (26 percent).

The need for technical resources and talent also is driving many hospitals to look at cloud applications as it can allow for better allocation of IT resources.

“If I’m a hospital deploying a Cerner solution, I might not have the technical resources that I will need to bring that up and support that environment. So it’s attractive to look at a company that already has those resources and just come online with the application,” McGovern says.

Speed to market can be a key benefit of the cloud as well. “If you bring something in house, it takes awhile to build up. So, if I want to bring up 500 doctors on a provider EMR, I might be looking at a six-month implementation as opposed to an 18-month or two-year implementation schedule. A lot of people are attracted to the notion that they can move in an agile fashion,” McGovern says.

As previously reported by HCI Editor-In-Chief Mark Hagland, Saint Luke’s Health System, a Kansas City-based integrated health system with 10 hospitals, 450 employed physicians and 2,440 affiliated physicians, shifted to a community-wide cloud-based information exchange system for diagnostic images and, according to Deborah Gash, vice president and CIO of the Saint Luke’s Health System, physicians now benefit from a streamlined process and a mobile application to pull up images on their iPads. And, the cloud-based information exchange enables better patient engagement.
“We’re going to make the cloud image exchange accessible to patients,” Gash says, noting that work is being done now to put a URL into the patient portal for access to studies, diagnostic images and radiology reports.

Healthcare leaders say an increased interest in the cloud also ties into the need for mobility solutions and data analytics with the shift towards population health and accountable care organizations (ACOs), and the cloud can be a critical building block for information-driven, patient-centered healthcare.

The push for data analytics requires having access to a data warehouse, and building an internal data warehouse is a huge investment, McGovern says. “So the question is, should I build my own data warehouse and bring all that information and cost into my organization, or should I start shopping around for a shared service model? Is there someone out there like a Dell that might offer that sort of analytics or data storage environment that would be most effective? I think folks are looking at cloud services not just on the applications side, but on the infrastructure side as well,” he says.

Historically, there have been concerns about data security with cloud-based solutions, case in point, 61 percent of the respondents in the HIMSS Analytics survey who hadn’t adopted a cloud solution cited security concerns as a reason for not doing so. But many health IT leaders say those concerns are unfounded, and many CIOs, CTOs and CISOs (chief information security officers) see the cloud as providing more security than on-site storage.

“Is security an issue? Absolutely, but no more so, and I would argue maybe even less so than with an internal data center. Security is always an issue, HIPAA is an issue, privacy and disclosure are issues whether the data is sitting in a server in your closet or sitting out somewhere on the internet. The cloud vendor, in some sense, might be able to provide better security, as they have scale and you have a relationship with them contractually, there are
business associate agreements in place. As such, the cloud vendors comply with certain standards for data security and privacy,” McGovern says.

And, cloud solutions also provide CISOs and CIOs with a way to “get dollars for security” because the security is “baked into the solution from the external vendor,” he adds. With many hospitals and health systems, funding for security, such as intrusion detection systems, is not a priority due to the expense, but outsourcing data storage to a cloud vendor “almost by definition gives you a certain level of security and that security will be maintained on an ongoing basis.”

However, as with any outsourcing relationship, there are a number of issues that health IT leaders need to consider when using cloud solutions, and doing due diligence with regards to service level agreements and contracts is critical, McGovern says. “We’ve had people go into an outsource relationship for the cloud or remote-hosted services and three to five years down the road, the CFO says, ‘Our costs are astronomical, why is it costing so much?’ And it turns out there are all these things outside the scope of the agreement, so they might have committed to 99.9 percent uptime and then demanded more, or they have expanded and added more providers and that incremental cost was unexpected.”

“It’s probably going to be a 10-year marriage with that vendor, so you really need to have foresight and think about how is this going to grow and how is the world going to change and then try to build in those considerations into your contract,” he says.

According to the HIMSS Analytics survey, 65 percent of healthcare organization respondents said a cloud services provider’s willingness to enter a business associate agreement was an important factor when selecting a vendor.
There are also concerns around certain performance issues with cloud services, such as slow responsiveness and downtime. According to the same survey, 32 percent of respondents reported problems with slow responsiveness with cloud applications and 23 percent of respondents reported downtime and unavailability of data and applications.

“The concern around availability and uptime has been a valid concern, but internal networks go down too. The connectivity and availability of cloud services is very high and again, that gets back to the contracts and the need for good due diligence when talking to the vendor,” McGovern says.

Integration services can be an issue when using cloud-based solutions as most hospitals and health systems want an integrated user experience and workflow. “The integration of the user interface and all those back-end services is a challenge, but that doesn’t mean it can’t be managed, it just means that it needs to be thought through so you don’t end up with a bunch of siloed broken workflows,” McGovern says.

Many industry experts also warn against “all-or-nothing” cloud service providers. “In this population health and ACO world, you never know who you’re going to be partnering with, so locking yourself into an all-or-nothing vendor could be prohibitive,” he says.

Cost savings and IT staffing challenges will likely drive continued growth of cloud solutions, and, indeed, most adopters report that they will expand their use of the cloud in the future, specifically for archived data, disaster recovery and operation apps and data, according to the HIMSS survey.
CIOs Convene: Healthcare Leaders Discuss the Biggest IT Challenges Facing their Organizations in the Year Ahead (Part 2)

By Rajiv Leventhal

This past September, eight CIOs from some of the nation’s leading healthcare organizations convened at the annual Scottsdale Institute Fall CIO Summit in Arizona to discuss the most important IT-related challenges their health systems are facing and the strategies to position their organizations for success over the next year.

The Summit was hosted by the Scottsdale Institute, a Minn.-based not-for-profit membership organization of health systems advanced in IT, and sponsored by Impact Advisors, a Naperville, Ill.-based provider of healthcare IT consulting services. The conversations and key findings from the Summit are outlined in the report, “The New World of the Health System CIO: Consumers, Consolidation and Crooks.”

Following the Summit, HCI Managing Editor Rajiv Leventhal spoke with one of the CIOs who was in attendance—David Bensema, M.D., Louisville-based Baptist Health Kentucky—as well as Tonya Edwards, M.D., physician executive at Impact Advisors.

In Part 1 of that conversation, Leventhal got a “war room” inside look at the most pressing issues CIOs are currently grappling with specifically around changing payment models and electronic health record (EHR) optimization. In Part 2, Drs. Bensema and Edwards look at more challenges that were identified at the Summit, such as healthcare mergers and acquisitions (M&A), cybersecurity best practices, and competing for patients. Below are excerpts of that discussion.
WHAT ABOUT MERGERS AND ACQUISITIONS ARE SPECIFICALLY SO CHALLENGING FOR CIOS?

Bensema: I think it’s about the difficulty of having the workflows for the end user appear seamless. Certainly it would be nice for our IT teams if the integration was easier and the interfacing was simpler. That’s a big challenge, trying to have the end users not feel impeded by their products.

That’s what you hear historically, that the products get in the way. There is a need to integrate the various elements of your IT environment so the end user doesn’t notice when they go from one software solution to another.

Edwards: Another big challenge is that once the decision to merge or acquire has taken place, there is a discussion about what to do about our IT systems. That decision about you will handle your IT solutions, which ones you will use, who has power to make those decisions, how you will handle using multiple systems at once, figuring out a timeframe, merging together, and consolidating—all of those things make the M&A piece very time consuming, resource-intensive, and very difficult.

Bensema: We have done two acquisitions in the last several years, and there is always a lot of talk about the governance of personnel, the nursing staff, governance of the billing department, and accounts payable, so IT becomes an afterthought. People get to love the devil they know, so even if they’re on a lesser product, they’re not ready to give it up. You need to have those discussions up front; you can’t do it in the heat of a deal. We have had trouble with that, and it’s tough to get the hospital to come over, so we have had to sustain products that we didn’t want to.

We keep hearing the saying that healthcare cybersecurity will get worse before it gets better. How much of a priority is this for CIOs and what are they doing to better protect themselves?
Bensema: This was one of the more fun parts of the meeting, and it had a lot to do with Impact [Advisors] coming up with its new model for assessing maturity in the security realm. The thing is, if your board does not have this at the top of mind, if the audit committee is not already deeply involved with monitoring your security audits and passwords, if dual authentication is not implemented or even on the radar, well, those are big things that need to be done. And after you do all those things, engaging your staff to have awareness and be looking for it.

I’m a physician, and I have to be aware that something could walk in at any time, so you need that situational awareness. Getting your staff to have that awareness, such as noticing that an email doesn’t look normal, is key. There are clues and you need to think about that every time you open something so it becomes habit rather than time consuming even with more sophisticated phishing schemes. You can have the best firewalls and monitoring systems in the world, but they won’t attack a hard firewall. They will attack a vulnerable person.

Edwards: It’s the biggest fear for CIOs right now, and it’s at the top of mind for everyone. Having an objective is helpful, and then it’s about having board level executive support for security work to be done and to change the culture of the workforce. There are also tactical things like working towards all healthcare data so you have a lot more control over it, and having constant education and reminders for end users.
COMPETING FOR AND RETAINING PATIENTS WAS ANOTHER INTERESTING DILEMMA THAT CIOS BROUGHT UP. HOW BIG OF AN ISSUE IS THIS?

Edwards: You have very different consumers in healthcare than we have had in years past. That’s related to what we have seen in other industries. You look at retail or banking—they have had innovation and have been really strongly focused on convenience and user friendliness with a much more visual format. When is the last time you went inside your bank? Healthcare, conversely, has stayed pretty much the same. We are now getting innovative business plans with telehealth models and retail pharmacies, which are beginning to eat away in urgent care and primary care areas. As a family physician, to me, those areas are being eroded. Healthcare companies have tried to compete on quality, but we are missing the boat in a lot of ways. Access and availability are the differentiators, and that’s what these new disruptive innovators coming from other industries are excelling at.

Bensema: That availability and convenience are such key elements for the younger patient population, the group you want in your pipeline early in this population health world so you can reduce their disease burden later. I was one of the disruptors in the Kentucky market, among the physician practices. There were eighteen retail clinics that I helped to put together across the state. The anxiety felt by the doctors, the high alert that other health systems went on when we did that, was remarkable. Telehealth is the disruption now, and doctors are struggling on if they want to participate in that. We weren’t doing more than a phone call here and there with regular patients, and now systems are asking patients if they want to participate in telemedicine. A system has to compete for those lives, and if you will be doing accountable care and population health, you have to spread the risk and have a
large base population by offering the elements they want so they sign up to your plan. Competition is healthy and it’s heating up. From an IT standpoint, it’s causing all of us to up our game, as CIOs have to be aware of that next-level technology. Even if you’re not ready to adopt it, you better be well-versed on it because someone on the board is reading something or the CEO will ask you why you’re not already in this area.

WHAT PRIORITIES WILL CHANGE BY THE TIME NEXT YEAR’S CIO SUMMIT ROLLS AROUND?

Bensema: The one thing that will change, we will all be more aware on where we stand on the security maturity scales. We know what we will have to do more specifically—that’s part of the evolution. You will also see a lot more care management and population health-focused software tools implemented across the system, and we will all be confused since we’ll all be getting different information. The level of confusion will peak regarding population health over the next year, and then we’ll start figuring our path to that. No one has the secret sauce yet.

Edwards: These same challenges that we described this year will continue to be the major ones, but they will shift in priority. You will see a lot more shift towards optimization and the preparation for population health. The interoperability piece is such a big part of being prepared for value-based care as well.

The level of confusion will peak regarding population health over the next year, and then we’ll start figuring our path to that. No one has the secret sauce yet.

– David Bensema, M.D.
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