

# Agenda



## THURSDAY, OCTOBER 12

6:30 am – 6:15 pm      **Registration**  
Hall of Mirrors

7:00 am – 8:30 am      **Breakfast for Pre-Conference Sessions Attendees**  
Pacific Promenade, Rotunda

### PRE-CONFERENCE SESSIONS

8:00 am – 12:00 pm      **For Physicians Only: Physician Compensation and Incentive Design Deep Dive**  
**WARREN LEVY, MD, FACC, PRESIDENT & CHIEF MEDICAL OFFICER, VIRGINIA HEART; FALLS CHURCH, VA**  
**LARRY SOBAL, MBA, MHA, CMPE, EXECUTIVE VICE PRESIDENT, MEDAXIOM; MENASHA, WI**

This workshop-style session for physicians will explore two important issues in depth. First we will discuss “The Ideal Comp Plan—Does it Exist?” After doing a review and discussion of the variety of compensation models (100% productivity, hybrid, equal share) that are utilized by attendee programs, along with looking at broad data from the MedAxiom survey, we will present ideas on what a prototype compensation model might look like for a value-based reimbursement environment. Second we will cover “Incentive Metrics that Work.” Attendees will share their current incentive metrics and together we will discuss the types of metrics that are being used in incentive plans today, the design and measurement process, and the relative pros and cons of different approaches and options. Then, MedAxiom will offer ideas and solutions for effective metric design.

8:30 am – 11:30 am      **MACRA Essentials**  
**CHERIE KELLY-ADULI, CHIEF EXECUTIVE OFFICER, QPP CONSULTING GROUP; MANDEVILLE, LA**  
**JOEL SAUER, VICE PRESIDENT, MEDAXIOM CONSULTING; FORT WAYNE, IN**

The Medicare Access and CHIP Reauthorization Act, or MACRA, is now in place and providers across the US are being measured by its rules. At nearly 2,400 pages, this law is dizzyingly complicated, but is basically segmented into two broad categories: the Merit Based Incentive Program (MIPS) and Advanced Alternative Payment Models (AAPMs). By MedAxiom calculations, nearly 85 percent of clinicians will necessarily end up in the MIPS track, particularly in the early years of program. For this reason, this intensive will focus only on MIPS and go deep into the major components of the model: Advancing Care, Improvement Activities, Quality and Cost. Attendees will receive practical guidance on how to succeed in each with live examples on how to satisfy the requirements in today’s busy practice environment. This session will also cover internal infrastructure needs requisite for MIPS success. Attendees should already have a fundamental understanding of MACRA and MIPS to get the most out of this advanced pre-conference session.

8:00 am – 11:30 am      **Electrophysiology Boot Camp**  
**ANNE BEEKMAN, RN, VICE PRESIDENT, MEDAXIOM CONSULTING; GRAND RAPIDS, MI**  
**GINGER BIESBROCK, PA-C, MPH, MPAS, AACC, VICE PRESIDENT, MEDAXIOM CONSULTING; GRAND RAPIDS, MI**  
**DENISE BROWN, VICE PRESIDENT, BUSINESS INTELLIGENCE SOLUTIONS, MEDAXIOM CONSULTING; PALM HARBOR, FL**  
**NICOLE KNIGHT, LPN, CPC, CCS-P, DIRECTOR, REVENUE CYCLE SOLUTIONS, MEDAXIOM CONSULTING; JACKSONVILLE, FL**

Electrophysiology is an area in which rapid advancements make it difficult to stay up to speed with best practices and new solutions for device clinics, billing, ambulatory care and lab processes. This boot camp session will go deep into current challenges and strategies for success in the EP world. The experts from MedAxiom Consulting's team will focus on the following four areas:

- Device Clinic Optimization
- Effective Remote Monitoring Systems/Billing Practices
- Ambulatory Rhythm Management Specialty Clinic
- EP Lab Throughput and Efficiency

## GENERAL SESSION

1:00 pm – 1:15 pm

Pacific Ballroom

### Welcome and Opening Remarks

1:15 pm – 2:00 pm

Pacific Ballroom

## KEYNOTE PRESENTATION

### Successful Data Strategies for Value-Based Care

**JOON SUP LEE, MD**, UPMC/UNIVERSITY OF PITTSBURGH SCHOOLS OF THE HEALTH SCIENCES; EXECUTIVE DIRECTOR OF THE UPMC HEART AND VASCULAR INSTITUTE; CHIEF, DIVISION OF CARDIOLOGY AT THE UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE; ASSOCIATE PROFESSOR IN THE DEPARTMENT OF MEDICINE AT THE UNIVERSITY OF PITTSBURGH; PITTSBURGH, PA

With a focus on one of the top concerns identified by MedAxiom's CV health care leaders, Dr. Lee will discuss the significant investment UPMC has made in data systems to help UPMC move quickly and efficiently from volume- to value-based medicine. He will provide an overview of UPMC's unique structure and how its Heart and Vascular Institute is structured and positioned strategically for increased value-driven care. The details about UPMC's investment in data analytics will include case examples of improved efficiency, patient outcomes and how the system is further driving alignment with providers. Dr. Lee will also share how UPMC plans to leverage its experience, learnings and successes to partner with other payers. His perspective as a leader on CV services, data strategies, population health (nearly 40% of UPMC's patient population is capitated) and the transformation of CV programs from volume-to-value will be invaluable to attendees.

UPMC is a world-renowned health care provider and insurer based in Pittsburgh, PA; it operates more than 25 academic, community and specialty hospitals.

2:00 pm – 2:45 pm

Pacific Ballroom

### EMBRACE: Ideas for a New Health Care System for the 21st Century

**GILEAD LANCASTER, MD**, YALE NEW HAVEN HEALTH AT BRIDGEPORT HOSPITAL; ASSOCIATE CLINICAL PROFESSOR OF MEDICINE, YALE UNIVERSITY SCHOOL OF MEDICINE; BRIDGEPORT, CT

Dr. Lancaster will discuss some of the foundational ideas from his 2016 book, *EMBRACE: A Revolutionary New Health Care System for the Twenty First Century*. EMBRACE, which was first published as a proposal in the *Annals of Internal Medicine* in 2009, stands for Expanding Medical and Behavioral Resources with Access to Care for Everyone, and was developed by a nonpartisan group of health care professionals with an infrastructure designed to use modern innovations and technology to achieve effective and efficient health care. Those aspects differentiate it from any of the current Washington rhetoric related to health insurance reform of the Affordable Care Act. EMBRACE offers a bipartisan method to accomplish basic universal health coverage while eliminating some of the politically incendiary programs such as Medicare, Medicaid and the ACA. Further, it continues participation of for-profit health insurance companies with some "free-market" features without compromising the patient's health or adversely affecting the publicly funded system. Dr. Lancaster will explain the need for a new health care system and the possible effects of EMBRACE on patients, doctors, hospitals, businesses, and government.

2:45 pm – 3:00 pm

Pacific Ballroom

## Corporate Partner Introductions

3:00 pm – 3:30 pm

Pacific Promenade, Rotunda

## Break with Corporate Partners and Exhibitors

3:30 pm – 4:00 pm

Pacific Ballroom

## Cardiology Advocacy Alliance Update

**CATHIE BIGA**, RN, PRESIDENT & CHIEF EXECUTIVE OFFICER, CARDIOVASCULAR MANAGEMENT OF ILLINOIS AND CAA PAST PRESIDENT; WOODBRIDGE, IL

**PAT HOLLOWAY**, CPA, CHIEF OPERATING OFFICER, OKLAHOMA HEART HOSPITAL PHYSICIANS AND CAA PRESIDENT; OKLAHOMA CITY, OK

Cardiology Advocacy Alliance (CAA) has been working aggressively in Washington DC on the multiple priorities critical to the cardiovascular community. This session will review the latest developments in Washington, both regulatory and legal, that impact CV health care. Topics will include:

- An Update on the CMS Mandated Bundles
- Analysis of the Proposed 2018 MIPS Rule
- Critical Components of the PFS and HOPPS
- CAA's Top Priorities for 2018

4:00 pm – 4:45 pm

Pacific Ballroom

## Cath Lab Call Consolidation

**JEFF CARSTENS**, MD, MBA, FACC, EXECUTIVE MEDICAL DIRECTOR CARDIOVASCULAR SERVICES, CHI HEALTH CLINIC; OMAHA, NE

CHI Health and the affiliated CHI Clinic have focused on call consolidation from both the physician and cath lab staffing sides. Through the evolutionary process, there have been many successes and challenges. This deep dive into the details will explore lessons learned and highlight what has ultimately been a significant improvement in efficiency and optimization efforts.

4:45 pm – 5:30 pm

Pacific Ballroom

## Unique Commercial Contracts

**ANNA GIMBLE**, VICE PRESIDENT, UNITED HEALTHCARE; SALT LAKE CITY, UT

**BRIAN MATHIS**, CHIEF DEVELOPMENT OFFICER, OPTUM CARE; DEERFIELD, IL

For this session, the presenters will share their perspectives on the opportunity to achieve the Triple Aim of health care—improving the patient experience of care, improving the health of populations and reducing costs—through the use of the outpatient setting. The discussion will include details on what medical groups and health plans are doing to support this migration.

5:30 pm – 5:45 pm

Pacific Ballroom

## Corporate Partner Introductions

5:45 pm – 6:45 pm

Pacific Promenade, Rotunda

## Networking Reception with Corporate Partners and Exhibitors

6:45 pm

Grand Lawn

## Group Dinner

## FRIDAY, OCTOBER 13

6:00 am – 6:00 pm

### **Registration**

Hall of Mirrors

6:30 am – 8:30 am

### **Breakfast**

Pacific Promenade, Rotunda

6:45 am – 7:45 am

### **Physician–Only Breakfast Meeting**

This facilitated physician discussion will cover a range of audience-driven issues. Topics of discussion typically include areas such as physician leadership, the current state of federal health and reimbursement programs/policy and its impact on physicians, physician workforce issues, compensation and non-work RVU components, and physician relationships with hospitals.

6:45 am – 7:45 am

### **Ask the Consultants Q&A Breakfast**

**MEDAXIOM CONSULTING TEAM**

This is your chance to ask the experts about industry issues or specific challenges you face in a more informal, roundtable format. Topics range from reimbursement and revenue cycle/coding and billing to physician compensation, workforce planning and cardiovascular service line optimization. The MedAxiom Consulting team has hundreds of years of combined experience in cardiovascular health care delivery; take advantage of this opportunity to tap into their expertise.

8:30 am – 10:00 am

### **Pod Sessions**

Pod A

Pod B

Pod C

Pod D

Pod E

Peds Pod

HCA Pod

10:00 am – 10:30 am

### **Break with Corporate Partners and Exhibitors**

Pacific Promenade, Rotunda

10:30 am – 12:00 pm

### **Pod Sessions (continued)**

12:15 pm – 1:15 pm

### **Educational Spotlight Lunches**

1:30 pm – 2:15 pm

**BREAKOUT SESSIONS (CHOOSE 1 OF 4)**

**Population Health Track**

**PCSP One Year Later**

**XIAOYAN HUANG, MD, MHCM, FACC,** CHAIR, FINANCE AND BUSINESS DEVELOPMENT COMMITTEE, PROVIDENCE HEART CLINIC; CARDIOLOGY MEDICAL DIRECTOR, PROVIDENCE MILWAUKIE HOSPITAL; PORTLAND, OR

**LESLEY M. JONES LARSON, MHA, FACHE,** DIRECTOR CLINICAL OPERATIONS, PROVIDENCE HEART INSTITUTE OREGON; PORTLAND, OR

In 2014, Providence Heart Clinic (PHC) Gateway became the first cardiology practice in the country to be recognized by the National Committee for Quality Assurance (NCQA) for transforming specialty care as a Patient Centered Specialty Practice (PCSP). PCSP standards have allowed PHC to standardize workflow processes and spread best practices across all Providence cardiology clinics in Oregon. Dr. Huang and Ms. Larson will share Providence Heart’s journey over the last few years, discussing successes and challenges, since being recognized as a PCSP leader. They will share their data in the improvement of patient access, care coordination, patient satisfaction, productivity, and reducing variable costs.

**Clinical Track**

**Care Variation**

**EDWARD T.A. FRY, MD, FACC, FSCAI,** CHAIR, CARDIOLOGY DIVISION AND CVSL, ST. VINCENT MEDICAL GROUP, ST. VINCENT HEART CENTER; INDIANAPOLIS, IN

There are those who would sum up clinical variation this way: “We’ll all get along if everyone does things my way.” In an effort to find solutions, this session will focus on the impact of clinical variation at the system, hospital/practice, and individual level on clinical outcome, cost of care, efficiency, and care team design. Specific examples, case studies, and tools to address controlling variation will be discussed.

**Ambulatory Operations Track**

**Improving Patient Engagement**

**RACHAEL DORVAL, MBA, BSN, RN,** BAPTIST HEART & VASCULAR INSTITUTE; PENSACOLA, FL

**HONG TRAN, OPERATIONS SERVICE DIRECTOR,** BAPTIST HEART & VASCULAR INSTITUTE; PENSACOLA, FL

This presentation will cover improving the patient experience in the service line, with each area working together to make the experience seamless and smooth. Examples of what Baptist Heart & Vascular Institute has done include: creating patient experience cards that allow for direct contact with clinical and administrative directors; monthly APP breakfasts to discuss/ provide tools for improving their CGCAPHS scores; working with the physician teams (RN, MA, Scheduler) on how they contribute to patient experience; and the formation of a Standardization/ Branding committee to improve the look of patient facing areas.

**Innovation Track**

**Heart Failure Clinic Success: Integrated Model with Pharmacy Significantly Reduces Readmissions**

**ANNE CASEY, MS, FAACVCP,** ADMINISTRATIVE DIRECTOR, HEART INSTITUTE, VIRGINIA MASON MEDICAL CENTER; SEATTLE, WA

This session will highlight an innovative Heart to Heart program created by Virginia Mason Medical Center and Kelley Ross Pharmacy Group designed to improve medication safety, provide education and decrease readmissions for the heart failure patient during their transition from hospital to home. Community pharmacists were integrated into the hospital discharge process and completed 3 home visits and 3 phone calls to create a seamless transition and visibility to the goals of care. With this polypharmacy population, the pharmacist skill set is aligned with the highest needs of these patients to remain compliant with their plan of care and interact directly with their care provider. The 30-day readmission rates in this complex heart failure population dropped from 19% to 8% with the Heart to Heart program intervention.

2:15 pm – 3:00 pm

**BREAKOUT SESSIONS (CHOOSE 1 OF 4)**

**Population Health Track**

**Service Line Financial Statements—Consolidate, Accuracy and Boundaries**

**MATTHEW PORTER, FINANCE MANAGER,** CARDIOLOGY CONSULTANTS; PENSACOLA, FL

**ASHLEE HUDNALL, MBA, SENIOR FINANCIAL ANALYST,** BAPTIST HEALTH CARE; PENSACOLA, FL

This session will provide an overall illustration of consolidated financial statements and the importance of maintaining accuracy and

**Clinical Track**

**Contemporary Management of Critical Limb Ischemia**

**HOWARD FELDMAN, MD, SHAW HEART & VASCULAR CENTER, CHI MERCY MEDICAL CENTER; ROSEBURG, OR**

The increasing prevalence of obesity and diabetes in our aging population is alarming and represents a looming public health crisis. As diabetes is systemic, several end organs are affected, notably the arterial vasculature generally, and the foot in particular. While many

**Ambulatory Operations Track**

**Boosting OP Procedural Market Share**

**GORDON WESLEY, DBA, FACHE,** SYSTEM CARDIOVASCULAR SERVICE LINE ADMINISTRATIVE DIRECTOR, ST. VINCENT’S HEALTH SYSTEM; BIRMINGHAM, AL

In a state with a relatively low number of office-based labs, the experience of an ever-evolving partnership between an independent cardiology group and health system allows for a multi-beneficial effect that aligns priorities and provides ultimate

**Innovation Track**

**Developing a Clinical Strategy—Asset, Programmatic and Workforce Allocation Health Policy Statement**

**JASON PARKS, PRESIDENT, PULSE HEART INSTITUTE, MULTICARE HEALTH SYSTEMS; TACOMA, WA**

**VINAY MALHOTRA, MD, FACC, FAHA, FSCCT,** PULSE HEART INSTITUTE; MULTICARE HEALTH SYSTEMS; TACOMA, WA

With the development of a Cardiovascular Institute, which strategically aligned physicians with the health system without employing them, Pulse Heart

boundaries, while maintaining transparency. The presenters will share Baptist's Heart and Vascular Institute's consolidation model, and take a deep dive into the bigger picture that financial statements bring to the table including the effectiveness, efficiency and integrity of the financial statements. This will also include a look at specialized reports that focus on the practice investment, service line contribution, provider investment, and outreach investment.

practitioners are aware of this subset of ASCVD few screen for or treat Peripheral Artery Disease (PAD), according to current guidelines. The disease is underdiagnosed and undertreated, resulting in high rates of morbidity and mortality. The prognostic burden of PAD is underappreciated. PAD is easily detected and followed using widely available, safe non-invasive techniques. The fiscal, societal and personal costs associated with PAD and Critical Limb Ischemia (CLI) are significant.

This talk aims to summarize current knowledge of PAD and its most serious manifestation, CLI and to provide information regarding contemporary approaches to management of affected patients.

outpatient care. This presentation will explore the challenges and successes of building an outpatient procedural partnership.

Institute has realized a higher level of physician engagement and seen improvement in quality, service, and financial metrics. Physicians partner with administrative dyads in leading the Centers of Excellence.

The establishment of this model has allowed physicians to run the outpatient cardiology services as well as the inpatient cardiology floors, cath labs, and services.

3:00 pm – 3:30 pm **Break with Corporate Partners and Exhibitors**  
[Pacific Promenade, Rotunda](#)

## GENERAL SESSION

3:30 pm – 4:15 pm **MACRA/MIPS: How to Prepare for 2018 and Beyond**  
[Pacific Ballroom](#)  
**LANNAE EWING**, MBA, MSN, APN, DIRECTOR HEART FAILURE SERVICES, LOURDES HEALTH SYSTEM; CAMDEN, NJ  
**CATHIE BIGA**, RN, PRESIDENT & CEO, CARDIOVASCULAR MANAGEMENT OF ILLINOIS; WOODBRIDGE, IL  
**MODERATOR: JOEL SAUER**, VICE PRESIDENT, MEDAXIOM CONSULTING; FORT WAYNE, IN  
The 2018 proposed rule for MACRA has changes to the Quality Payment Program (QPP) and features a continuation of “pick your pace” for the new payment system’s data reporting; it also expands exemptions of physicians from mandatory participation. This session will cover the proposed rule changes and how it affects your program as well as take home examples to prepare for 2018 and beyond.

4:15 pm – 5:00 pm **The Balance Between Stark Compliance and MACRA**  
[Pacific Ballroom](#)  
**MARK TOWNSEND**, MD, FACC, FAAP, FACP, ASSOCIATE EXECUTIVE MEDICAL DIRECTOR, STROOBANTS CARDIOVASCULAR CENTER; LYNCHBURG, VA  
**JIM DANIEL**, DIRECTOR, HANCOCK, DANIEL, JOHNSON & NAGLE, P.C.; RICHMOND, VA  
Written into MACRA was the recognition that achieving the objectives of the Triple Aim of Health Care, namely decreasing cost while increasing quality, would require a revision of the traditional interpretation of Stark in a fee-for-service world. The Affordable Care Act allowed HHS to issue Stark waivers, and MSSP, ACO and EPMs were issued waivers. The challenge is that medical directors of service lines in many cases are not given consolidated statements, but are accountable for cost and quality. Additionally, the Yates memo has heightened compliance related scrutiny. This presentation looks at the challenge by exploring how programs can gain a better working knowledge of downstream financial implications and the consequences of their decisions.

5:00 pm – 5:45 pm

Pacific Ballroom

## **National Fragmentation within the CV Community: Panel Discussion**

**HOWARD J. FELDMAN**, MD, FACC, FSCAI, SHAW HEART & VASCULAR CENTER, CHI MERCY MEDICAL CENTER; ROSEBURG, OR  
**FARHAT KHAIRALLAH**, MD, TALLAHASSEE MEMORIAL HEALTHCARE; TALLAHASSEE, FL  
**NORMAN RISINGER**, MD, AUSTIN HEART; AUSTIN, TX  
**MATTHEW SUMPTER**, MD, PARKVIEW MEDICAL CENTER; PUEBLO, CO  
**MODERATOR: JOEL SAUER**, VICE PRESIDENT, MEDAXIOM CONSULTING; FORT WAYNE, IN

As CV subspecialties continue to evolve and develop, with focused training and new fellowship designations, the lines between are getting clearer and bolder. About a half dozen CV societies exist to advance the knowledge and training within their specific clinical area. But is this compartmentalization splintering the CV community's influence? Are we seeing within the CV community what happened more broadly to physicians as a whole? This panel, made up of different CV physician specialists, will assess our current and future state, and share their opinions on the positive and negative aspects of fragmentation.

5:45 pm – 6:45 pm

Pacific Promenade, Rotunda

## **Networking Reception with Corporate Partners and Exhibitors**

## **SATURDAY, OCTOBER 14**

6:30 am – 11:00 am

Hall of Mirrors

## **Registration**

6:30 am – 8:30 am

Pacific Promenade, Rotunda

## **Breakfast**

6:30 am – 7:15 am

## **Physician-Only Breakfast Meeting**

This facilitated physician discussion will cover a range of audience-driven issues. Topics of discussion typically include areas such as physician leadership, the current state of federal health and reimbursement programs/policy and its impact on physicians, physician workforce issues, compensation and non-work RVU components, and physician relationships with hospitals.

## **GENERAL SESSION**

7:30 am – 8:00 am

Pacific Ballroom

## **21st Century Cures Act**

**MIKE MYTYCH**, MBA, PRINCIPAL, HEALTH INFORMATION CONSULTING, LLC; MENOMONEE FALLS, WI

The 21st Century Cures Act includes a number of provisions that push for greater interoperability, adoption of electronic health records and support for human services programs. This session will cover the recent ONC's "Top Priorities" related to The 21st Century Cures act focusing on the interoperability portion of the law and what attendees can do to educate their programs on these changes.

8:00 am – 8:45 am

Pacific Ballroom

## **A-List A Fib: One Program's Journey to the Top**

**ANDRE GAURI**, MD, FHRS, SPECTRUM HEALTH MEDICAL GROUP; GRAND RAPIDS, MI

**VERONICA SANDERS**, RN, BSN, PRACTICE MANAGER, CARDIAC ELECTROPHYSIOLOGY, SPECTRUM HEALTH MEDICAL GROUP; GRAND RAPIDS, MI

Learn how Spectrum Health focused on and elevated its A Fib program by creating pathways from the ER to the practice, a fast track for sleep referrals, provider guidelines in the clinic for those patients seen by Advanced Practice Providers, patient education, and high-risk medication clinics (surveillance monitoring). Now that these initiatives have been established and succeeded, Spectrum Health is preparing for its next steps in expanding its position as a top A Fib program.

9:00 am – 9:45 am

## BREAKOUT SESSIONS (CHOOSE 1 OF 3)

### Population Health Track

#### Risk Adjustment Factor and Risk Scoring

Monarch Ballroom 1

**DENZIL D'SOUZA**, MD, FACC, FSCAI, FORT WORTH HEART; FORT WORTH, TX

**JAMMIE QUIMBY**, CPC, CCC, CEMC, CCS-P, CPMA, CRC, REVENUE CYCLE CONSULTANT, MEDAXIOM CONSULTING; JACKSONVILLE, FL

This presentation will include a brief history of risk adjustment and provide an in-depth review of the methodologies of risk scoring. The presenters will discuss how risk adjustment factors are generated and why they are important. The session will also go over how the above impacts cardiovascular health care programs and practices under current and future risk-based payment models.

### Clinical Track

#### Deep Dive into Multi-Specialty A Fib Programs

Monarch Ballroom 2

**FARHAT KHAIRALLAH**, MD, TALLAHASSEE MEMORIAL HEALTHCARE; TALLAHASSEE, FL

**KEVIN RIST**, MD, PHD, ASPIRUS CARDIOLOGY; WAUSAU, WI

**MODERATOR: GINGER BIESBROCK**, PA-C, MPH, MPAS, AACC, VICE PRESIDENT, MEDAXIOM CONSULTING; GRAND RAPIDS, MI

Our presenters will discuss the development an A Fib clinic with the objective of maintaining an effective access strategy, appropriate/effective clinical care, and access to advanced therapies as appropriate. These programs will outline their experience utilizing team-based care models, guideline-driven care strategies, and opportunities for growth. Both challenges and successes will be highlighted.

### Ambulatory Operations Track

#### Case Studies in Chronic Care Management

Monarch Ballroom 3

**MARK KLAKULAK**, ADMINISTRATOR, CLINIC OPERATIONS, OKLAHOMA HEART HOSPITAL PHYSICIANS; OKLAHOMA CITY, OK

**MODERATOR: NICOLE KNIGHT**, LPN, CPC, CCS-P, DIRECTOR, REVENUE CYCLE SOLUTIONS, MEDAXIOM CONSULTING; JACKSONVILLE, FL

This session will focus on how member organizations have operationalized chronic care management in their practices. Presenters will provide a look into the clinical and financial cases behind the growth of chronic care management, and discuss the requirements of and steps necessary to implement sound and successful chronic care management programs.

9:45 am – 10:30 am

## BREAKOUT SESSIONS (CHOOSE 1 OF 2)

### Innovation Track

#### Late Breaking Topic

Monarch Ballroom 2

### Ambulatory Operations Track

#### Outpatient Cardiac Cath Lab Optimization

Monarch Ballroom 3

**ANNE BEEKMAN**, RN, VICE PRESIDENT, MEDAXIOM CONSULTING; GRAND RAPIDS, MI

**DENISE BROWN**, VICE PRESIDENT, BUSINESS INTELLIGENCE SOLUTIONS, MEDAXIOM CONSULTING; PALM HARBOR, FL

During this session, new data on cath lab priorities and dyad leadership will be revealed and reviewed. The data, based on a MedAxiom benchmarking survey of providers and administrators, will include: level of preparedness for new payment models, radial volumes, same-day discharge percentages of outpatient procedures, and more. Attendees will explore questions such as: How does your leadership dyad stack up against this new data? If you were to compete today with an ambulatory cath lab site, how would you fare? Learn about leaning out your cath lab processes; tips and tricks for quick wins will be shared.

10:30 am

Conference Adjourns



# THANK YOU!