

Thursday, October 11

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 – 11:30 am **Physician-Administrator Dyad Session**

Exploring Quality Metrics and Compensation Formulas

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

JERRY BLACKWELL, MD, FACC, MBA, CHIEF CLINICAL OFFICER, BALLAD HEALTH SYSTEM; KINGSPORT, TN

JOEL PORTER, SHAREHOLDER, MAYNARD COOPER GALE; BIRMINGHAM, AL

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

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

Quality and performance metrics are becoming more integral to the cardiologist's total compensation in integrated and affiliated relationships with health systems. This deep-dive pre-conference session for physicians and administrators will focus on:

- Quality & Performance Metrics
 - Review of questionnaire data, participant's metrics and impact on compensation
 - Physician's view of Quality & Performance Metrics
- The Value Proposition and System Performance Metrics
 - Health System view, goals and expectations
 - Are Registries an Option?
 - Where are Quality & Performance Metrics Going?
 - Negotiating your Performance/Quality component of Compensation
- Legal Considerations
 - Laws/regulations to consider
 - Recent changes to law to facilitate comp models
 - Future directions

We will look at these metrics from the physician's and the hospital's perspective to find common ground, and give our physicians and administrators help in negotiating future contracts and compensation plans.

8:00 am – 12:30 pm **APP Leadership Boot Camp** (Lunch Provided)

“So, you are a new APP leader – now what?”

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

This content-rich boot camp is intended for new and existing Advanced Practice Provider (APP) leaders—directors, managers and leads—and will include:

1. From Peer to Leader
 - a. Descriptions of challenges and opportunities
 - b. Keys to success
2. Leadership and Governance
 - a. What's the difference?
 - b. Can I have both?
3. Nuts and Bolts of an Administrative Role as an APP
 - a. Performance Management and Team Building
 - b. Clinical Protocol Development

- c. Project Management
- d. Schedule Building
- 4. Cardiovascular Business Operations
 - a. As a clinician, what do I need to know to be successful?
 - i. Billing/Coding
 - ii. RVUs and Productivity Benchmarks
 - iii. P and L – Cost vs Revenue
 - iv. Building a Pro Forma

GENERAL SESSION

1:00 pm – 1:15 pm **Welcome and Opening Remarks**

1:15 pm – 2:00 pm **Keynote: Unique Direct to Employer Relationships**

ERIC HABERICHTER, CEO OF ACCESS HEALTH NET; MILWAUKEE, WI
 LEE LEWIS, AREA VICE PRESIDENT, ARTHUR J. GALLAGHER & CO.; DALLAS, TX
 MODERATOR: JOSEPH SASSON, PH.D., EXECUTIVE VICE PRESIDENT, MEDAXIOM VENTURES;
 TALLAHASSEE, FL

The speed of radical change within healthcare isn't new. In fact, recent headlines tell us that disruptive change is happening at a staggering pace across the country, and often through the efforts of our country's largest corporations as opposed to the federal government. As part of an overarching conference theme, this keynote presentation will focus on how the market is being led by, and developed to support, self-insured employers. These self-insured's typically carry patients for longer periods of time and have the ability to pay for preventive care as well as engage in bundled payment models that help employers to keep their insured healthy and to collaborate with providers in new and exciting ways. There are fewer restrictions, fewer middle-men, and a focus on changing aspects of our healthcare and insurance system that appear dysfunctional to many of us.

This session will focus on the state of the industry in this market, how self-insured organizations are attempting to select providers, and how they are looking to pay providers using a bid-price bundle methodology. We believe this combination of viewpoints from experts in these areas will give some real depth to the strategies that self-insured corporations will be using to drive high-quality care and lower costs.

2:00 pm – 3:00 pm **How Telehealth and Virtual Medicine are Transforming Healthcare**

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

MARC NEWELL, MD, MEDICAL DIRECTOR, MINNEAPOLIS HEART INSTITUTE; MINNEAPOLIS, MN

JENNIFER RUSCHMAN, SENIOR DIRECTOR, CENTER FOR TELEHEALTH, CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER; CINCINNATI, OH

In 2017, 31 percent of health care organizations used video-based telemedicine services and 34 percent offered remote patient monitoring, according to a KPMG survey conducted by HIMSS Analytics. Kaiser Mid-Atlantic has moved to 50%+ virtual visits within their system and that number is growing every year. Yet, the concept does not seem to be catching on as a daily practice within cardiovascular health care.

This panel will explore why telemedicine (recently named healthcare's greatest opportunity and greatest challenge) can be difficult to execute and highlight some of the successes our presenters have experienced. We will cover what types of programs telehealth is best suited for as well as the financial, operational and clinical specifics needed for success.

3:00 pm – 3:15 pm **Corporate Partner Introductions (Part 1 of 2)**

3:15 pm – 3:45 pm **Break with Corporate Partners and Exhibitors**

3:45 pm – 4:30 pm **Unwarranted Variation**

PETER DUFFY, MD, FIRST HEALTH CARDIOLOGY; PINEHURST, NC

THOMAS SCHLEETER, MD, FACC, FASNC, CHAIRMAN CARDIOLOGY DIVISION, ST. VINCENT HEALTH/ST VINCENT MEDICAL GROUP; INDIANAPOLIS, IN

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CRAIG STRAUSS, MD, MPH, MEDICAL DIRECTOR, MINNEAPOLIS HEART CENTER; MINNEAPOLIS, MN

Clinicians agree that roughly one third of variation in care is unwarranted, leading to underuse of effective care, overuse of ineffective care, and increased cost. Attendees will learn what steps are being taken by our panelists to reduce unwarranted variation and how these steps can positively impact and position your organization.

4:30 pm – 5:00 pm

Cardiology & Diabetes—Collaborating with Primary Care

MIKHAIL KOSIBOROD, MD, PROFESSOR OF MEDICINE (CARDIOLOGY), SAINT LUKE'S MID AMERICA HEART INSTITUTE, UNIVERSITY OF MISSOURI KANSAS CITY; KANSAS CITY, MO

5:00 pm – 5:15 pm

Corporate Partner Introductions (Part 2 of 2)

5:15 pm – 6:15 pm

Networking Reception with Corporate Partners and Exhibitors

6:15 pm

Group Dinner

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Friday, October 12

- 6:30 am – 8:30 am **Breakfast**
- 6:45 am – 7:45 am **Physician-Only Breakfast**
- 8:00 am – 9:30 am **Pod Sessions**
- 9:30 am – 10:00 am **Break with Corporate Partners and Exhibitors**
- 10:00 am – 11:30 am **Pod Sessions (continued)**
- 11:45 am – 12:45 pm **Educational Spotlight Lunches**

GENERAL SESSION**1:00 pm – 1:45 pm Healthcare Policy and Economics**

MICHAEL CHERNEW, PHD, LEONARD D. SCHAEFFER PROFESSOR OF HEALTH CARE POLICY AND DIRECTOR OF THE HEALTHCARE MARKETS AND REGULATION LAB, HARVARD MEDICAL SCHOOL; CAMBRIDGE, MA

1:45 pm – 2:15 pm Captive Payer Populations and the Specialist Relationship

CHRISTOPHER OTT, MD, FACEP, CHIEF MEDICAL OFFICER, HCA PHYSICIAN SERVICES GROUP; NASHVILLE, TN

In this presentation, Dr. Ott will discuss physician alignment organizations and payer platforms—such as ACOs, CINs, MSSP, CPC+ and MA—that HCA Physician Services Group is currently involved in. He will focus on where reimbursement is impacted by specialist related resource utilization, closing care gaps, measuring the quality of outcomes and managing the spend per beneficiary.

2:15 pm – 3:00 pm CAA Update

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

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

3:00 pm – 3:30 pm Break with Corporate Partners and Exhibitors**3:30 pm – 4:15 pm BREAKOUT SESSIONS – Choose 1 of 4****1. How to Address and Consolidate Low Volume Hospitals in the Same System**

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

2. Clinic Resource Management

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

LISA LEE, MD, THE HEART INSTITUTE AT CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER; CINCINNATI, OH

This presentation will help attendees develop an understanding of how to balance clinic staffing to ensure appropriate coverage while maintaining costs. Our presenters will share examples of how their programs have dealt with this tough, operational question—and where they have seen the greatest challenges and successes.

3. Creating a Comprehensive Heart Failure Program

JOHN MIGNONE, MD, MEDICAL DIRECTOR, ADVANCED CARDIAC SUPPORT CLINIC, SWEDISH HEART & VASCULAR; SEATTLE, WA

With heart failure being the leading cause of death in the United States and among the most prevalent inpatient DRGs in the Medicare National Database, there is an acute need to develop comprehensive heart failure programs. The urgency become even greater when the complexity and expense of treating heart failure is considered. This session will focus on one organization's journey in creating a comprehensive heart failure program and will cover the following:

- Current State Congestive Heart Failure in Community Hospitals
- 30-day Readmission and Mortality Reviews
- Chronic Care Management

4. Unwinding the Deal – Disintegration Challenges with Fractured Practices

JASON GREIS, MCGUIRE WOODS LLP; CHICAGO, IL

LARRY SOBAL, CEO, FOX VALLEY CARDIOVASCULAR; APPLETON, WI

In this session presenters will provide an understanding of both the legal and practice implications of starting the disintegration process. The legal review will include discussions on how to get set up—from repurchasing assets to restrictive covenants. The practice review will cover what is involved in operationalizing—from finding a clinic space, re-employing staff, EHR training and setting up a billing system.

4:25 pm – 5:10 pm **BREAKOUT SESSIONS – Choose 1 of 4**

1. APP Utilization: A Panel Discussion on Success Stories

SARAH BROWN, RN, BSN, ANP-C, SAINT LUKE'S CARDIOVASCULAR CONSULTANTS APP MANAGER; KANSAS CITY, MO

NICK ZAUNBRECHER, CARDIOVASCULAR INSTITUTE OF THE SOUTH, APMC; HOUMA, LA

Through this panel discussion, attendees will gain insight into how to utilize their Advanced Practice Providers (APPs) in innovative and unique ways to more effectively and efficiently care for their patient population. We will cover examples from programs that focus on drivers of the APP utilization, processes needed for the change, and the outcomes to measure success. One such success story involves an organization's utilization of APPs in a call center for overnight coverage of inpatient areas to provide better care for patients and better work/life balance for the physicians.

2. Triad of Care

KRISTEN RICHARDS, SENIOR HEALTHCARE ECONOMICS MANAGER, PHILIPS; GILBERT, AZ

This session will explore a novel framework to drive necessary transformations to improve the clinical, financial and operational outcomes of the cardiovascular service lines across the country. The framework is built on the triad collaboration of physician leadership, administrators, and industry creating a community of thought leadership committed to reinventing cardiovascular care.

3. OBLs and ASCs in the CV Landscape

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

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

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

Within the cardiovascular healthcare world, many organizations are increasingly focusing on their ambulatory strategy as a way to provide outpatient cardiovascular services. This calls for the consideration of an ambulatory surgical center (ASC) or an office-based lab (OBL). In this session, our presenters will discuss their different paths, including a review of the current and future aspects of their OBLs and the potential for ASCs.

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4. Uber Health: A New Frontier in Addressing Patient Access Issues

LETITIA ANDERSON, MD, FACC, FASE, RENOWN HEALTH INSTITUTE FOR HEART & VASCULAR HEALTH; RENO, NV

CINDY GONZALES, DIRECTOR OF GROUP PRACTICE OPERATIONS, RENOWN HEALTH INSTITUTE FOR HEART & VASCULAR HEALTH; RENO, NV

JOHN LANIER, HEALTH CARE SHAREHOLDER, MAYNARD, COOPER & GALE P.C.; BIRMINGHAM, AL

5:10 pm – 6:10 pm

Networking Reception with Corporate Partners and Exhibitors

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Saturday, October 136:30 am – 8:00 am **Breakfast**6:45 am – 7:45 am **Physician-Only Breakfast Meeting****GENERAL SESSION**8:00 am – 8:45 am **Integrating Physician Cultures**

LETITIA ANDERSON, MD, FACC, FASE, RENOWN HEALTH INSTITUTE FOR HEART & VASCULAR HEALTH; RENO, NV

JEFF RUSSELL, ADMINISTRATOR, RENOWN HEALTH INSTITUTE FOR HEART & VASCULAR HEALTH; RENO, NV

The importance of having a strong, cohesive and supportive physician culture with a cardiovascular practice or health system has never been greater. Concerns about combining an aging workforce (one in five cardiologists is over the age of 61) that is used to working long hours (volume RVUs) with younger physicians who are interested in creating work/life balance are increasing and complex. This panel will look at options for integrating physician cultures from a variety of perspectives—and will share what has and has not worked within their own organizations.

8:45 am – 9:30 am **The Reality of Big Data and How it can be Applied to our Programs**9:45 am – 10:30 am **BREAKOUT SESSIONS – Choose 1 of 3****1. Bundled Payments: Next Steps for Success**

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

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

Ideal for those who are either in the current BPCI Advanced program or are considering entering at the next open enrollment period, this session will provide simplified analyses of the cardiovascular data and practical takeaways on how to succeed. We will focus on understanding what the data are telling us and what organizational actions will move the numbers in a favorable direction. There will be time devoted to real-life and specific scenarios of attendees.

2. MIPS: Proposed Changes and Effective Strategies

CHERIE KELLY-ADULI, CHIEF EXECUTIVE OFFICER, QPP CONSULTING GROUP; MANDEVILLE, LA

ANN HONEYCUTT, EXECUTIVE DIRECTOR, VIRGINIA CARDIOVASCULAR SPECIALISTS; RICHMOND, VA

Non participation in the CMS Quality Payment Program for Year 3 will result in a 7% penalty to your Medicare Part B reimbursement in 2021. In this interactive session, Cherie Kelly-Aduli and Ann Honeycutt will discuss the proposed changes for MIPS Year 3 and effective operational strategies to gain the most incentive dollars possible. This session is geared toward Practice Administrators, CEOs and COOs.

3. Expanding Nuclear Cardiology: PET Myocardial Blood Flow, Cardiac Amyloid Imaging and the Image Guide Registry

DAVID WOLINSKY, MD, PRESIDENT, AMERICAN SOCIETY NUCLEAR CARDIOLOGY, HEAD NUCLEAR CARDIOLOGY, CLEVELAND CLINIC FLORIDA; WESTON, FL

Cardiac PET imaging is being increasingly covered by payers and ASNC has created guidelines for measuring coronary flow reserve that increase the prognostic power of testing. Cardiac TTR amyloidosis is being recognized with increasing frequency as a cause of HFpEF; Tc-pyrophosphate imaging is easy to perform with significant diagnostic and prognostic power to confirm the diagnosis. With new pharmacologic treatment options on the horizon, accurate and early diagnosis is key to patient management.

This presentation will review mechanisms to incorporate these new technologies into the nuclear cardiology lab while participating in the ImageGuide Registry, a recognized QCDR, to satisfy MIPS and QPP requirements.

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10:45 am – 11:30 am **BREAKOUT SESSIONS – Choose 1 of 2****1. Roundtable: Top Cardiovascular Healthcare Issues**

MEDAXIOM CONSULTING TEAM

Get expert insights and advice from the MedAxiom Consulting team. This informal roundtable discussion will include a review of the top issues facing cardiovascular care providers as well as time for a Q&A session with attendees.

2. Surviving Disability: A Cardiologist Case Study with Financial Recommendations

MATT PHILLIPS, MD, FACC, AUSTIN HEART EMERITUS, RETIRED; AUSTIN, TX

Though the possibility of disability is a topic of conversation and concern for cardiologists throughout their careers, many do not adequately protect themselves from this potential reality. The fact is, disability is much more likely than death in the course of a career. In this presentation, retired cardiologist Matthew Phillips will share his personal story and insights including:

- Inadequate disability protection can be financially devastating
- Disability insurance protection is complex and requires understanding the coverage
- Physicians need to understand the rules covering their disability insurance and be proactive should injury or illness occurs
- All individuals should buy the largest possible uninsured/underinsured automobile policy that is possible—at least \$500,000/\$1,000,000 of coverage

There will be time for audience questions at the end of the presentation.

11:30 am

Conference Adjourns

Please note that presentation times, topics and speakers are subject to change; check back regularly for agenda updates.