

Agenda

FRIDAY, OCTOBER 23, 2015

PRE-CONFERENCE SESSIONS

7:00 am – 11:30 am

PARISIAN ROOM

Leading Change: Physician Leadership Program (First in 4-Part Certificate Series)

ED WALKER, MD, MHA, PROFESSOR, DEPARTMENT OF PSYCHIATRY & BEHAVIOR SCIENCES,
UNIVERSITY OF WASHINGTON; SEATTLE, WA

Achieving health care transformation requires strong, system-wide leadership. And learning to be leaders takes proper training. Dr. Edward Walker will facilitate a new and exclusive leadership training certificate program that incorporates evidence-based content, university quality instruction, a convenient non-university setting and schedule and a respected physician teacher/trainer.

This is the first session of the 4-part Physician Leadership Foundation Certificate series. It is open to both physicians and administrators; it will focus on Leadership and Management and explore:

- The case for physician leadership—defining individual strengths and challenges
- Personal style and self-awareness
- Teams and culture

Sessions 2-4 in this series will be held prior to 2016 CVSL conferences and will cover: The Art of Influence, Performance Improvement and Patient Safety.

7:30 am – 11:30 am

OAK ROOM

Faster is Better Workshop: Using Compressed Care Models to Support Program Growth

GINGER BIESBROCK, PA-C, MPAS, MPH, AAC, VICE PRESIDENT, MEDAXIOM CONSULTING; GRAND RAPIDS, MI
ANNE BEEKMAN, RN, VICE PRESIDENT, MEDAXIOM CONSULTING; GRAND RAPIDS, MI

Reducing the time from patient diagnosis to treatment and effectively triaging patients to the least acute care setting is the aim of compressed care models. In this session, focus will be on protocol-driven clinics, observation care and enhanced throughput in procedural areas to increase program value with improved quality, patient satisfaction and growth.

GENERAL SESSION

1:00 pm – 1:15 pm

REGENCY BALLROOM

Welcome and Introductions

1:15 pm – 2:00 pm

REGENCY BALLROOM

Keynote Presentation: Integration Success, Failures and Future

MICHAEL CUFFE, MD, MBA; PRESIDENT, HCA PHYSICIAN SERVICES GROUP; NASHVILLE, TN

HCA is the largest health care system in the country. Using his experience leading HCA's physician organization, Dr. Cuffe will provide insight and perspective on how integration has impacted health care, with focus on strategy and expected outcomes. Dr. Cuffe will also forecast the future role of integrated health systems in the U.S., both the opportunities and the requirements to retain financial sustainability.

CONTINUED...

2:00 pm – 2:45 pm

REGENCY BALLROOM

The Latest Technology: Incorporating New Technology and Therapies Clinically, Operationally and Financially

CHARLES BROWN, LLL, MD, CHIEF OF CARDIOVASCULAR MEDICINE, PIEDMONT HEART INSTITUTE AND PIEDMONT HEALTHCARE; ATLANTA, GA

Historically, programs have raced to be first-to-market to offer newly available technologies and therapies. In today's health care markets that are struggling with value requirements and financial constraints, programs are considering alternative and differing strategies to roll out new offerings. In this presentation, clinical, operational and financial criteria will be discussed in consideration of new program development. Additionally, strategies to implement new therapy and treatment programs effectively will be described.

2:45 pm – 3:30 pm

REGENCY BALLROOM

Two to Tango: Creating a Winning Physician and Administrative Leadership Model

ED WALKER, MD, MHA, PROFESSOR, DEPARTMENT OF PSYCHIATRY & BEHAVIOR SCIENCES, UNIVERSITY OF WASHINGTON; SEATTLE, WA

Increasingly, health care organization governance structure is based on the dyad (and triad) leadership model that requires collaboration between physician and administrative leaders. A recent CV survey on integration trends shows that more than 60% of respondents governed by a dyad leadership structure. Is this the best model for the CVSL and health care transformation? If so, what components and practices need to be in place to make it work?

Dr. Walker will explain the importance of the team leadership approach and detail evidence that it increases physician and patient satisfaction, improves quality and decreases costs. He will explore the idea that "a team has an emergent property of interrelationship where people read each other's minds, anticipate what's going to happen next and are much more interested in promoting high reliability." Also, he will explain the differences in the dyad leadership personalities, styles and roles and offer ways to develop the success skills associated with both as well as the essentials for overcoming the challenges of collaboration.

3:30 pm – 3:45 pm

REGENCY BALLROOM

Corporate Partner Introductions #1

3:45 pm – 4:15 pm

REGENCY FOYER

Break with Corporate Partners

4:15 pm – 5:00 pm

REGENCY BALLROOM

CAA Update

CATHIE BIGA, RN; PRESIDENT AND CEO, CARDIOVASCULAR MANAGEMENT OF ILLINOIS; WOODBRIDGE, IL

Cardiology Advocacy Alliance (CAA) represents cardiologists in Washington to ensure our voices are heard as the Value Agenda continues to be formed and implemented. This session will review the latest developments in Washington—both regulatory and legal—and will provide a high level understanding of the complexity and intricacies of payment reform and achieving the Triple Aim. Representing the CAA, Cathie will present the emerging trends in payment reform as well as highlight the latest mandates so you can be prepared for 2016.

5:00 pm – 5:45 pm

REGENCY BALLROOM

Care Team and Process Redesign: Globally Applied Process

THOMAS SCHLEETER, MD, FACC, FASNC, ST. VINCENT MEDICAL GROUP; INDIANAPOLIS, IN

DOUGLAS S. SEGAR, MD, FACC, FAHA, FASE, CHAIRMAN OF THE BOARD, ST. VINCENT HEART CENTER AND PRACTICE LEAD PHYSICIAN FOR ST. VINCENT MEDICAL GROUP CARDIOLOGY; INDIANAPOLIS, IN

MIKE SCHROYER, RN, MSN, MBA, FACHE, AACC; COO, ST. VINCENT HEART CENTER OF INDIANA AND ST. VINCENT'S STATEWIDE CV SERVICE LINE; INDIANAPOLIS, IN

Establishing and optimizing a care team approach to care delivery is a primary strategy to be effective in today's transformative environment. St. Vincent Medical Group has been an innovative leader in this area and will discuss the challenges, pitfalls and essentials of developing an effective care team. They will share their experience to answer the following questions: Who makes up the care team? How do they need to interact to achieve the greatest efficiency? Can we get to the Triple Aim—quality, patient satisfaction and financial success—with our care teams? (The answer to this one is Yes! Find out how.)

- 5:45 pm – 6:00 pm **Corporate Partner Introductions #2**
REGENCY BALLROOM
- 6:00 pm – 7:00 pm **Networking Reception with Corporate Partners**
REGENCY FOYER
- 7:00 pm **Group Dinner Hosted by Pritikin Intensive Cardiac Rehab**
ROOF GARDEN

SATURDAY, OCTOBER 24, 2015

7:00 am – 8:15 am **Breakfast**
REGENCY FOYER

7:00 am – 8:15 am **Physician Only Breakfast Meeting**
WARREN LEVY, MD, FACC; PRESIDENT & CMO; VIRGINIA HEART; FALLS CHURCH, VA

This facilitated physician discussion will cover a range of topics including:

- Physician Covenants: Do they help, are they still needed, do we need to revisit them?
- Physician Accountability: Enforcing Rules and Regulations, The Problem Doc
- Old vs. Young: A Generational Divide, Avoiding conflict
- Leadership Performance Benchmarks: How do we know if we/they are doing a good job?
- Outpatient practice/clinical QI (quality measures, quality improvement, quality management, and quality accountability)
- End of career options
- Provider Compensation Survey Results Summary with Joel Sauer, Vice President, MedAxiom Consulting

GENERAL SESSION

8:30 am – 9:15 am **MACRA Readiness: What We Need to Prepare For Now**
SUZETTE JASKIE, PRESIDENT AND CEO, MEDAXIOM CONSULTING; ADA, MI

MACRA, the Medicare Access and CHIP Reauthorization Act of 2015, was signed into law on April 16th, 2015 as a fix for the Sustainable Growth Rate (SRG). Though there are many unknowns as to what the implementation of MACRA will entail, it is clear that MACRA is focused on furthering the value agenda under the Affordable Care Act. The implementation will be incremental, transitioning over a period of four years, and physicians will be faced with deciding between options that pose financial risk to reimbursement.

This presentation will focus on what programs should be doing to prepare for MACRA's implementation as well as provide information sources to stay abreast of this important development. Participants will receive insight and ideas on how cardiovascular programs and providers can be proactive in shaping the future of health care delivery and reimbursement.

9:15 am – 9:45 am **Beyond Meaningful Use – Implementing a Patient Portal That Works!**
MIKE MYTYCH; PRINCIPAL; HEALTH INFORMATION CONSULTING, LLC; MENOMONEE FALLS, WI

Although many programs activated patient portal capabilities in the pursuit of meaningful use requirements, the post attestation utility has been less than expected. In this presentation, detailed patient portal implementation and utilization strategies will be presented with examples from health systems across the country.

CONTINUED...

9:45 am – 10:15 am

REGENCY BALLROOM

Developing an Operation Performance Orientation: Approach and Results

JILL LOVE, VICE PRESIDENT, SERVICE LINE ADMINISTRATION, CARDIOLOGY;
MOUNT CARMEL HEALTH SYSTEM; COLUMBUS, OH

JENNIFER WHARTON, PRACTICE ADMINISTRATOR, MOUNT CARMEL COLUMBUS CARDIOLOGY CONSULTANTS;
COLUMBUS, OH

In this case study Mount Carmel will overview their approach to re-designing their operation to dramatically improve access, patient satisfaction and staff satisfaction. Results will be shared on how they went from having an overworked staff, poor administrator and provider relationships and an underserved community to realizing a significant overall margin improvement in one year. The speakers will discuss improved results in financial, operation and other metrics.

10:15 am – 10:45 am

REGENCY FOYER

Break with Corporate Partners

BREAKOUT SESSIONS

10:45 am – 11:30 am

Choose 1 of 3:

PRISIAN ROOM

1. QRUR Deep Dive

CATHIE BIGA, RN; PRESIDENT AND CEO, CARDIOVASCULAR MANAGEMENT OF ILLINOIS; WOODBRIDGE, IL
MICHELLE REESE, CPC, REVENUE CYCLE SOLUTIONS SENIOR CONSULTANT, MEDAXIOM CONSULTING;
CHARLOTTE, NC
KELSEY REICHERT, EXECUTIVE DIRECTOR, CARDIOLOGY ADVOCACY ALLIANCE; RICHMOND, VA

This highly interactive session will allow participants the opportunity to bring their Physician Value Based Purchasing Reports—also known as QRUR (Quality Resource and Utilization Reports)—as well as supplemental QRURs and review with the faculty. Understanding where to focus your efforts in improving your Value Modifier score will be highlighted. It is anticipated that the 2014 reports will be available immediately prior to the meeting so this will be late breaking news and a session that should not be missed!

OAK ROOM

2. Contractual Integration

RICH BODAGER, CPA, MBA, FACMPE, CHIEF EXECUTIVE OFFICER, SOUTHERN OREGON CARDIOLOGY, LLC;
MEDFORD, OR

This case study will demonstrate the use of contractual vehicles to in-effect create an integrated approach between an independent cardiology group and its hospital partner to the delivery of cardiovascular services. This comprehensive example is an important illustration that is applicable to any practice desiring to retain their independent status while still collaborating with their hospital system.

GOLD ROOM

3. Physician Performance Dashboards – Case Studies

JERRY BLACKWELL MD, MBA, FACC, PRESIDENT, WELLMONT CVA HEART INSTITUTE; KINGSPORT, TN
MARK S. KLAKULAK, MA, ADMINISTRATOR, CLINIC OPERATIONS, OKLAHOMA HEART HOSPITAL PHYSICIANS;
OKLAHOMA CITY, OK

In these case studies, the speakers will illustrate a balanced approach of aggregating data using multiple metrics from various performance domains to build dashboards for evaluating physician performance.

CONTINUED...

11:40 am – 12:25 pm

Choose 1 of 4:

PARISIAN ROOM

1. Proposed STARK Changes & Impact to Physician Compensation and Co-Management

JIM POOL, CHAIR, ATTORNEY/SHAREHOLDER, MAYNARD COOPER & GALE; BIRMINGHAM, AL
 JOEL PORTER, ATTORNEY, MAYNARD COOPER & GALE; BIRMINGHAM, AL

Financial arrangements between physicians and hospital systems are restricted by a number of legislative and regulatory restraints, the STARK laws among them. In this presentation, both proposed changes to the STARK laws and their impact to physician compensation and co-management will be discussed.

OAK ROOM

2. High Deductibles and POS Collection Strategies

ANN HONEYCUTT, EXECUTIVE DIRECTOR, VIRGINIA CARDIOVASCULAR SPECIALISTS; RICHMOND, VA
 NICOLE KNIGHT, LPN, CPC, CCS-P, DIRECTOR, REVENUE CYCLE SOLUTIONS, MEDAXIOM CONSULTING; JACKSONVILLE, FL

Contemporary health insurance plan designs have resulted in increasing patient financial responsibility. The high deductible, large patient responsibility plans require different policies, procedures and strategies to effectively maintain practice financial health. In this presentation, examples of tools and strategies to more effectively collect patient balances will be discussed.

GOLD ROOM

3. Evaluating ACOs or Other Value-Based Contract Opportunities

JAN KENNEDY, EXECUTIVE DIRECTOR, CARDIOLOGY ASSOCIATES OF WATERBURY; WATERBURY, CT

Value-based contract opportunities, whether an ACO, a bundle or other payment model are not consistently constructed. The risk and opportunities of the contracts are sometimes difficult to assess. This presentation will provide participants with assessment tools and criteria to evaluate an alternative payment model offering.

CONTINENTAL ROOM

4. Creating a Clinical Support Tool at Home!

VINOD NAIR, MD, INTERVENTIONAL CARDIOLOGIST, CARDIOVASCULAR INSTITUTE OF THE SOUTH; HOUMA, LA

Dr. Vinod Nair will share the robust clinical support tool currently utilized in their group that leverages their EMR. This homegrown tool has not only improved clinical care but also has facilitated program growth.

12:30 pm – 1:30 pm

Educational Partner Spotlight Luncheons (Choose One of Three)

OAK ROOM

1. Emerge Clinical Decision Software: Provider Efficiency, Value Measures and Data – A Convergence of the Perfect Storm

SPONSORED BY EMERGE

DR. WILLIAM DANIEL, CMO, EMERGE CDS
 SCOTT FINFER, CEO, EMERGE CDS

MedAxiom data has shown that provider productivity drops when practices migrate from specialty EMR solutions to hospital system solutions. The sheer quantity and complexity of patient data, as well as the difficulty in retrieving it, all result in a slower, labored clinical process that lacks the sufficient context needed to make critical and informed medical decisions. Clinical decision support tools have been mandated by the government at a time that reimbursement will be increasingly tied to quality and cost. EMERGE will discuss how providers are turning the tide by integrating tools which clean their data, unlock the utility of all relevant available information and streamline their processes for enhanced clinical results and increased profit.

CONTINUED...

GOLD ROOM

2. Medical Scribes in the Cardiology Clinic: Impact on Patient Care, Physician Productivity and Revenue

SPONSORED BY ESSIA

DR. ALAN BANK, MD, CONSULTANT TO ESSIA HEALTH

Health care practitioners continue to face a significant and growing administrative burden that can distract from clinical work. A plethora of productivity tools have surfaced to mitigate this. One that has emerged over the last decade is the medical scribe. This role on the clinical team is a nascent one compared to most others, and debates over the economic value of scribes persist – in part due to a relative paucity of empirical evidence outside of the emergency department. This session will present studies in a cardiology setting that aim to help cardiologists make a more informed decision about the use of medical scribes.

PARISIAN ROOM

3. Pritikin Intensive Cardiac Rehab (ICR) – An Evidence-based Program with Benefits for Providers and Patients

SPONSORED BY PRITIKIN ICR

BOB FRANCESCHELLI, PRESIDENT PRITIKIN ICR LLC

CHRIS ROBERTS, PHD, PRITIKIN RESEARCH CONSULTANT

CINDY BERNER, MS, RD, LD, DIRECTOR OF NUTRITION & TRAINING PRITIKIN ICR

Pritikin ICR provides hospitals the opportunity to improve patient outcomes and enhance patient satisfaction by offering a comprehensive lifestyle education program to their patients in a low start-up cost and high revenue potential format – 2x the sessions and a proposed 3x the reimbursement rate as ordinary CR in 2016.

Please join us for a healthy, Pritikin-style lunch and learn about the science behind the Pritikin Program and the process of becoming licensed to deliver the Pritikin ICR program at your facility.

1:30 pm – 3:30 pm

Pod Sessions

Pod A: [OAK ROOM](#)

Pod B: [PARISIAN ROOM](#)

Pod C: [CONTINENTAL ROOM](#)

Pod D: [GOLD ROOM](#)

Pod E: [FAR EAST ROOM](#)

Pediatric/Adult Congenital Pod: [FRENCH ROOM](#)

HCA Pod: [ROYAL ROOM](#)

3:30 pm – 4:00 pm
[REGENCY FOYER](#)

Break with Partners

4:00 pm – 5:30 pm

Pod Sessions (continued)

5:30 pm – 6:30 pm
[REGENCY FOYER](#)

Networking Reception with Corporate Partners Hosted by Medical Document Solutions

6:30 pm

Dinner on your own

SUNDAY, OCTOBER 25, 2015

7:00 am – 8:15 am
REGENCY FOYER

Breakfast

7:00 am – 8:15 am
PARISIAN ROOM

Physician Only Breakfast Meeting

WARREN LEVY, MD, FACC; PRESIDENT & CMO; VIRGINIA HEART; FALLS CHURCH, VA

A look at hospital-physician integration challenges: lessons learned from inside and outside the tent. The facilitated discussion topics will include: How do non-integrated practices work within integrated systems? The best and worst of integration; Practice building in the integration era; Maintaining physician 'buy-in'; Compensation models – who is in control? Are current integration models sustainable for the future? What are you doing well and what can we learn from you? Has integration led to improved patient care?

GENERAL SESSION

8:15 am – 9:30 am
REGENCY BALLROOM

Contract Renegotiation and Outcomes: Case Studies

DOUGLAS SEGAR, MD, FACC, FAHA, FASE, CHAIRMAN OF THE BOARD, ST. VINCENT HEART CENTER AND PRACTICE LEAD PHYSICIAN FOR ST. VINCENT MEDICAL GROUP CARDIOLOGY, ST. VINCENT HEART; INDIANAPOLIS, IN

PAT HOLLOWAY, CEO, OKLAHOMA HEART; OKLAHOMA CITY, OK

CATHIE BIGA, RN; PRESIDENT AND CEO, CARDIOVASCULAR MANAGEMENT OF ILLINOIS; WOODBRIDGE, IL

In the last year, many of the first wave physician employment contracts have been renegotiated. In this presentation, several renegotiation case studies will be presented. The case studies will provide details as to their original compensation framework and changes made for the second term. They will also outline the renegotiation process—resources utilized, preparations made, links to strategy and value based initiatives, process outcomes and other compensation components. Most importantly, the speakers will entertain questions from the audience following the presentation of the case studies. This lively session will explore what went well, what didn't and most interestingly, what were the legal/compliant hurdles these groups faced this time that can be learned from.

9:30 am – 10:15 am
REGENCY BALLROOM

Drill Down on Non-Clinical Compensation (Comp Survey)

JOEL SAUER, VICE PRESIDENT, MEDAXIOM CONSULTING; FORT WAYNE, IN

JEFF OZMON, VICE PRESIDENT, MEDAXIOM CONSULTING; ROCK HILL, SC

This presentation will review the 2015 Provider Compensation and Production Survey with a focus on the new non-clinical compensation data. Discussion will include: the key survey demographics and participation levels; a review of the major variances from 2014; key trending data as we move from volume to value; the major data elements and results from the non-clinical compensation survey questions.

10:15 am – 11:00 am
REGENCY BALLROOM

Valuation Forecast for 2016 and Beyond: Panel Discussion

MICHAEL A. STOVER, CPA/ABV, CFF, PRINCIPAL, SOMERSET CPAs, P.C.

JOEL PORTER, ATTORNEY, MAYNARD COOPER & GALE, BIRMINGHAM, AL

The prevalence of "value-based" compensation, physician leadership and fair market value case law in today's complex operation environment not only impact compensation plan designs, but also their valuation. Learn from some of health care's top valuation experts about how these many industry changes are impacting valuator's thinking and what can be expected in 2016 and beyond. Q & A follows.

11:40 am

Adjourn



iiCME Continuing Medical Education Credits: We have entered a direct sponsorship agreement with the International Institute for Continuing Medical Education (iiCME) to provide AMA PRA Category 1 CME credits to health care professionals who attend our conferences. There will be 9.75 - 20.25 credits available for attending this event. To learn more, please see page 80.



CPE Credits: Credits for CPAs and Accountants are also available from NASBA, the National Association of State Boards for Accountancy. This program is for all individuals with a background in cardiology practice management. Read more on page 82.

NOTE: Attendees can also self-report to the MGMA for ACPME credits. The ACHE and other organizations recognize this program for continuing education. See your organization's requirements for reporting.