Roundtables

Meet the Innovators Working Lunch Roundtables

Join Roundtables at the Start of Lunch

**Meet the Innovators Working Lunch Roundtables**

Project Directors and HIT Strategists from health systems, ACOs, and solution providers organizations will lead roundtable discussions around specific technology and project initiatives that are at the leading edge of the Accountable Care and Health IT innovation and transformation process. This is an opportunity for attendees to participate in focused collaborative networking and problem solving around specific strategy and IT implementation categories.

**Accountable Care Implementation Breakfast Roundtables**

ACO, Health System and Medical Group representatives will be available to connect with conference attendees over breakfast at assigned tables to discuss their organization's Accountable Care and HIT Implementation strategy. This is a critical session for organizations to problem solve in a collaborative environment and to provide information on current and planned RFPs, projects, opportunities and challenges they are facing in achieving organizational goals.
**Table 01:**
The New Measure of Healthcare – How to leverage Analytics to Support the Clinically Integrated Network of Care

Harry Greenspun, MD, Director, Deloitte Center for Health Solutions  
Tony Jurek, Director, Healthcare Consulting, Technology – Information Management  
Mark Golberg, Specialist Leader, Recombinant Systems (Deloitte)

Identifying, prioritizing, accessing, and integrating both internal and external data is critical to deliver on the promise of Health Care Reform and Value Based Care delivery. Effective clinically integrated care networks require data management at levels never before seen in the healthcare industry to support reporting and analysis of new and ever evolving costs and quality measures. The scope, reliability and timeliness of data impacts both up and downstream business applications. Organizations with multiple EMR systems, disparate transactional platforms and external stakeholder ecosystems are particularly challenged to effectively support downstream applications such as knowledge management, decision support, business intelligence, and advanced analytics systems. Processes need to be redefined to ensure accurate data capture. Further, reporting and analytics capabilities need to be aligned to support multiple “in-flight” accreditation and reporting initiatives. Altogether, these factors are driving a new measure of healthcare that effect operational, financial and clinical performance. Join Deloitte and Recombinant by Deloitte for a roundtable sharing of experiences and best practices in delivering this new level of reporting and analytics to support the clinically integrated network of care.

**Table 02:**
Create a Mobile Deployment Platform for your ACO Goals

Badri Narasimhan, CEO, ChargeMD

ACOs do not fail for lack of having goals. Communicating it real-time, monitoring progress and collaborating with the provider network is where the rubber meets the road. Learn how you can create a mobile deployment platform for ACO goals.

Participate in a discussion on how to use the all-powerful smartphone or tablet in the provider’s hands to further the following goals:

When the rounding list is inaccurate, all else fails inevitably. ChargeMD starts by creating a mobile distribution of your rounding list and keeping it real-time. From that real-time rounding list, a platform is created for analytics, care guidelines, readmission alerts, discharge planning, documentation improvement and much more is built. And while you achieve all of this, how about increasing the revenue of the physician practice (employed and independent)? ChargeMD enables that too - find out how.

**Table 03:**
Leveraging Patient Engagement to Support New Models of Care

Jordan Dolin, Founder and Vice Chairman, Emmi Solutions

A fundamental element of all new models of care is the ability to effectively and efficiently manage the health of large populations. Patient engagement technology not only enables providers to cost-effectively reach large numbers of patients, but has been demonstrated to improve clinical and financial outcomes. Join us for a session where we will share data demonstrating how outcomes-driven patient engagement has delivered results that support the essential elements of ACOs and other new models of care.

**Badri Narasimhan** is the Founder & CEO of ChargeMD. Before creating ChargeMD, Badri was the CEO of Rulester, a data analytics company. Prior to that, he was the COO of an angel-funded Chicago-area startup in new media. Earlier in his career, Badri was responsible for the growth and profitability of an insurance claims software product line for Insurity Inc., a Choicepoint subsidiary. Choicepoint was subsequently acquired by Lexis-Nexis.

**Jordan Dolin** is the Co-Founder and Vice Chairman of Emmi Solutions. He has 25 years of entrepreneurial experience across several industries including technology, marketing and consumer products. Prior to founding Emmi, he spent 3 years as a member of the Executive team of Artificial Intelligence software company, and before that, he co-founded the Psychographic Design Group, which he successfully led for 14 years. Jordan is an Adjunct Professor at the University of Chicago’s Booth Graduate School of Business and a member of the Economic Club of Chicago.
ACO goals require more from IT than just exchanging data from an EMR/EHR to downstream systems. The ACO model engages multiple constituent applications from a broad, diverse community, and needs to assemble their abundant data into a context that can provide relevant, coherent, and actionable information. This roundtable will capitalize on attendee’s experience to identify the various IT requirements of an ACO, explore the architectural approaches to achieve those requirements, and share real world stories of what has worked and what hasn’t.

**Table 04:**
What are the IT Infrastructure Needs for an ACO?
Les Marcum, Chief Innovation Officer & Solutions Architect, NEXTGATE
Joerg Schwarz, VP Business Development, NEXTGATE

Joerg Schwarz, With more than 20 years of experience in high technology sales and business development, Jörg directs all partner related activities for NextGate. He brings international experience, a passion for technology and Information Systems science, and an excellent ability to identify strategic opportunities with companies of all sizes, from F100 to start-ups, so that everyone involved benefits. Previously Joerg held senior positions with GE healthcare IT and Sun Microsystems’ healthcare group.

Les Marcum, Chief Innovation Officer & Solutions Architect, Les Marcum is responsible for developing the solutions that solve customer issues. His comprehensive knowledge of systems combined with his artistic design concepts create elegant, flexible offerings that unlock the power of customer information. Mr. Marcum comes to NextGate with over 30 years of software and hardware design, implementation, and deployment experience. As a technical leader for STC, SeeBeyond, and Sun Microsystems’ Integration Practice, he devised solutions for many complex initiatives.

**Table 05:**
Clinical & Business Intelligence in the World of Accountable Care and Population Management
Theresa M Burkhart, Vice President of Data Management and Business Intelligence, Rush Health

In the midst of adopting electronic medical records, meeting meaningful use and implementing ICD-10, hospital and physician providers must also prepare for new healthcare payment models. The move to value-based payments, population management, care coordination, package pricing and accountable care creates the need for new types of clinical and business intelligence. In this roundtable, we will discuss some of the challenges providers face in meeting these analytics, including integration of clinical and financial data, identifying the key measures for patient populations, and ongoing monitoring of clinical and financial outcomes.

**Table 06:**
Healthcare Providers are using a wide range of Strategies to Adapt to a Changing Landscape
Lydon Neumann, Vice President – Impact Advisors LLC

Mr. Neumann has over thirty years of professional experience in the global Electronic Medical Records (EMR) healthcare industry. His background includes executive leadership, information system planning, project management for complex organizations, software development and management for healthcare providers, software/service vendors and professional services firms. Lydon has in-depth expertise in enterprise-wide healthcare information systems, including strategy development, long-range planning, system assessment, acquisition and implementations in support of clients’ operational processes, including electronic health record, clinical data repositories, computerized provider order entry (CPOE), clinical documentation, clinical content management, physician and patient portals, enterprise scheduling, patient access, revenue cycle, product management/value analysis, logistics and eProcurement. He brings specific experience in industry trading communities, health information exchange (HIE), business process redesign, clinical adoption and change management. Lydon is a frequent speaker at national events and regularly contributes articles to national publications.

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One of the most promising “carrots” of Affordable Care Act (ACA) is the opportunity for a group of providers to assume responsibility for a defined patient population. Often called Accountable Care Organizations (ACOs), these entities are described by a variety of terms and utilize many approaches to support the same concept. As a result, groups that meet quality metrics and keep costs for the patient population under a defined threshold share in the savings achieved. While Programs almost always include Primary Care Physicians (PCPs), hospitals, specialists and others may also participate. To thrive, organizations must:

- Deliver proactive, population-based care—not reactive, episode-based care.
- Share structured, patient-specific information and coordinate care between non-affiliated providers and across settings.
- Capture, codify data and use information to improve care, quality and efficiency.
- Engage patients in managing their health and utilization
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Care Coordination is top of mind today for healthcare executives. As the impact of increasing healthcare costs give rise to reform, the industry is experiencing an evolution in care delivery. Health Plans, Hospitals and Physician Groups see an increasing need to collaborate in accountable care initiatives in order to create innovative care management solutions that can integrate across care settings, engage patients, and drive better clinical outcomes.

These efforts pose significant challenges to all of the key stakeholders including: high costs of care coordination, system integration barriers, manual clinical processes, message and alert fatigue to Physicians, and minimal patient engagement.

Join PatientPoint for a roundtable sharing of experiences and best practices to address these challenges in the areas of care coordination and patient engagement.

PatientPoint is an innovator and leading provider of patient and physician engagement solutions at the point of care. The PatientPoint network includes more than 61,000 physicians across all programs, and more than 550 hospitals throughout the U.S., and impacts over 456 million patient and caregiver exposures each year. PatientPoint award-winning health information and care coordination products drive meaningful outcomes for patients, healthcare providers and program sponsors. For more information, visit www.patientpoint.com

Contact PatientPoint
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Email: Brian.Dougherty@patientpoint.com
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Table 07: Improving Outcomes through Patient Engagement
Noel Khirshukhani, VP, Sales & Business Development, PatientPoint

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Table 01: University of Michigan Pioneer ACO: The Challenges of Integrating Clinical and Administrative Data

Steven J. Bernstein, MD, MPH; Assistant Dean for Clinical Affairs; Director, Quality Management Program, University of Michigan Health System

The University of Michigan Health System is an academic medical center with an integrated delivery system. Although our focus was as a tertiary care referral center with limited local care, we have transformed our system and are now focusing on improving the health of the overall population we serve. This session will address how we have integrated clinical and administrative data (both internal and external sources), into actionable data for our healthcare teams and been successful in pay-for-performance programs sponsored by managed care, commercial and government insurance programs including the Medicare Physician Group Practice Demonstration Project, the predecessor to the Pioneer Accountable Care Organization program.

Steven J. Bernstein, MD, MPH earned his MD from the University of Rochester in New York, completed his residency at the University of Pittsburgh, and received his MPH from the University of California, Los Angeles. He is a Professor of Internal Medicine and an Assistant Dean for Clinical Affairs at the University of Michigan where directs the Quality Management Program (QMP). QMP is responsible for measuring and improving institutional compliance with out-patient quality standards, developing chronic disease registries and is the lead unit for pay-for-performance programs such as Pioneer ACO. He is also an attending physician at the Ann Arbor VA Medical Center.

Table 02: Clinical Risk Stratification and Predictive Modeling

Kennen S. Gross, Director, Research & Evaluation, Camden Coalition of Healthcare Providers

For ten years the Camden Coalition of Healthcare Providers has been working on health systems reforms in Camden, NJ with the goal of improving health care quality and reducing health care costs. This session will describe the unique ways in which the Coalition uses data to (a) quantify the cost/quality problem at the community level, (b) develop programs to address cost/quality issues (c) identify the right patients at the right time with the right intervention, (c) evaluate the impact of interventions.

Kennen S. Gross serves as Director of Research and Evaluation where he oversees and manages the Coalition’s project evaluation and applied clinical research activities. In this role Ken develops the analytic strategy for understanding the health issues in Camden and for measuring the impact that Coalition programs have on these issues. His previous experience includes serving as a Senior Research Associate at The Reinvestment Fund, Epidemiologist at the Philadelphia Department of Public Health. Ken earned his PhD in Applied Statistics from the University of Pennsylvania where he also served as an Institute for Educational Sciences Pre-Doctoral Fellow. He earned his MPH degree in Epidemiology from Drexel University, and a BA from Washington University in St. Louis.

Table 03: Implementing a Chronic Disease Management Model to Support Patient-Centered Care

Heather Orth RN, BSN, MBA, Director of Accountable Care at Deaconess Health System

During this session, a detailed summary will be provided that explains how to implement a successful chronic disease management model in the primary care setting to provide patient-centered care. Specific elements that will be covered include; Clinical Practice Guideline development, Order Sets, Reporting, Care Plans, & utilization of clinical decision support tools in the EMR.

Heather Orth is the Director of Accountable Care at Deaconess Health System in Evansville, Indiana. She has over thirteen years of Physician Practice Management experience with a strong focus on primary care. She also has experience directing operations for a variety of both inpatient and outpatient service lines, including areas such as, bariatric surgery, diabetes, and senior services.

Most recently, Ms. Orth was named the Director of Accountable Care and in this role, she has been responsible for deploying the Patient Centered Medical Home model, developing and implementing strategies to manage populations, and providing leadership for Deaconess Care Integration. (Deaconess Health System’s Accountable Care Organization.)
Accountable Care Implementation Breakfast Roundtables

Table 04:
Communication and Driving Provider Change in the ACO world

Steve Krebs, MD, Chief Medical Officer, Physician Health Partners

With the development of ACOs managing physician change in a timely fashion becomes more important than ever. Depending upon the ACO structure techniques will necessarily be varied. In this roundtable Dr Krebs will outline how PHP has stimulated provider change through a variety of techniques and media. Common messaging errors and their consequences will also be reviewed. Individuals attending this roundtable will be encouraged to share their experiences in an effort to exchange knowledge and information.

Table 05:
Building a Consensus for Quality Measures to Support the Development of ACOs / PCMH

Gail Amundson MD, Healthcare Transformation Consultant LLC
past President and CEO of Quality Quest for Health of Illinois

Accountable Care Organization (ACO) success pivots on effective execution of a strategy that delivers better patients outcomes, uses resources more wisely and provides patients with an exceptional experience.

Quality Quest for Health of Illinois is a Regional Health Improvement Collaborative (RHIC) comprised of regional providers, employers, consumer organizations and insurers. Quality Quest is focused on projects that deliver on the triple aim by improving health, improving healthcare and lowering cost.

ACO contracts align financial incentives. Transparency aligns reputational incentives. By focusing on high impact areas Quality Quest helps

Table 06:
Developing a Data Analytics platform for Safety Net Providers as Business Planning/Sustainability for a Regional Extension Center

Dorian Seamster is the Chief Quality Officer at CalHIPSO

CalHIPSO, the ONC Regional Extension Center for most of California will present lessons learned in developing a data analytics platform using data from safety net providers, and discuss potential future use of the platform to support safety net provider participation in ACOs, Patient Centered Medical Home, and other quality initiatives.

Steve Krebs is a graduate of Eastern Virginia Medical School in 1989 followed by residency in Internal Medicine at Saint Joseph Hospital in Denver, Colorado. After staying an extra year to serve as Chief Resident he entered private practice in Wheat Ridge, Colorado. In the mid 1990s he founded what is now Denver’s largest inpatient provider group. Dr Krebs is one of the founding members of Physician Health Partners in 1996 and has served a number of roles inside that organization before becoming the Chief Medical Officer 2010. Inside PHP Steve helped direct the formation of the correctional division and was a key contributor to the successful bid for PHP to be awarded one of the initial pioneer ACO positions. In addition Dr Krebs is Head of Mission for Uplift Internationale a not for profit organization that provides free cleft lip and palate surgeries to underserved children in the Phillipines.

Gail Amundson served as President and CEO of Quality Quest for Health of Illinois from 2007 to 2012. Quality Quest led the development of CHIE, initiated public reporting, and helped the region achieve benchmark outcomes.

Dr. Amundson served as Medical Director at HealthPartners in Minnesota where her work won national awards and is described by the Institute of Medicine Report as “pioneering”. Dr. Amundson is a principle founder of MN Community Measurement©.

Dorian Seamster is the Chief Quality Officer at CalHIPSO, the Regional Extension Center serving most of California. Dorian is responsible for organizing the delivery of technical assistance to CalHIPSO’s primary care provider members to achieve and demonstrate Meaningful Use of Electronic Health Records. Dorian has focused on supporting health care providers to improve the quality of clinical care and operational efficiencies since the early 1990s, with a focus on the use of electronic information systems. Her previous experience includes working at OCHIN (a Health Center Controlled Network supporting the use of Epic electronic health record at more than 30 community health centers) where she served as the Director of Quality Improvement.