Continuing Transformation despite Political Dysfunction: Moving forward with value-based payment models despite unknowns in Washington

Much of the momentum for health care’s transformation from volume- to value-based care was the result of requirements contained in the Affordable Care Act (ACA). Does the ongoing uncertainty about the future of the ACA have you wondering if your organization should slow down or even pause it efforts toward creating value-based care?

Regardless of the political jockeying in Washington, DC, industry leaders agree that value-based care and alternative payment models are here to stay and are the key to reducing ineffective care, improving quality, and controlling health care spending. Value-based care continues to be embraced by private and public payers, employers, patients, and advocates.

Hospitals and health systems must continue their forward momentum despite political and policy uncertainty. It will be critical that you strengthen capabilities such as care coordination, health informatics, quality measurement and improvement, and population health management.

This one-day summit will take a deep dive into the strategic areas that will be critical for hospitals, health systems, and other providers in this environment of pay experimentation and innovation. You’ll get insights from leading experts on the political and economic outlook for health care at this historic moment and gain hands-on knowledge to help your organization navigate value-based payment.

Learning Objectives:

- Analyze the effects likely to have an impact on individuals, employers, and health care providers as a result of the ACA reforms
- Describe strategies to effectively prepare and enhance operations under value-based payment
- Review innovative approaches to align the medical staff in preparation for accountable care organizations (ACO), bundled payments, and population health strategies
- Examine the steps to establish successful strategic partnerships with post-acute care organizations

Who Should Attend:

Executives, physicians, directors or managers from health systems, hospitals, or other health care providers with responsibilities or involvement in payment and care delivery reform; CEOs, CMOs, CFOs, Medical Directors, Finance Directors, and Network Management. This conference will also benefit consultants and technology providers that provide services to health care executives. Health care teams are encouraged to attend!
What Is Next for the Affordable Care Act: Issues and Options for Providers, Payers, and Consumers

Cathy Livingston
Partner, Jones Day, Washington D.C.

The ongoing uncertainty about the future of the Affordable Care Act (ACA) has left consumers, providers, and employers in a health care limbo. Gridlock in Washington may pave the way for a more bipartisan approach to the issue, but the path to potential compromise will be fraught with challenges. In addition, the loss of legislative action may lead to more significant and problematic regulatory changes. Attend to get the most recent information about legislative efforts to repeal and replace the ACA and reform Medicaid, as well as regulatory actions that could further destabilize the health care system. The session will provide analysis of the impact on consumers as they navigate the health care marketplace; on health care providers striving to transform care and maintain fiscal stability; and on employers and the economy.
Tuesday, October 10, 2017

7:30 a.m. – 8:15 a.m.  Light Continental Breakfast and Networking

8:15 a.m. – 8:20 a.m.  Welcome and Opening Remarks

Jeffrey W. Bechtel, JD
Senior Vice President, Health Economics and Policy, HAP
Michael J. Consuelos, MD,
Senior Vice President, Clinical Integration, HAP

8:20 a.m. – 9:35 a.m.  Population Health Management—from Strategic Fantasy to Operational Reality

Brian Silverstein, MD
Managing Partner, HC Wisdom

The title ‘volume to value’ has come a hallmark of just about every health care discussion today. While the strategy is something that we can understand, the challenge is delivering on the promise of moving from volume to value. If we are able to see the current and desired state, why is the transition so challenging? This session will explore the specific local market factors that can impact strategy and lead to re-framing your own realistic market opportunity. Dr. Brian Silverstein will outline key operational elements of organizations that are delivering value-based care, and how you can learn from them to both improve the care for a population and reduce the total cost. He will also explore the challenges for a volume-based health care system to adopt these practices and discuss a realistic path forward.

9:35 a.m. – 9:50 a.m.  Health Economics & Policy Update

Jeffrey W. Bechtel, JD
Senior Vice President, Health Economics and Policy, HAP
Kathryn Slatt
Senior Director, Health Care Finance Policy, HAP

Get the most up-to-date information on various payment reform topics including: The Medicare Access and CHIP Reauthorization Act (MACRA), Pennsylvania’s Community Health Choices capitated managed care program to deliver long-term services and supports, and PA Department of Human Services’ Hospital Quality Incentive Program.

9:30 a.m. – 10:45 a.m.  Concurrent Breakout Sessions

9:30 a.m. – 10:45 a.m.  Physician Alignment in Value-based Care Transition

William Oser, MD
Sr. Vice President, Chief Medical Officer, JFK Medical Center, Edison, NJ
Jo Surpin
President, Applied Medical Software

Participants will learn the steps necessary to align the medical staff in preparation for ACOs, bundled payments, and population health strategies. A case study of JFK Medical Center will be used to highlight successes and analyze potential bumps on the road to implementing successful gainsharing initiatives.
Tuesday, October 10, 2017 con’t

10:50 a.m. – 10:50 a.m. BREAK

10:50 a.m. – noon Concurrent Breakout Sessions

**The Brave New World of Risk-based Contracting...How much Risk is Right?**

**Tim Smith, ASA, MAAA, MS**  
Axene Health Partners, LLC, Pittsburgh, PA

For some organizations, global risk means better care, better quality, and higher profits. Others are afraid of biting off too much risk. What is the right amount of risk for your organization? How can you maximize the current deals in your marketplace?

Our expert speaker is a health care actuary and he’ll take you through real case studies, including a health system’s risk deal with a large employer group and a joint venture with a large national payer.

**Tackling the ‘Iron Triangle’ with Primary Care Innovation**

**Jodie Bryk, MD**  
Medical Director, Enhanced Care Program, University of Pittsburgh Medical Center

**Brittany King, MHA**  
Operations Manager, Mercy Accountable Care, LLC

Primary care may be one solution that could help overcome the obstacles associated with the complex transition to value-based care. We’ve invited two Pennsylvania health systems to share how they’ve elevated the role that primary care plays in health system reform.

You’ll hear about an innovative multidisciplinary team approach that reduced emergency department utilization of super utilizer patients while addressing patients’ medical, social, mental, and behavioral health needs. Plus, a second case study will share the how-to’s of implementing a standardized pre-visit planning process in physician practices, resulting in improved primary care practices to be more adept to sustain the enigmatic shift to value-based reimbursement.
** Noon – 1:45 p.m. **

**Group Luncheon and Speaker**

**The New Payer on the Block: Understanding What Makes Today’s Health Care Consumer Tick**

**Ryan Donohue**  
Corporate Director of Program Development  
National Research Corporation

Consumerism is here and health care is reeling from pressure to appeal to a new group of industry stakeholders: everyday people. This session will explore how consumer decision-making has become a strategic threat to health care organizations everywhere and which areas of focus are essential to survive and thrive post-reform. Participants will learn what is important to the health care consumer as they make increasingly important decisions; why the health care consumer is not connecting with hospitals and health systems; and how to build a reform-proof relationship with past, current, and future patients.

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**1:45 p.m. – 1:55 p.m. **

**Break**

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**1:55 p.m. – 3 p.m. **

**Creating High-Value Partnerships Across the Continuum**

**Gordon Phillips, MPS**  
Consultant, Numerof & Associates

**Laura Kohler**  
Program Director, Bundled Payments for Care Improvement  
St. Luke’s University Health Network

Rapidly growing value-based payment models are effectively making post-acute care providers an extension of the hospital’s care delivery model—with a direct impact on reputation and bottom line. This session will examine the steps to establish successful strategic partnerships with post-acute care organizations, from identifying and evaluating potential partners to maintaining relationships over time. Plus, you’ll examine a case study by learning how St. Luke’s University Health Network was able to drastically reduce readmissions and length of patient stays at post-acute facilities by analyzing data and working with skilled-nursing facilities to improve their processes.
3 p.m. – 4 p.m.  Making Value-based Care Work—IBC’s Facilitated Health Network Model

**Richard Snyder, MD**  
Senior Vice President and Chief Medical Officer, Independence Blue Cross (IBC)

**Patrick J. Brennan, MD**  
Chief Medical Officer, University of Pennsylvania Health System

**Roy Schwartz**  
Vice President, Managed Care and Payor Relations, University of Pennsylvania Health System

The Independence-facilitated health networks model was developed by IBC to allow it to more strongly engage with health care providers to improve access to, coordination of, and quality of care while reducing health care costs for its members through addressing unwarranted variation in practice, optimizing prescribing, and strengthening post-acute care. Independence has reached such facilitated health network agreements with a number of southeast Pennsylvania health care providers and we’ve invited Dr. Snyder and Dr. Brennan to talk about how it works, how it got started, and share lessons for other providers and payers based on this innovative model.

4 p.m.  Adjourn
CONTINUING EDUCATION
Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by AXIS Medical Education and The Hospital and Healthsystem Association of Pennsylvania. AXIS Medical Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Credit Designation for Physicians
AXIS Medical Education designates this live activity for a maximum of 7.25 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Credit Designation for Nursing
AXIS Medical Education designates this continuing nursing education activity for 7.25 contact hours. Learners are advised that accredited status does not imply endorsement by the provider or ANCC of any commercial products displayed in conjunction with an activity.

AXIS Contact Information
For information about the accreditation of this program, please contact AXIS at 954-281-7524 or info@axismeded.org.

Disclosure of Conflicts of Interest
AXIS Medical Education requires instructors, planners, managers and other individuals and their spouse/life partner who are in a position to control the content of this activity to disclose any real or apparent conflict of interest they may have as related to the content of this activity. All identified conflicts of interest are thoroughly vetted by AXIS for fair balance, scientific objectivity of studies mentioned in the materials or used as the basis for content, and appropriateness of patient care recommendations.

The faculty reported the following financial relationships or relationships they or their spouse/life partner have with commercial interests related to the content of this continuing education activity:

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<th>Name of Faculty or Presenter</th>
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<tr>
<td>Cathy Livingston</td>
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<td>Ryan Donohue</td>
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<td>Brian Silverstein, MD</td>
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<td>Tim Smith, ASA, MAAA, MS</td>
<td>Equity Interest: Axene Health Partners</td>
<td>Patrick J. Brennan, MD</td>
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<td>Jodie Bryk, MD</td>
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Disclosure of Conflicts of Interest (con’t)
The planners and managers reported the following financial relationships or relationships they or their spouse/life partner have with commercial interests related to the content of this continuing education activity:

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<tr>
<td>Emily Lewis, JD</td>
<td>Nothing to disclose</td>
<td>Dee Morgillo, MEd, MT(ASCP), CHCP</td>
<td>Nothing to disclose</td>
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<td>Daneen Schroder, MS</td>
<td>Nothing to disclose</td>
<td>Ronald Viggiani, MD</td>
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<tr>
<td>Robert G. Shipp III, MSHSA, RN, NEA-BC</td>
<td>Nothing to disclose</td>
<td>Holly M. Hampe, D.Sc., RN, MHA, MRM</td>
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<td>Kathryn Slatt, MHA</td>
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Updated disclosures of conflicts of interest will be posted to the [HAP website](http://www.hap.org) once they are received.

Disclaimer
Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed in this activity should not be used by clinicians without evaluation of patient conditions and possible contraindications on dangers in use, review of any applicable manufacturer’s product information, and comparison with recommendations of other authorities.

Americans with Disabilities Act
In compliance with the Americans with Disabilities Act, we will make every reasonable effort to accommodate your request. For any special requests, please contact HAP Education Services at (717) 561-5270 before the meeting dates.

Requirements for credit:
- Attend/participate in the educational activity and review all course materials.
- Complete the CE Declaration form online by November 10, 2017. Instructions will be provided. If you do not enter the online portal by the above date, you will not be able to retrieve your statement of participation.
- Upon successful completion of the online form, your statement of completion will be presented to you to print.

ACHE Qualified Education Credit (non-ACHE)
HAP is authorized to award 7.25 hours of pre-approved ACHE qualified education credit (non-ACHE) for this program toward advancement, or recertification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward ACHE qualified education credit should indicate their attendance when submitting application to the American College of Healthcare Executives for advancement or recertification.

Certified Public Accountants (CPE)
This program has been approved by the State Board of Accountancy for 7.25 continuing education credits in the areas of management and professional skills development. Full attendance at every session is a prerequisite for receiving full continuing education credits. If a participant needs to leave early, his or her continuing education credits will be reduced.
Dates, Location, Parking, and Registration Fees

October 9-10, 2017

Lancaster Marriott at Penn Square
25 South Queen Street
Lancaster, PA 17603
(717) 239-1600
(888) 850-6146 (Marriott reservations)

Room Block Cut-off Date: 5 p.m., September 17

RESERVATIONS: HAP has reserved a limited block of rooms at the Lancaster Marriott for the evenings of Sunday, October 8, and Monday, October 9. Please call the hotel directly by 5 p.m. on Sunday, September 17, at (888) 850-6146 for overnight accommodations, and reference “PSQPSQA” to access the special rate of $139.00 (single/double/triple/quad), plus applicable occupancy and state taxes. After 5 p.m. on September 17, reservations will be accepted on a space and rate availability basis, and the special rate cannot be guaranteed. You may also wish to make your reservation online at the Lancaster Marriott’s website.

PARKING: Parking fees are not included in the overnight room rate, and must be paid separately upon departure. Parking is available in the Penn Square Parking Garage (38 S. Duke Street) adjacent to the hotel. HAP will provide discounted parking tickets to symposium attendees. Please stop by the HAP registration desk to obtain your discounted parking ticket. If you are an overnight guest, you will receive your discounted parking voucher from front desk staff upon check-in. Without the discounted parking ticket, current on-site parking fees are $2.00 hourly, up to $18.00 daily. Valet parking is available in front of the hotel at a cost of $30.00 daily. Fees are subject to change without notice.

Click for a downtown map and information about additional parking locations in the city of Lancaster.

REGISTRATION FEE*: (includes morning and afternoon breaks, evening welcome reception, group luncheon on Tuesday, and access to online handout materials)

$299 per person—HAP member hospitals and health systems
$275 per person—if registering THREE OR MORE persons from the same member hospital**
** Registrations must be received at the same time for discount to apply.
$499 per person—non-HAP member rate

*Payment of fee required by date of program.

REGISTRATION DEADLINE: September 22.

Early registration is encouraged since space is limited.

CANCELLATION POLICY AND REFUNDS: Registrants are responsible for the full fee if cancellations are received after September 22. Cancellations must be received in writing.

No refunds will be issued for no-shows. Substitutions are permitted.