

INNOVATION ■ TRANSFORMATION ■ EXECUTION

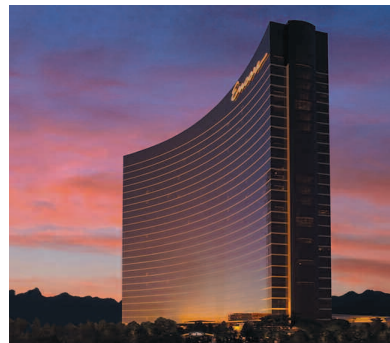
Succeeding in the New Models of Healthcare Delivery



OCTOBER 4–6TH, 2015

10th Annual

MDS Healthcare Leadership and Executive Conference



10TH
MDS
CONFERENCE

TOPICS AT A GLANCE

- Network Development/Tailored Networks
- Value-Based Business Models of Care
- Health Plan/Provider Partnerships
- Provider/Employer Collaborations
- Approaches to Population Health
- Mergers & Acquisitions
- New Physician Compensation Models
- Public & Private Health Exchanges
- Care Delivery Strategies
- Hospital/Physician Alignment Models
- Bundled Payments

DESIGNED FOR CEOs, CFOs, COOs, CNOs, CMOs,
BOARD MEMBERS, PHYSICIAN LEADERS, MEDICAL
DIRECTORS, VICE PRESIDENTS & DIRECTORS OF
FINANCE, VICE PRESIDENTS & DIRECTORS OF
BUSINESS DEVELOPMENT, HEALTHCARE ATTORNEYS,
BANKERS, CONSULTANTS AND DEVELOPERS

As the Affordable Care Act, population health initiatives and marketplace pressures are transforming healthcare, new partnership models of healthcare delivery continue to evolve. Hospitals, health systems, physicians and payors are responding by collaborating and forming new integrated delivery systems all the while facing regulatory, political and social uncertainty. Continued movement from volume- to value-based reimbursement is inevitable.

Leaders from healthcare organizations will share their vision, successes and lessons learned regarding new partnerships and delivery models that are shaping current and future coordinated care and population health platforms.

10th Annual
MDS Healthcare
Leadership and
Executive Conference

Who Should Attend?

The program is designed to benefit executives and board members of hospitals, health systems, physician organizations, health plans and healthcare-related businesses interested in learning the best strategic and operational business models for enhancing physician, hospital and health plan relationships during this time of healthcare reform. In addition to hearing from our distinguished faculty, the intensive two-day conference provides an unparalleled opportunity for attendees to interact with their colleagues from across the country to share best practices and establish ongoing connections.

OCTOBER 4–6TH, 2015

MDS
MEDICAL DEVELOPMENT SPECIALISTS
a VHA business

PRE-CONFERENCE WORKSHOP

Sunday, October 4th from 1 – 4 p.m.

Building Tailored Networks

As providers, health systems and health plans advance into value-based delivery and reimbursement models, the composition of provider networks rises to the top of the list as a priority for long-term success. Whether building the network from scratch or inheriting one already formed, it will be important to prioritize and focus on the network design characteristics that have the greatest impact on payor, provider, patient and community engagement. This session will review the key factors to be considered in building a payor-specific tailored network that can be attractive and profitable while delivering quality outcomes. Topics include:

- Payor Perspectives
- Network Composition & Design
- Organizing a CIN around Hospital Employees & Dependents
- Business Models & Compensation
- Governance
- Risk-Sharing Arrangements
- Physician Engagement
- Open or Narrow Physician Participation
- Obtaining & Utilizing Data



10TH ANNUAL MDS CONFERENCE

GUEST SPEAKERS

MDS
MEDICAL DEVELOPMENT SPECIALISTS
a VHA business



BARRY ARBUCKLE
President & CEO
MemorialCare Health System



FRANK BIRD
Principal
MDS Consulting,
a VHA Business



C. R. BURKE
President & CEO
St. Joseph Heritage
Healthcare



DIWEN CHEN
*Executive Director of
Payment Innovation &
Accountable Care*
Dignity Health



DAVE COMERCHERO
*Employee Benefits
Manager*
County of Sacramento



PHIL DALTON
Senior Vice President
MDS Consulting,
a VHA Business



CHRISTOPHER DAY
Senior Vice President
Strategy & Care Management
Kindred Healthcare, Inc.



ROBERT DEAN, JR., DO
Vice President
Performance Solutions,
VHA



SHAWN DEWERS
*Chief Business
Development Officer*
Tenet – Western Region



BILL GIL
Chief Executive
Providence Health
Network



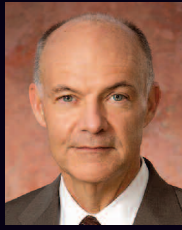
EMMA HOO
Director
Pacific Business Group
on Health (PBGH)



MARC HOFFING, MD
Medical Director
Desert Oasis Healthcare



ROBERT HOMCHICK
Partner
Davis Wright Tremaine, LLP



DONALD KEARNS, MD
President & CEO
Rady Children's Hospital –
San Diego



ERIC KLEIN
Partner
Sheppard Mullin



PRANAV KOTHARI, MD
Co-Founder
Amplify Health



CHRISTOPHER LLOYD
CEO
MHMD Memorial Hermann
Physician Network &
Memorial Hermann
Accountable Care Organization



GEORGE MCGREGOR
President
McGregor & Associates, Inc.



PAT METZGER
*Senior Vice President –
Chief of Care Management*
Memorial Hermann
Health System



LYNSEY MITCHEL
Associate
Sheppard Mullin



DAVID B. NASH, MD
Dean
Jefferson College of Population Health
Thomas Jefferson University



NANDINI RANGASWAMY
Co-Founder
*Executive Vice President &
Chief Strategy Officer*
ZeOmega



STEVEN RICHTER
Senior Vice President
Keenan HealthCare



ERNIE SCHWEFLER
Chief Contracting Officer
Keck Medicine of USC



GREG SIEBERT
Vice President
Network Management
UnitedHealthcare



WELLS SHOEMAKER, MD
*Executive Vice President &
Chief Medical Officer*
COPE Health Solutions



CHRISTOPHER STANLEY, MD
Vice President
Population Health
Catholic Health Initiatives



JOSEPH VASILE, MD
President & CEO
Greater Rochester
Independent Practice
Association (GRIPA)



CRAIG WRIGHT, MD
Senior Vice President
Physician Services
Providence Health & Services



MONDAY, OCTOBER 5TH

7:00 – 8:15 a.m.	BREAKFAST & REGISTRATION BEETHOVEN 1	
8:15 – 8:30 a.m.	Welcome / Introduction	Phil Dalton , <i>Senior Vice President MDS Consulting, a VHA Business</i>
8:30 – 9:30 a.m.	Leadership for Population Health As policies and reimbursement models cause the healthcare system to transition to population health management and from volume to value, a new type of leader is required. Hear David Nash, MD, who has been repeatedly named to <i>Modern Healthcare's</i> list of Most Powerful Persons in Healthcare, and is the founding Dean of the Jefferson College of Population Health, discuss leadership for the future.	David B. Nash, MD (Keynote Speaker) <i>Dean, Jefferson College of Population Health Thomas Jefferson University</i>
9:30 – 10:30 a.m.	Market Dynamics & New Transactions Payor mega-mergers, health system consolidation, convergence deals, delivery system redesign and Big Data – what will it take to succeed in today's brave new healthcare world? The factors leading to today's transactions and what transactions are coming next will be discussed.	Eric Klein <i>Partner Sheppard Mullin</i>
10:30 – 10:45 a.m.	BREAK	
10:45 – 11:45 a.m.	Secrets to Success in Advanced Accountable Care Accountable care organizations participating in the Medicare Shared Savings Program (MSSP) and Commercial ACOs have made a multitude of investments into their networks, health information technology and care management systems. Learn from the Houston-based health system that has successfully implemented the structures and support necessary for success, about case/care management models, clinical/quality outcomes, and the financial performance achieved through integration.	Christopher Lloyd <i>CEO, MHMD Memorial Hermann Physician Network & Memorial Hermann Accountable Care Organization</i> Pat Metzger <i>Senior Vice President – Chief of Care Management Memorial Hermann Health System</i>
11:45 a.m.	LUNCH BEETHOVEN 1	
1:00 – 1:45 p.m.	Evolving Bundled Payments & Other Reimbursement Models Alternative payment models are gaining momentum across the US with bundled payments for episodes of care rapidly expanding through programs such as CMS' Bundled Payment for Care Improvement (BPCI) program. You will hear from an organization that has taken financial risk for bundled episodes under the BPCI program – focusing on key learnings, challenges and critical factors that will drive success.	Christopher Stanley, MD <i>Vice President, Population Health Catholic Health Initiatives</i>
1:45 – 2:45 p.m.	CIN, Medicare & Commercial ACOs: Legal and Implementation Issues While health reform and recent CMS initiatives continue to fuel widespread industry consolidation and clinical integration, current healthcare laws continue to present legal challenges and implementation concerns for structuring CINs and other similar models. Hear from leading experts who have implemented CI networks and other models across the nation to respond to the changing healthcare dynamics that are causing providers to be more accountable for quality and outcomes.	Diwen Chen <i>Executive Director of Payment Innovation & Accountable Care, Dignity Health</i> Robert Homchick <i>Partner, Davis Wright Tremaine, LLP</i> Joseph Vasile, MD <i>President & CEO Greater Rochester Independent Practice Assoc., (GRIPA)</i> Robert Dean, Jr., DO <i>Vice President, Performance Solutions, VHA (Moderator)</i>
2:45 – 3:00 p.m.	BREAK	
3:00 – 4:15 p.m.	Improving the Performance of Medical Groups Rapid consolidation of physician practices has led to large scale aggregation, integration. Learn how medical group leaders have taken action to improve group performance with effective governance and management structures, leadership, aligned incentives, operational efficiency and strategies to implement change and improve clinical, operational, and financial performance.	Marc Hoffing, MD <i>Medical Director, Desert Oasis Healthcare</i> Wells Shoemaker, MD <i>Executive Vice President and Chief Medical Officer COPE Health Solutions</i> Craig Wright, MD <i>Senior Vice President, Physician Services Providence Health & Services</i> Bill Gil <i>Chief Executive, Providence Health Network (Moderator)</i>
5:30 – 7:30 p.m.	HOSTED RECEPTION BEETHOVEN 1	

TUESDAY, OCTOBER 6TH

7:00 – 8:15 a.m. BREAKFAST | BEETHOVEN 1

8:15 – 9:30 a.m. **Employer Perspectives on Provider Relationship Models**

Health care providers are often insulated from employer purchasers by health plans and other intermediaries. Hear the perspectives of private and public employer purchasers, including their objectives and constraints, interest in direct contracting and other strategies. Learn how provider organizations can best approach self-insured employers for direct contracts.

Dave Comerchero

Employee Benefits Manager, County of Sacramento

Emma Hoo

Director, Pacific Business Group on Health (PBGH)

George McGregor

President, McGregor & Associates, Inc.

Steven Richter

Senior Vice President, Keenan HealthCare (Moderator)

9:30 – 11:00 a.m. **Partnership Models for the Full Continuum of Care (Outpatient, Children's, Adult Acute and Post Acute)**

Hear industry experts discuss issues and approaches regarding the evolution of new relationships and partnership models, narrow, tailored, and high performance networks. Leaders from children's, adult care, and post-acute health systems will discuss learnings and case studies about integrating physicians, outpatient services, adult acute care, pediatric care and post-acute care for population health.

Barry Arbuckle

President & CEO, MemorialCare Health System

Donald Kearns, MD

President & CEO, Rady Children's Hospital-San Diego

Christopher Day

Senior Vice President, Strategy & Care Management

Kindred Healthcare, Inc.

Phil Dalton

Senior Vice President, MDS Consulting, a VHA Business (Moderator)

11:00 – 11:15 a.m. BREAK

11:15 – 12:15 p.m. **Implementing Risk-Based Financial Models (Partial & Full Risk Capitation to Provider Owned Health Plans)**

Provider organizations that decide to move upstream to seize a greater share of premium revenue by participating in value-based and capitated contracts must learn how to execute effective risk sharing. Hear from experienced industry experts about transitioning to value based contracting, health plan partnerships, the pros and cons of various arrangement types as well as successful implementation factors.

Shawn Dewers

Chief Business Development Officer

Tenet-Western Region

Ernie Schwefler

Chief Contracting Officer, Keck Medicine of USC

Greg Siebert

Vice President, Network Management

UnitedHealthcare

Frank Bird

Principal, MDS Consulting, a VHA Business (Moderator)

12:15 p.m. CONFERENCE ADJOURNS



10th Annual

MDS Healthcare Leadership and Executive Conference



OCTOBER 4–6TH, 2015

REGISTRATION FORM

Name _____

Title _____ Company _____

Address _____ Suite # _____

City _____ State _____ ZIP _____

Telephone _____ Fax _____ Email (required to receive confirmation) _____

How did you hear about the conference?

Hotel rooms have been reserved for October 4–6th at the Encore Las Vegas for the MDS reduced group rate of \$219 per night plus tax. Call 866.770.7555 to reserve your room now.

Healthcare Provider Organizations

- Early Registration \$695 (register by August 15th)
- Registration \$795 (after August 15th)
 - Additional Registrants: _____ @ \$695 each

Non-Healthcare Providers

- Early Registration \$1095 (register by August 15th)
- Registration \$1195 (after August 15th)
 - Additional Registrants: _____ @ \$1095 each
- Pre-Conference Workshop Registration Sunday, October 4th, \$295**
- Check enclosed (make payable to VHA-UHC Alliance NewCo, Inc.)
 - Visa MasterCard American Express

Exact name as it appears on credit card _____

Credit card billing address (if different from company) _____

City _____ State _____ ZIP _____

Card Number _____ Exp. Date _____ Signature _____

- Sorry, I cannot attend but please add me to your mailing list for future conferences.

Cancellation Policy

A written notification is required for a refund (minus \$150 for administrative fees) no later than September 4, 2015. After that date, all fees are forfeited; however, you are encouraged to send a substitute if you cannot attend.

Please register online at www.mdsconsulting.com

Please mail your payment to:
VHA-UHC Alliance NewCo, Inc.
75 Remittance Drive, Suite 1855
Chicago, Illinois 60675-1855

Or fax your registration information to: 424.247.8248

Questions?
Call 424.237.2525 or email cortale@vha.com

Register by August 15th & Save