

ACUTE & Post-ACUTE CARE  
**SUMMIT**  
**04.19.18**

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 Missouri Chapter of the  
American College of Healthcare Executives  
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# Present

The 2<sup>nd</sup> Annual Summit for Acute & Post-Acute Care Providers:  
Insights and Perspectives on Care Coordination  
and Value-Based Payment

**Thursday, April 19<sup>th</sup>**  
@ The Renaissance St. Louis  
Airport Hotel

**Schedule:**  
Summit from 7:30 am – 4:30 pm  
Cocktails from 4:30 pm – 6:30 pm

## Summit Content

- Addressing Social Determinants to Change Behaviors, Improve Wellness & Reduce Costs
- The Changing Landscape of Value-Based Payment Business Models
- Federal/State Policy Update & Overview of New Approach to Integrated Services & Delivery for Seniors
- Using Technology to Improve How, When, & Where Care is Delivered
- What is the Market Telling Us About the Future of Health Care?

**Registration: \$150/person - \$100/Student/Academic Rate (limited)**

\*Registration fee includes Continental Breakfast, Lunch and Networking/Cocktail Reception

Visit [www.leadingagemissouri.org](http://www.leadingagemissouri.org)  
to register online

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## About the Summit:

In 2016, a few LeadingAge Missouri Business and Provider Members envisioned a gathering of acute and post-acute care providers and suppliers to formally and informally engage and share experiences and information about emerging collaborations that deliver value-based health care. From these formative conversations - and propelled by support from other acute and post-acute health care industry and professional associations – the *Summit for Acute and Post-Acute Care Providers: Insights & Perspectives on Value-Based Care Delivery* was born.

The inaugural Summit explored how the marketplace and government is encouraging alliances across traditional health care boundaries to deliver high quality patient care, share risks and control costs. The Second Summit builds on the success, uniqueness and themes of the first. But, the Second Summit promises to be bigger and more illuminating.

The 2018 Summit will deliver keen insight on innovative care delivery, evolving payment models and provider best practices. The Second Summit features outstanding speakers and panelists highlighting the current and future state of health care, the impact of social determinants and technology on medical treatment and care, the shifting landscape for value-based payment and government policies important to acute/post-acute care collaboration and integrated services delivery.

With seven collaborating industry and professional associations – representing caregivers, executive management and financial professionals from hospitals, long term care, home care and hospice – the Second Summit will attract broad, diverse industry participation for an illuminating day of education and idea-sharing in organized sessions and time devoted to networking.

You do not want to miss this Summit! The associations partnering to present this extraordinary one-day gathering of forward-thinking health care industry participants look forward to your attendance and participation.

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## Agenda at a Glance:

7:30 AM	<b>Registration Opens</b>
7:30 – 8:30 AM	<b>Continental Breakfast &amp; Networking</b>
8:30 – 8:45 AM	<b>Opening Remarks</b>
8:45 – 9:45 AM	<b>Keynote Address</b>
9:50 – 10:45 AM	<b>Session #1 – Addressing Social Determinants to Change Behaviors, Improve Wellness &amp; Reduce Costs</b>
10:45 – 11:00 AM	<b>Break</b>
11:00 – 12:00 PM	<b>Session #2 – The Changing Landscape of Value-Based Payment Business Models</b>
12:00 – 1:20 PM	<b>Lunch Session: Federal/State Policy Update &amp; Overview of New Approach to Integrated Services &amp; Delivery for Seniors</b>
1:20 – 1:45 PM	<b>Dessert &amp; Networking</b>
1:45 – 2:45 PM	<b>Session #3 – Using Technology to Improve How, When &amp; Where Care is Delivered</b>
2:45 – 3:15 PM	<b>Break</b>
3:15 – 4:15 PM	<b>Session #4 – What is the Market Telling Us About the Future of Health Care?</b>
4:15 – 4:30 PM	<b>Concluding Remarks</b>
4:30 – 6:30 PM	<b>Networking &amp; Cocktail Reception</b>

Pending approval for 6 ADM hours by the Missouri Board of Nursing Home Administrators through LeadingAge Missouri TA-015-119. CEU certificates will be emailed to attendees.

This program has been developed and is presented locally by LeadingAge Missouri. The American College of Healthcare Executives has awarded 3.0 ACE Face-to-Face Education Credits to this program.

Thanks to our Presenting Sponsor



## Keynote Address



**Dave Johnson, CEO 4sight Healthcare ([www.4sighthealth.com](http://www.4sighthealth.com))**

Dave is the CEO and founder of 4sight Health. He powers this boutique healthcare company with an unflinching determination to create status-quo busting dialogue and action in healthcare reform. Dave was drawn to service at a young age, having served as a Peace Corps Volunteer in Liberia, West Africa and a United States Presidential Management Intern. His innate desire to bring about change coupled with his tremendous proficiency across health policy, academic medicine, economics, statistics,

behavioral finance, disruptive innovation, organizational change and complexity theory has led to his recognition as an insightful, incisive globally acknowledged authority on market-driven reform.

Dave is the author-in-residence at MATTER, the Chicago-based healthcare incubator, the Health Management Academy and recently published his first book, the critically acclaimed *Market vs. Medicine: America's Epic Fight for Better, Affordable Healthcare*. He brings a 28 year background in investment banking to 4sight Health. He has managed over \$30 billion in healthcare revenue bonds and has led significant strategic advisory engagements for his health system clients and is also currently an investor and/or advisor for several early-stage healthcare companies.

***The first 250 registrants will receive a complimentary copy of Dave Johnson's book:***

*Market vs. Medicine: America's Epic Fight for Better, Affordable Healthcare*



## Session #1

# Addressing Social Determinants to Change Behaviors, Improve Wellness & Reduce Costs

*Research increasingly shows that factors such as education, income, food insecurity/nutrition, housing and transportation access significantly impact health and wellness. More evidence shows these social determinants directly contribute to poor health care outcomes and spending waste. As the health care industry adopts population health management and value-based care, providers and payers alike are broadening care coordination teams to include nutritionists, behavioral health specialists, social workers and community health workers to identify and address social, lifestyle and logistical issues. New and innovative programs are engaging patients in positive behavior change, strengthening prevention and changing patterns of utilization from high cost health care settings to lower cost primary and wellness care settings.*

***In this session, you will hear from three organizations operating innovative programs with different approaches to addressing patient social determinants that successfully reduce health care costs and improve outcomes.***

***Panel Facilitator: Dave Morlock, Managing Director, Cain Brothers (Chicago, IL)***

***Acute Care Provider Perspective.*** Randy Schimmoeller, Senior Vice President of Post-Acute Care and Social Determinants, ProMedica (Toledo, OH). ProMedica is a non-profit health system that pioneered programs and services to address community needs and health-related issues such as hunger and food insecurity. It operates a grocery store, mobile store and financial opportunity center. Its Ebeid Institute is a renowned research center devoted to studying the impact of social determinants of health. Click [here](#) for more information.

***Community Wellness Manager Perspective.*** Steve Shields, CEO, Norterre (Kansas City, MO). Norterre is a new \$60 million innovative multigenerational health and wellness campus focused on preventative healthcare, healthy lifestyle changes and rehabilitative care, all designed to change the way the community lives, plays and heals together. Click [here](#) for more information.

***Managed Care Perspective.*** Erica Anderson, Strategic Integration Leader, Humana (Louisville, KY). Humana built its Bold Goals program with a goal of making communities served 20% healthier by 2020 and created programs focused on specific conditions, like diabetes and depression. These programs help remove barriers to health, such as inadequate access to behavioral health resources, poor nutrition literacy and food insecurity. Click [here to](#) learn more.

## Session #2

# The Changing Landscape of Value-Based Payment Business Models

*Transitioning from volume-based to value-based payment and care delivery models has dominated health care industry discussion and driven population health management and care coordination. Yet a recent study indicates only 3% of health systems provide more than 50% of all care under value-based care contracts. The transition has stalled, in part, due to a tumultuous year in Washington D.C. and accompanying uncertainty.*

*In November, CMS Administrator Seema Verma announced a new era of “flexibility” and “accountability” that could shift more responsibility and control to states. More recently, CMS opened the door to Medicaid eligibility work requirements. CMS also released a study of value-based payment models that concludes that, while quality is improving, high administrative costs resulted in only 1% in savings to CMS, excluding the cost to providers. CMS subsequently rescinded a rule requiring more providers to participate in the Comprehensive Care for Joint Replacement Model and then tossed out the Episode Payment Models and Cardiac Rehabilitation Incentive Payment Model, both of which were scheduled to begin on Jan. 1, 2018. CMS also exempted 900,000+ physicians from participation in the MIPS Program. As the Advanced Alternative Payment Models begin year 2 and skilled nursing providers prepare to migrate from a RUG system to the Resident Classification System Version 1, what will be the focal points of value-based payment models and how will success be defined?*

***In this session, you will hear from companies pursuing different paths and niches of interest to federal and state payer sources – Medicaid managed care strategies, medical benefits management strategies and bundled payment initiatives.***

***Panel Facilitator: Stacy Olinger, Vice President, BJC Home Care and Services (St. Louis, MO)***

***Managed Care Perspective.*** Nathan Landsbaum, Plan President & CEO, Home State Health (St. Louis, MO). A division of Centene, Home State Health operates a Medicaid managed care plan in all 114 counties across Missouri under a capitated platform, including a PACE program to cover acute, primary, long-term and support services to persons over age 55. Click [here](#) for more information.

***Physician Group Perspective.*** Chad Sackman, Chief Operating Officer, Signature Medical Group (St. Louis, MO). An independent, multi-specialty physician group serving the greater St. Louis and Kansas City areas and operating the largest clinically integrated orthopedic Model 2 bundled payment program in the country, managing 45,000 joint replacements annually. Click [here](#) for more information.

***Medical Benefits Management Perspective*** – Panelist to be announced.

## Lunch Session

# Federal/State Policy Update & Overview of New Approach to Integrated Services & Delivery for Seniors

**Andy Wheeler, VP of Federal Finance, Missouri Hospital Association (Jefferson City, MO)**

*Andy will provide an update on key regulatory and funding policies from Washington D.C and Jefferson City that most critically impact acute and post-acute care providers with a particular emphasis on their ability to coordinate care*

**Nicole Fallon, VP, Health Policy & Integrated Services, LeadingAge (Washington, DC)**

*Leading Age recently published a [white paper](#) on an innovative integrated service delivery model for seniors that features pooled funding, risk sharing, a single point of contact, assessment and single service plans, comprehensive service coordination and quality assurance and accountability metrics. Nicole will discuss this model, share results from a recent Leading Age member survey on service delivery reform initiatives and highlight case study examples of successful programs.*

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# SUMMIT

# 04.19.18

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## Session #3

# Using Technology to Improve How, When & Where Care is Delivered

*It is a brave new world. Virtual and augmented reality are spawning novel approaches to medical treatment, training and collaboration. 3-D printing is replicating anatomical parts to support surgical innovation and producing hearing aids, dental and medical implants, prosthetics, drugs and even human skin. Robotic-assisted surgical products are advancing operating room tools and capabilities. Artificial intelligence and machine learning - fueled by vast amounts of database of information – are being used to create detailed patient portraits, create customized treatment plans and better coordinate care. And, mobile and wearable devices, motion sensors and virtual care capabilities enable providers to better monitor patients and deliver care in the lowest cost setting possible. Without question, technology is radically changing how, where and when care is delivered and improving care coordination.*

***This session offers a panel of experts who will explore how technology is improving patient engagement and care interventions, facilitating care coordination, driving down costs and improving evidence-based outcomes. The panelists will discuss how virtual care is changing health care delivery, how data is being collected and analyzed and how all of this has led to more cost effective collaboration and care coordination.***

**Panel Facilitator: Jason Ewing, Chief Information Officer, St. Francis Health System (Cape Girardeau, MO) Acute Care Perspective.** J. Gavin Helton, MD, Medical Director, Mercy Virtual Care (St. Louis, MO). A division of Mercy Health that opened its innovative and nationally-recognized virtual care center in October 2015. It provides patient-centered care using advanced technological innovations and collaborates with bedside clinicians, primary care providers and specialists to diagnose and intervene sooner to avoid hospitalizations. Click [here](#) for more information.

**Health Care Technology Perspective.** Blake Marggraff , CEO and co-founder of Epharmix (St. Louis, MO). A privately-held company that built an evidence-based platform that employs texting, interactive voice response and phone call-based interventions to improve patient engagement and deliver high quality care while reducing hospitalizations. Click [here](#) for more information.

**Post-Acute Care Perspective.** Denise Rabidoux, CEO of Evangelical Homes of Michigan (Ann Arbor, MI). A Detroit area non-profit senior living company serving 2,300+ seniors varied facilities, including a 54-bed sub-acute short-stay medical and rehabilitation facility, a home health agency and a “CCRC Without Walls”. EHM utilizes cutting edge technology solutions to enable seniors to remain in their homes longer and improve their quality of life. Click [here](#) for more information.

## Session #4

# What is the Market Telling Us About the Future of Health Care?

*The health care industry is at an inflection point. In a highly competitive marketplace, companies aren't waiting for government to enact broad-based payment reforms. Instead, they are racing to develop value-oriented business models and aggressively competing for new customers through lower prices and great customer service.*

*To accomplish these objectives, and enhance their position in a post-reform marketplace, companies are proactively seeking ways to overcome the healthcare system's fragmentation and structural inefficiencies with strategic partnerships and collaboration. They are also exploring ways to allocate resources more efficiently and offer innovative, compelling products and services that meet market demands and deliver evidenced-based value. Similar to Amazon's disruptive impact in the retail, grocery, music and book sectors, health care organizations are increasingly executing innovative and cross-vertical implementation strategies.*

*The health care market abounds with business transactions now altering long-standing supply-demand relationships. In this closing session, marketplace experts will discuss transformational transactions and market events, offer views on how they are reshaping and driving the industry and share trends you can expect to see over the next 12 months.*

**Panel Facilitator: Dave Johnson, CEO 4sight Healthcare (Chicago, IL)**

**Gary Taylor, Managing Dir., Equity Research - Healthcare Facilities & Managed Care Equity, JP Morgan (New York, NY)**

**Brad Partridge, VP of Strategy, Ascension Healthcare (St. Louis, MO)**

**Additional Panelist To Be Announced**

**4:30 – 6:30:**

## **Networking & Cocktail Reception**

**Sponsored by:**

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**POLSINELLI**

Thursday, April 19<sup>th</sup>

The Renaissance Hotel St. Louis Airport

For reservations call 314-429-1100 – negotiated room rate= \$132

Reservation Cut off Date- March 15

ACUTE & Post-ACUTE CARE

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REGISTER ON-LINE or with this REGISTRATION FORM

Participant Rate = \$150.00

Student/Academic Rate \$100.00 (limited space)\*

\*Registration fee includes Continental Breakfast, Lunch and Networking/Cocktail Reception

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