

# Agenda



**CV TRANSFORUM**

SPRING '18

APRIL 12-14, 2018 • PONTE VEDRA BEACH, FL

SPONSORED BY **Cardiovascular Business**

## THURSDAY, APRIL 12

6:30 am – 6:15 pm **Registration**

7:00 am – 8:30 am **Breakfast for Pre-Conference Sessions Attendees**

### PRE-CONFERENCE SESSIONS

8:00 am – 12:00 pm **Physicians Only: Practice Culture & Physician Leadership**

**REBEKAH APPLE**, MA, DHS<sub>c</sub>, DIRECTOR OF STUDENT AFFAIRS AND PROGRAMMING, AMERICAN MEDICAL STUDENT ASSOCIATION; TAMPA, FL

**WARREN LEVY**, MD, FACC, PRESIDENT & CHIEF MEDICAL OFFICER, VIRGINIA HEART; FALLS CHURCH, VA

Strong cultures have been critical to our success as cardiovascular practices in the past, and when aligned with strategy and leadership, a strong culture drives positive organizational outcomes.

How are the disruptive transformations that are occurring in healthcare, generational changes, alignments and integrations affecting our practice culture? How do we as leaders retain the essential aspects of our practice culture to remain successful in this new marketplace?

This pre-conference meeting will focus on understanding culture, influencing culture and leading our organizations through potential changes in culture in a relationally healthy way to maintain our success as cardiovascular practices. The session will include a mix of didactic learning and group discussion.

8:30 am – 11:30 am **Developing an Ambulatory Strategy: Is an ASC or OBL Right for Your CV Program?**

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

**NICOLE KNIGHT**, LPN, CPC, CCS-P, DIRECTOR, REVENUE CYCLE SOLUTIONS AND SENIOR CONSULTANT, MEDAXIOM CONSULTING; JACKSONVILLE, FL

**MARC TOTH**, CMAA, CHIEF EXECUTIVE OFFICER, ACA CARDIOVASCULAR; INCLINE VILLAGE, NV

**JACOB TURMELL**, DNP, RN, NP-C, ACNS-BC, CCRN-CMC, VICE PRESIDENT, MEDAXIOM CONSULTING; GRANDVILLE, MI

A common theme in cardiovascular programs and practices is the need for a procedural Ambulatory Strategy. The agreement around this concept is almost unanimous, but how to successfully develop this concept is a challenge for most programs.

This pre-conference deep dive session is for you if you are struggling with the following questions:

- How do I determine if I need an Ambulatory Surgical Center (ASC) or Office-Based Lab (OBL)?
- What are the attributes—such as physician numbers, procedure types, volumes and locations—that drive success?
- What is the economic picture for ASC and OBL?
- Will it be beneficial to be in an ASC or OBL related to the voluntary bundles?
- Are these offerings just for non-integrated physician practices?
- What is the process to get started?

During the 2017 Outpatient Endovascular and Interventional Society (OEIS) meeting it was revealed that 25% of OBL fail due to poor financial planning and limited understanding of the market. A busy ASC or OBL may not be a profitable one. Use this pre-conference session opportunity to help avoid the pitfalls and begin a thoughtful review to determine if an ASC or OBL is the right move for your practice or program.

## GENERAL SESSION

- 1:00 pm – 1:15 pm **Welcome and Opening Remarks**
- 1:15 pm – 2:15 pm **CV Healthcare Landscape Right Now: Top Issues and Opportunities Panel Discussion**  
**EDWARD T.A. FRY, MD, FACC, FSCAI, CHAIR, CARDIOLOGY DIVISION AND CVSL, ST. VINCENT MEDICAL GROUP, ST. VINCENT HEART CENTER, INDIANAPOLIS, IN**  
**MIKE MYTYCH, PRINCIPAL AND FOUNDER, HEALTH INFORMATION CONSULTING, LLC; MILWAUKEE, WI**  
**MARC TOTH, CMAA, CHIEF EXECUTIVE OFFICER, ACA CARDIOVASCULAR; INCLINE VILLAGE, NV**  
**MODERATOR: JOEL SAUER, MBA, VICE PRESIDENT, MEDAXIOM CONSULTING; FORT WAYNE, IN**
- This session will start with a sneak preview of the latest data from MedAxiom’s annual survey of membership that tracks hundreds of critical cardiovascular metrics. We will look at the key trends and takeaways from this year’s data. From there, our panel of CV leaders will discuss the major issues and trends influencing and impacting our industry today. The discussion will include predictions of what it all means and offer ideas for navigating the current landscape in this time of rapid change.
- 2:15 pm – 3:00 pm **Re-engineering our Care Delivery for Value-Based Success**  
**GINGER BIESBROCK, PA-C, MPH, MPAS, AACC, VICE PRESIDENT, MEDAXIOM CONSULTING; GRAND RAPIDS, MI**  
**JACOB TURMELL, DNP, RN, NP-C, ACNS-BC, CCRN-CMC, VICE PRESIDENT, MEDAXIOM CONSULTING; GRANDVILLE, MI**
- With the goals of improving patient outcomes, succeeding in risk payment models and improving the healthcare experience for all, this session will focus on how to re-engineer care delivery in a value-based environment. It will include: a brief review of current care delivery challenges; an overview of new payment models and requirements for success; the process of re-engineering care delivery in a value-based, population health environment; and presentations of a successful HF BPCI program with details on how they achieved their outcomes.
- 3:00 pm – 3:15 pm **Corporate Partner Introductions**
- 3:15 pm – 3:45 pm **Break with Corporate Partners and Exhibitors**
- 3:45 pm – 4:30 pm **Cardiology Advocacy Alliance Update**  
**CATHIE BIGA, RN, PRESIDENT & CHIEF EXECUTIVE OFFICER, CARDIOVASCULAR MANAGEMENT OF ILLINOIS AND CAA PAST PRESIDENT; WOODBRIDGE, IL**  
**JERRY BLACKWELL, MD, FACC, MBA, PRESIDENT, WELLMONT CVA HEART INSTITUTE; KINGSFORT, TN**  
**PAT HOLLOWAY, CPA, CHIEF OPERATING OFFICER, OKLAHOMA HEART HOSPITAL PHYSICIANS AND CAA PRESIDENT; OKLAHOMA CITY, OK**
- Cardiology Advocacy Alliance (CAA) represents cardiologists in Washington to ensure our voices are heard as the Value Agenda is updated. This session will review the latest developments in Washington, both regulatory and legal, that impact the CV health care community. Topics will include:
- Latest details on CMS Rules
  - Legislative Outlook
  - CAA Priorities
- 4:30 pm – 5:15 pm **Achieving the Quadruple Aim: Clinician Satisfaction Equals Engagement, and Vice Versa**  
**EDWARD T.A. FRY, MD, FACC, FSCAI, CHAIR, CARDIOLOGY DIVISION AND CVSL, ST. VINCENT MEDICAL GROUP, ST. VINCENT HEART CENTER, INDIANAPOLIS, IN**
- Examples of organizations that have achieved high levels of physician engagement will be highlighted. Reported reasons for satisfaction and engagement include having a fair compensation model, equitable distribution of work; supportive, humble and group oriented colleagues; valuing work-life balance, transparency; culture of patient and group centeredness; collaborative relationships with system leadership and CVSL staff; shared vision; a legacy of looking forward, and inclusive leadership at the practice level. Also to be discussed are the current threats to physician engagement such as changes to compensation, system consolidation, re-alignment of goals and the culture created by the increased financial pressures facing health systems today.
- 5:15 pm – 5:30 pm **Corporate Partner Introductions**
- 5:30 pm – 6:30 pm **Networking Reception with Corporate Partners and Exhibitors**
- 6:30 pm **Group Dinner**

## FRIDAY, APRIL 13

- 6:00 am – 6:00 pm **Registration**
- 6:30 am – 8:30 am **Breakfast**
- 6:45 am – 7:45 am **QPP/MACRA Breakfast**  
**CHERIE KELLY-ADULI**, CHIEF EXECUTIVE OFFICER, QPP CONSULTING GROUP; MANDEVILLE, LA
- Are you overwhelmed by MACRA? In this interactive breakfast session, Cherie Kelly-Aduli will cover changes in the MIPS program and the tips and tricks you need to score big in year 2 of the CMS quality payment program. This session is recommended for MIPS eligible clinicians, office managers and Practice Administrators; it will include time for Q&A.
- 6:45 am – 7:45 am **Physician-Only Breakfast**
- 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.
- 8:00 am – 9:30 am **POD SESSIONS**
- Pod A  
 Pod B  
 Pod C  
 Pod D  
 Pod E  
 Peds Pod  
 HCA Pod
- 9:30 am – 10:00 am **Break with Corporate Partners and Exhibitors**
- 10:30 am – 11:30 am **Pod Sessions Continued**
- 11:45 am – 12:45 pm **Educational Spotlight Lunches**
- GENERAL SESSION**
- 1:00 pm – 1:30 pm **Pathway to Succeeding in a Bundle Program**  
**AMIT AMIN, MD**, BARNES-JEWISH HOSPITAL; ST. LOUIS, MO
- Dr. Amin will detail the results he has experienced with same-day discharge under a bundle program, including a reduction in costs to his hospital. He will then share his experience in understanding, managing or redesigning the processes needed to be successful in a bundle program. This information is designed to help you better understand your bundle program options, focus on what's important and achieve success in value-based healthcare.
- 1:30 pm – 2:30 pm **The Future of Interventional Cardiology: Panel Discussion**  
**JARL BLIJD**, SENIOR FIELD MARKETING MANAGER, IMAGE GUIDED THERAPY, PHILIPS HEALTHCARE; BOSTON, MA  
**ALLISON DUPONT, MD, FACC, FSCAI**, NORTHEAST GEORGIA HEART CENTER; GAINESVILLE, GA  
**NORMAN RISINGER, MD, FACC**, AUSTIN HEART; AUSTIN, TX  
**MODERATOR: ANNE BEEKMAN, RN**, VICE PRESIDENT MEDAXIOM CONSULTING; GRAND RAPIDS, MI
- In the past, planning around the future of interventional cardiology was an exercise in planning for PCI growth. Today, the landscape for interventional cardiology looks very different with new procedures, technologies, payment models and the movement to outpatient. Our panel of leaders in interventional cardiology will tackle tough questions such as: Do you think diagnostic and interventional coronary procedures should/will move out of the acute care center? How do you address the medical and legal concerns around same-day discharge for PCI? Many cath labs are at 50% capacity and there is often a need for hybrid rooms; how are programs addressing these changing capital demands. Our expert panel will conclude with questions from the audience.
- 2:30 pm – 3:00 pm **Break with Corporate Partners and Exhibitors**

3:00 pm – 4:00 pm

## BREAKOUT SESSIONS (CHOOSE 1 OF 3)

### APP Utilization Panel

**VANCE CHUNN**, D.SC., FACHE, CHIEF EXECUTIVE OFFICER, CARDIOLOGY ASSOCIATES OF MOBILE; MOBILE, AL

**JOSEPH GOEKE**, MD, FACC, SAINT LUKE'S MID AMERICA HEART INSTITUTE CARDIOVASCULAR CONSULTANTS; KANSAS CITY, MO

**NICOLE KNIGHT**, LPN, CPC, CCS-P, ACS-CA, DIRECTOR, REVENUE CYCLE SOLUTIONS, MEDAXIOM; JACKSONVILLE, FL

#### MODERATORS:

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

**JACOB TURMELL**, DNP, RN, NP-C, ACNS-BC, CCRN-CMC, VICE PRESIDENT, MEDAXIOM CONSULTING; GRANDVILLE, MI

Our discussion on how to best utilize Advanced Practice Providers (APPs) as part of your care team will include clinical deployment, governance and billing/ reimbursement. The panel will define and discuss the deployment of APPs in a busy CV practice and summarize the outcomes of effective utilization. We will also provide examples of strong APP governance and define critical steps needed to establish that structure. Finally, we will go over current APP billing options and required documentation.

### Variation to Validation: Case Study on How to Use Your Data

**AMY FRYE-ANDERSON**, AVP, GOVERNMENT PROGRAMS AND CLINICAL REPORTING, HCA/PHYSICIAN SERVICES GROUP; NASHVILLE, TN

**SAMUEL HANKE**, MD, CINCINNATI CHILDREN'S HOSPITAL; CINCINNATI, OH

**MODERATOR: LORI WALSH**, MHA, VICE PRESIDENT, MEDAXIOM MEMBERSHIP AND SENIOR CONSULTANT; CROSSETT, AR

Minimizing unwarranted clinical variation was the #1 concern of 54% of healthcare executives in a recent industry survey. Is data the answer? What data tools are being underutilized? Several programs will explain how they use their data to understand the variation within the physician group and moved the needle over time. We will look at CV Scorecards, Public Reporting and the Quality Assurance program for examples of data that can help programs go from variation to validation.

### Physician Governance Case Study

**DEANNA KYRIMIS**, MBA, CHIEF EXECUTIVE OFFICER, ARCH HEALTH; SAN DIEGO, CA

**THOMAS SCHLEETER**, MD, ST. VINCENT MEDICAL GROUP CARDIOLOGY; INDIANAPOLIS, IN

**MODERATOR: JOEL SAUER**, MBA, VICE PRESIDENT, MEDAXIOM CONSULTING; FORT WAYNE, IN

Successful healthcare organizations have a clear vision of who they are and what they are trying to achieve—and every member of the team understands and believes in the vision. This clear and compelling direction is created through solid leadership and then pursued, monitored and held accountable by an organized governance structure. Without this critical infrastructure foundation, the greatest strategies in the world will simply evaporate. In this session, we will explore the challenges and steps that create successful physician governance structure in modern healthcare organizations, through the lenses of both administrators and physicians.

4:00 pm – 5:00 pm

## BREAKOUT SESSIONS (CHOOSE 1 OF 2)

### How to Start an A-fib Clinic from Scratch

**BRAD HUBBARD**, MD, MICHIGAN HEART; DETROIT, MI

**CHRISTINE MCINTYRE**, MHA, BSN, RN, FACHES, AACC, EXECUTIVE DIRECTOR, CARDIOVASCULAR SERVICES, BAPTIST HEALTH, LEXINGTON; LEXINGTON, KY

#### MODERATORS:

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

**JACOB TURMELL**, DNP, RN, NP-C, ACNS-BC, CCRN-CMC, VICE PRESIDENT, MEDAXIOM CONSULTING; GRANDVILLE, MI

Using examples of effective A-fib clinics, we will look at the very first steps of this ambitious undertaking. Our panel will cover details from modeling and developing your pro forma to identifying target patients and staff needs, and outlining clinical protocols. We will also examine key clinical operations and the care pathways that are critical to the attainment of an A-fib clinic. Then we will look at the operational, financial, clinical and patient outcomes expected from an effective A-fib clinic.

### PET Utilization: Panel Discussion

**JOSH GINSBERG**, MBA, EXECUTIVE DIRECTOR, THE HEART HOUSE; HADDON HEIGHTS, NJ

**FRED SIMMONS**, CHIEF EXECUTIVE OFFICER, CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CONSULTANTS; CLEARWATER, FL

#### MODERATORS:

**PAT WHITE**, PRESIDENT, MEDAXIOM; SOUTH LYON, MI

**DAVID WOLINSKY**, MD, FACC, FASNC, HEAD OF NUCLEAR CARDIOLOGY, CLEVELAND CLINIC; WESTON, FL

This breakout will include an exploration of why programs chose to include PET imaging. We will discuss quality and cost benefits, impact on SPECT and the cath lab, and the many issues to consider in developing a PET program. The discussion will provide valuable insights for those groups who currently have PET and those considering a PET program.

5:00 pm – 6:00 pm

## Networking Reception with Corporate Partners and Exhibitors

6:00 pm

## Dinner On Your Own

## SATURDAY, APRIL 14

6:30 am – 11:30 am **Registration**

6:30 am – 8:00 am **Breakfast**

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.

### GENERAL SESSION

8:00 am – 8:45 am **Legal Perspective: Physician Compensation and Care Team Models**

**JIM DANIEL**, J.D., MBA, DIRECTOR, HANCOCK, DANIEL, JOHNSON & NAGEL, PC; RICHMOND, VA

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

Many organizations are developing advanced care teams as a way to not only improve patient access and service, but also to lower the cost of care. Powerful members of these teams are Advanced Practice Providers (APPs). However, many physician compensation arrangements institute competitive economics between physicians and APPs, thereby hampering effective utilization of these resources. In this presentation, several models creating economic alignment will be presented, and the pros and cons of each will be discussed.

8:45 am – 9:30 am **Innovative Compensation Model Case Study**

**MARK CHANG**, MD, MBA, WELLMONT CVA HEART INSTITUTE; JOHNSON CITY, TN

**JIM DANIEL**, J.D., MBA, DIRECTOR, HANCOCK, DANIEL, JOHNSON & NAGEL, PC; RICHMOND, VA

**ADAM KLEIN**, PRINCIPAL, VALUATION SERVICES, ECG MANAGEMENT CONSULTANTS; SAN DIEGO, CA

Physician compensation is one of the top concerns facing cardiovascular healthcare organization today. We will explore the issues and challenges around compensation, and learn how one program expanded outside the bounds of traditional RVU-based compensation. Details will be shared on why and how they challenged both their group and health system to find an alternate method, and the solutions that resulted.

9:40 am – 10:40 am **BREAKOUT SESSIONS (CHOOSE 1 OF 3)**

#### How to Differentiate Your Program from the Competition

**JACOB CORBELL**, MBA, EXECUTIVE VICE PRESIDENT, BUSINESS DEVELOPMENT, CARDIOVASCULAR INSTITUTE OF THE SOUTH; LAFAYETTE, LA

**IBRAHIM SAEED**, MD, MRI MEDICAL DIRECTOR, ST. LUKE'S HEALTH SYSTEM; KANSAS CITY, MO

**AJ WAGNER**, MBA, DIRECTOR OF OPERATIONS, HCA; AUSTIN, TX

**MODERATOR: LORI WALSH**, MHA, VICE PRESIDENT, MEDAXIOM MEMBERSHIP AND SENIOR CONSULTANT; CROSSETT, AR

Understand ways to expand outside the traditional office visit and grow your practice as well as your service line through unique programs of collaboration and working with other subspecialties. The panel for this session will bring details of their experiences in 24-hour staffed urgent clinics, electronic inbound and outbound referral systems, building an infrastructure for telehealth and consumerism, and cardiac MRI.

#### Driving Cath Lab Operational Improvement Through the Ambulatory Practice: Case Study

**HENRY C. WATERER III**, MD, BAPTIST HEART CENTER; JACKSON, MS

Cath lab optimization is driven by the ambulatory setting? Yes! We will learn how the ambulatory offices worked in conjunction with the hospital to drive significant change including: eliminating unnecessary testing; generating new patient visits; increasing same-day discharge volumes; creating an ideal patient experience; eliminating redundancies in patient education, registration and information gathering; and strengthening the relationship between the ambulatory and hospital sides.

This work required significant leadership engagement and staff involvement, and resulted in a real patient-centered approach to procedural care. The ambulatory and hospital leadership shows how expanding the care team outside traditional silos has a powerful positive benefit in economic terms and patient experience.

#### Strategies Around New Revenue Streams and/or Cost Saving Ideas

**EDDIE BARBER**, CHIEF EXECUTIVE OFFICER, CARDIOLOGY ASSOCIATES NORTH MISSISSIPPI; TUPELO, MS

**AMY FRYE-ANDERSON**, AVP, GOVERNMENT PROGRAMS AND CLINICAL REPORTING, HCA/PHYSICIAN SERVICES GROUP; NASHVILLE, TN

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

In the healthcare environment today, there is a variety of potential ideas for new revenue streams and/or cost savings? What is working and what offers significant opportunity? Join us for this session with MedAxiom members presenting their process, successes, challenges and the opportunities identified with some of their latest endeavors. Our discussion will cover the following topics

- Opportunities in Cardiology ACOs
- MIPS Opportunities
- Remote Device Clinics

## ROUNDTABLE DISCUSSION

10:45 am – 11:30 am

### **Top CV Concerns Roundtable: Survey Summary and Discussion**

**MEDAXIOM CONSULTING TEAM**

This informal roundtable discussion will include a review of the results of a recent survey on Top Issues of Cardiovascular Leaders. From Comprehensive CV Strategy and Patient Experience to APP Utilization and Physician Comp Plans, there are key issues that impact everyone within the CV community. The MedAxiom Consulting team will summarize the latest findings and lead an open-ended discussion on how to address the top concerns we all face today and looking into the future.

11:30 am

### **Conference Adjourns**