

The 2017 Healthcare Question: What's Coming, What's Going?

Game Changers, Measurement Mayhem, and Payment Fixes

March 15, 2017 - The Olmsted – Louisville, KY

The New Year looks to mark the beginning of major changes in healthcare. Join a diverse collection of leaders in healthcare at Kentuckiana Health Collaborative's third annual conference on March 15, 2017 in Louisville, Kentucky to explore measurement, data, and payment innovation; cultural competency; and the game changers that could be in store over the next few years.

7:15-8:00	Breakfast: Networking and Exhibitor Booths
8:00-8:05	Welcoming Remarks
8:05-8:50	<p>Is 2017 the Quiet Before the Healthcare Storm?</p> <p>Dr. Steve Berkowitz is board certified in internal medicine and Fellow of the American College of Cardiology with over 25 years of experience in healthcare management and consulting. He will discuss how transparency and consumerism are shaping new changes in healthcare. He will also show how other industries have achieved success without bricks and mortar and how this can be applied to healthcare. Dr. Berkowitz describes cost as the silent "high blood pressure" indicator of healthcare which could have disastrous outcomes if not abated.</p> <p>Steve M. Berkowitz, MD, Founder and President, SMB Health Consulting</p>
8:50-9:35	<p>Implementing and Sustaining Alternative Payment Models</p> <p>In this talk, Mr. de Brantes will review the current state of deployment of Alternative Payment Models (APMs) by the Federal Government, States and private sector payers and purchasers. Attendees will learn about the important lessons learned in implementing APMs, the critical role that market forces can play when used to improve the quality and affordability of health care, and how private sector employers can accelerate the pace of change in the industry.</p> <p>François de Brantes, MS, MBA, Vice President and Director, Altarum Institute, Center for Payment Innovation</p>
9:35-10:00	Break
10:00-10:45	<p>Colorado's Pioneer All Payers Claims Database and Its Results</p> <p>Dr. Jonathan Mathieu will discuss how Center for Improving Value in Health Care (CIVHC) is driving improved health, enhanced quality, and lower costs in Colorado through their All Payer Claims Database. CIVHC offers the state's most comprehensive health care cost, quality, and utilization claims data and brings together a broad spectrum of organizations and individuals to design and drive collective change. CIVHC is devoted to a single cause: advancing an exceptional health care system for Colorado.</p> <p>Jonathan D. Mathieu, Ph.D., VP of Research & Compliance and Chief Economist, Center for Improving Value in Health Care (CIVHC)</p>

10:45-11:40	<p>Panel: Finding Meaningful Measurement in the Mayhem</p> <p>Providers, payers, purchasers, and consumers need a broad community measurement system that produces meaningful improvements to health outcomes and reduces the administrative burden of the current measurement madness. Hear from a panel of experts on how communities and organizations begin to simplify and reduce the measurement burden.</p> <p>MODERATOR: Kenneth C. Wilson, MD, MS, CPE, System Vice President, Norton Medical – Quality & Physician Leadership Development, Norton Healthcare</p> <ul style="list-style-type: none"> • François de Brantes, MS, MBA, Vice President and Director, Altarum Institute, Center for Payment Innovation - Francois will share his experience working with physicians and consumers on quality measures that are understandable and actionable, and the challenge of a minimalistic approach to measurement when trying to engage consumers in selecting high value providers. • Ellen Gagnon, Executive Director, TCoC and Project Management Collaboration– Ellen will share the experience of those on the ground who are striking the right balance between the level of measure standardization necessary to produce national benchmarks while retaining the essential customizations to engage local stakeholders in using the results to address healthcare cost and resource use variation. • Misty Roberts, MSN, RN, PMP, Strategic Consultant, Office of the Chief Medical Officer, Humana - Misty has strategically reduced the number of quality measures in Humana by 80%, resulting in a more manageable set of meaningful measures that are aligned to credible organizations, with the ultimate goals of improving physician satisfaction, decreasing collection burden and cost, and impacting health outcomes.
11:40-12:30	<p>Lunch - Networking and Exhibitor Booths</p>
12:30-12:40	<p>Kentuckiana Health Collaborative Remarks</p>
12:40-1:25	<p>Leading US Companies Join Healthcare Transformation Alliance to Change the Way Employers Purchase Healthcare</p> <p>Many would argue that the biggest healthcare game changers will come from employers purchasing healthcare differently. There is no group being more closely watched in this space than the Health Transformation Alliance. With over thirty of America’s largest corporations, they plan to find a better way of providing healthcare to their employees to create better health care outcomes and reduce waste. Their goal is to break with existing marketplace practices that are costly, wasteful and inefficient, all of which have resulted in employees paying higher premiums, copayments and deductibles every year. The HTA will serve as part of each company’s health strategy, bringing increased innovation, better analyses of the latest data, and greater leverage into how corporations obtain coverage for their workers.</p> <p>Michael J. Logan, Senior Vice President, Member Relations and Marketing, Health Transformation Alliance (HTA)</p>
1:25-1:55	<p>Break</p>
1:50-2:30	<p>Improving the Health Care Consumer Experience through Cultural Competency</p>

	<p>Hear from Dr. Robin DiMatteo, Distinguished Emerita Professor of Psychology at the University of California, author, and healthcare consultant. Dr. DiMatteo will discuss essential elements of benefits design and healthcare delivery including effective communication, improvement of the healthcare experience, consumer empowerment, engagement, shared decision making, cultural humility, and attention to health literacy. She will describe how Information, Motivation, and Strategic Change are key factors in the achievement of health goals for all, including those from vulnerable populations.</p> <p>M. Robin DiMatteo, PhD, Distinguished Emerita Professor of Psychology, University of California, Riverside</p>
<p>2:30-3:30</p>	<p>What is healthcare’s role in addressing the social determinants of health?</p> <p>Most experts agree that 80 percent of what drives a person’s health is outside of the clinical care setting. How do the healthcare system and the community address the socioeconomic factors that impede individuals from reaching their fullest potential?</p> <p>MODERATOR: Stephanie Mayfield Gibson, MD, FCAP, Vice President, Population Health, KentuckyOne Health and Chief Medical Officer, KentuckyOne Health Partners</p> <ul style="list-style-type: none"> <p>• M. Robin DiMatteo, PhD, Distinguished Emerita Professor of Psychology, University of California, Riverside Dr. DiMatteo has conducted and published clinical research on the healthcare experience of vulnerable populations and on strategies for increasing treatment engagement and chronic disease management for increased healthcare cost-effectiveness.</p> <p>• Theo Edmonds, JD, MHA, MFA, CEO & Co-Founder/Partner IDEAS xLab, Louisville, KY Founded on the belief that health and well-being are culturally created, not professionally prescribed, IDEAS xLab and its partners develop evidence-based arts and culture interventions that are adapted for (and ultimately co-designed with) communities with the goal of long term chronic disease reduction.</p> <p>• Kristin Paulson, JD, MPH, Director of Health Care Programs for the Center for Improving Value in Health Care (CIVHC) CIVHC has been working on creating reliable data around the social determinants of health as a way to support the Triple Aim in Colorado, and to enhance the data from the Colorado All Payer Claims Database to tell a more complete story about achieving health, not just accessing health care.</p>

SPEAKER BIOGRAPHIES

Steve M. Berkowitz, MD, Founder and President

[SMB Health Consulting](#)

Board certified in internal medicine and Fellow of the American College of Cardiology, Dr. Berkowitz has over 25 years experience in health care management and consulting.

He is presently Founder and President of SMB Health Consulting specializing in clinical and operational performance improvement for health care systems and leadership development for administrators, physicians and Trustees.

Previously for 13 years, he was the Chief Medical Officer of St. David's Healthcare, a six-hospital system in Austin, Texas. He was Chairman of the Board of Capital Area Providers, a 5.01-(a) Texas medical foundation with over 800 participating physicians. In 2008, St. David's won the Texas Award for Performance Excellence, and in 2014 was awarded the Malcolm Baldrige Award.

Prior to this position, Dr. Berkowitz was National Practice Leader for Physician Services with the HayGroup. He was a senior executive for Harris Methodist Health System serving as Medical Director of the HMO and Chief Medical Officer for the integrated delivery system. He began his administrative career as Medical/Executive director for The Travelers Health Network in Phoenix, Arizona.

In February of 2014, Dr. Berkowitz was appointed by Texas Governor Rick Perry to serve as Chairman of the Board of the Texas Institute for Healthcare Quality and Efficiency.

He also sits on the Board of the Society of Cardiovascular Patient Care, and has served on the board of the Texas Hospital Association, Texas Association for Healthcare Quality, and the Texas Health Care Information Council.

Dr. Berkowitz is a prominent national speaker and writer in the healthcare arena.

Dr. Berkowitz also assists new and current Chief Medical Officers through an innovative didactic and hands-on program to improve clinical and operational results.

François de Brantes, MS, MBA, Executive Director

[Health Care Incentives Improvement Institute, Inc.](#)

François de Brantes is the Executive Director for the Health Care Incentives Improvement Institute (HCI3), which is a not-for-profit company that designs and implements innovative payment and benefit plan design programs to motivate physicians, hospitals and consumer-patients to improve the quality and affordability of care. HCI3 works with states, employers, health plans and provider organizations, as well as national consultancies such as McKinsey and KPMG, to advise them on payment and delivery system reform.

Previously, Mr. de Brantes was the Program Leader for various healthcare initiatives at GE's corporate headquarters, responsible for developing and implementing GE's Active Consumer strategy. Mr. de Brantes attended the University of Paris IX - Dauphine where he earned a MS in Economics and Finance, and he attended the Tuck School of Business Administration at Dartmouth College, where he graduated with an MBA.

Mr. de Brantes has been published in peer-reviewed journals such as the New England Journal of Medicine, the Journal of the American Medical Association, and Health Affairs and is frequently quoted in national media

including the New York Times. He has also published two books, the latest being *The Incentive Cure: The Real Relief For Health Care*.

**M. Robin DiMatteo, Ph.D, Distinguished Emerita Professor of Psychology
University of California, Riverside**

Dr. DiMatteo is Distinguished Professor of Psychology at the University of California, Riverside and is a Licensed Psychologist in the state of California. She received her M.A. and Ph.D. degrees from Harvard University and has published in numerous scientific journals, including *Medical Care*, *JAMA*, *Health Communication*, and the *Archives of Internal Medicine*. Dr. DiMatteo is a Fellow of the American Association for the Advancement of Science and a Fellow of the American Psychological Association. She has served the U.S. Preventive Services Task Force as a reviewer of the National Guidelines for Medical Patient Education. Dr. DiMatteo is a recipient of the Distinguished Teaching Award at the University of California, Riverside, and is a member of the U.C.R. Academy of Distinguished Teachers. (www.robindimatteo.com/).

**Michael J. Logan, Senior Vice President, Member Relations and Marketing
[Health Transformation Alliance \(HTA\)](#)**

Michael is the Senior Vice, President Member Relations and Marketing for the Health Transformation Alliance (HTA). With over thirty of America's largest corporations, the HTA will use data analytics to find a better way of providing healthcare to their employees to create better health care outcomes and reduce waste. The HTA will serve as part of each Member company's health strategy, bringing increased innovation, better analyses of the latest data, and greater leverage into how corporations obtain coverage for their employees and their families. Michael began his career in the health care industry in 1990 and has spent over 25 years in roles including provider recruitment, episode of care case rate contracting and working with carriers national account employer clients in developing, analyzing, and implementing trend management strategies and solutions.

**Jonathan D. Mathieu, Ph.D., VP of Research & Compliance and Chief Economist
[Center for Improving Value in Health Care \(CIVHC\)](#)**

Dr. Mathieu, Vice President of Research & Compliance and Chief Economist, is responsible for providing quantitative and analytical support for CIVHC's strategic initiatives. Prior to joining CIVHC, Mathieu was employed as an economist at The Nature Conservancy, as well as the U.S. Food and Drug Administration where he provided support for policy initiatives affecting prescription drug, biological product and medical device manufacturers. He also served as an Assistant Professor of Public Policy at Georgetown University in Washington, D.C. Dr. Mathieu holds master of arts and doctor of philosophy degrees in economics from the University of Colorado, Boulder, and a bachelor of science degree in applied mathematical economics from Oswego State University.

PANELIST BIOGRAPHIES

Kenneth C. Wilson, MD, MS, CPE, System Vice President, Norton Medical – Quality & Physician Leadership Development, [Norton Healthcare](#)

Dr. Wilson has responsibility for quality programs and physician leadership development within Norton Medical Group. He is a member of the system leadership team guiding the organization's development of value-based systems of care

enabling Norton Healthcare to deliver comprehensive population health services to its community. Wilson joined Norton Healthcare in 2004 following 18 years of family medicine practice. He holds a master of science in Preventive Medicine/Administrative medicine from the University of Wisconsin-Madison, completed an administrative fellowship with the Henry Ford Health System and is board certified by the American Board of Family Medicine.

Misty Roberts, MSN, RN, PMP, Partnership Leader, Office of the Chief Medical Officer Humana, Inc.

Misty Roberts is a Partnership Leader within the Office of the Chief Medical Officer at Humana, where she is responsible for developing and executing strategy to improve clinical quality outcomes. In her role, Misty collaborates with executive leaders to ensure clinical quality goals and metrics are aligned across the organization and organizational goals are achieved. She also provides leadership for the Clinical Ethics Committee, which provides diverse consultation on clinical ethical issues.

Misty has extensive experience in quality and process improvement in the healthcare industry throughout her various leadership roles. She recently led an initiative resulting in an eighty percent reduction in the number of quality measures at Humana. In her previous role as a Senior Audit Consultant, she partnered closely with business leaders to develop clinical quality standards. She also assisted with creating strategic action plans to address identified opportunities for improvement and mitigate organizational risks.

Prior to joining Humana, Misty worked at an acute care hospital for over eight years. As Outcomes Manager, she created the Cardiovascular Service Line Team and successfully led initiatives resulting in decreased length of stay and improved quality measures for the cardiac population. As Nurse Manager, she implemented a Discharge Team resulting in cost savings, improved throughput, and increased patient satisfaction.

Misty is a Registered Nurse and certified Project Management Professional. She has a Bachelor of Science in Nursing and a Master of Science in Nursing from Bellarmine University. She is a professional member of the American Association of Managed Care Nurses (AAMCN), National Association for Healthcare Quality (NAHQ), American College of Medical Quality (ACMQ), and the Project Management Institute (PMI).

Ellen Gagnon, Executive Director, TCoC and Project Management Collaboration

Ellen Gagnon is currently the Executive Director TCoC & Project Management Collaboration and leads NRHI's Getting to Affordability initiative, a multi-region approach to producing and sharing standardized and actionable healthcare cost reporting. Ellen promotes collaboration among regions to share best practices on the technical process of reporting Total Cost of Care (TCoC), and how to engage stakeholders to use the information locally.

As a member of the NRHI Leadership Team, she brings her expertise in project leadership and management to help advance NRHI and its members' mission to advance Triple Aim Innovation. She joined the Network for Regional Healthcare Improvement (NRHI) as the Senior Project Director on November 1, 2013, bringing over twenty years of experience in the healthcare industry.

Prior to joining NRHI, she held the position of Senior Program Manager at Martin's Point Health Care, developing and leading various cross-functional teams and supporting efforts that included Behavioral Health integration, a Medical Expense Management initiative and Clinical Quality Reporting. She served as the Population Health Nurse Advisor and organized multiple efforts toward achievement of NCQA Patient Center Medical Home standards. She was the Senior Project Manager for Martin's Point Health Plans, leading teams

to develop and implement an innovative Primary Care Payment Model with a support web-based provider reporting and medical expense analysis tool.

Stephanie Mayfield Gibson, MD, FCAP, Vice President, Population Health, KentuckyOne Health and Chief Medical Officer, [KentuckyOne Health Partners](#)

Stephanie Mayfield Gibson, MD, serves as the vice president of population health for the KentuckyOne Health system and chief medical officer for KentuckyOne Health Partners, the Medicare approved Accountable Care Organization (ACO) formed by KentuckyOne Health.

Her background includes work in public health, healthcare, science, education, and private enterprise.

As the chief medical officer, Dr. Mayfield Gibson facilitates medical service policy and procedures, medical skills development and change management among health care providers. As part of the KentuckyOne Health Partners senior leadership team, she interacts with physicians, hospitals, long-term care providers, insurance companies, public policy officials and the public.

Previously, Dr. Mayfield Gibson served as the commissioner of health for the Commonwealth of Kentucky. She was the first African-American and first woman to hold the position when she took it in 2012. The commissioner serves as the senior state health officer for the Commonwealth and is the primary bridge between the state and federal government agencies supporting health related activities, such as the Centers for Disease Control and Prevention. While there, she was responsible for expanding Kentucky's newborn screening, as well as introducing new tuberculosis and heart disease testing technology.

Dr. Mayfield Gibson's other past experience includes work as a board-certified anatomic and clinical pathologist. She has also worked at the University of Louisville School of Medicine for 17 years.

Dr. Mayfield Gibson has received numerous awards and recognitions, including the William B. Settle Award for Outstanding Proficiency in Pediatrics. She was also invited to serve on two federal health initiatives.

Dr. Mayfield Gibson holds a Bachelor of Science degree from Johnson C. Smith University and a Doctor of Medicine degree from Meharry Medical College. She is a member of the American Medical Association, College of American Pathologists, and Kentucky Medical Association.

Theo Edmonds, JD, MHA, MFA, CEO & Co-Founder/Partner

[IDEAS xLab](#)

Mr. Edmonds is an artist-innovator and former healthcare executive who Southern Living Magazine named one of 50 People Changing the Face of the South.

Born in Appalachia, Edmonds earned his BA in Theater from Transylvania University (1991), JD/MHA from Tulane University (1996) and MFA-Art Studio from the University of Kentucky (2012).

After an executive career leading cardiovascular strategies for well-known health systems in New Orleans and Honolulu, Mr. Edmonds changed life courses in 2008 to return to the arts.

In 2012, he co-founded the cultural innovation consultancy and artist think tank, IDEAS xLab, to establish new shared value paradigms and mutually beneficial relationships between the arts/culture and health sectors. In 2015, he co-founded of Creative Agents of Change Foundation to train and incubate artists and other cultural producers as social entrepreneurs using the IDEAS xLab model.

Edmonds' pioneering work at the intersection of cultural and health equity has led to a growing national profile as one of the South's most creative innovators.

IDEAS xLab work has been supported by The Educational Foundation of America, The National Endowment for the Arts, ArtPlace America, The Pew Charitable Trust, the Robert Wood Johnson Foundation and others.

Mr. Edmonds is a founding co-director of the African American performance group Roots & Wings (Louisville, KY); Vice Chair of Americans for the Arts' Private Sector Council; a Commissioner on Louisville Metro's Commission on Public Art; Co-Chair of the Louisville Health Advisory Board's Cultural Committee; executive board member of Louisville's LGBTQ+ Community Coalition; and co-leader for Louisville's successful 2016 bid to be named a Robert Wood Johnson Foundation Culture of Health Prize winner.

Kristin Paulson, JD, MPH, Director of Health Care Programs

[Center for Improving Value in Health Care \(CIVHC\)](#)

As the Director of Health Care Programs for the Center for Improving Value in Health Care (CIVHC), Kristin works with stakeholders and policy makers across Colorado to align and support efforts to advance the Triple Aim using data from the Colorado All Payer Claims Database. She joined CIVHC four years ago and since then has facilitated statewide work in palliative care, social determinants of health, and care transitions – including the development and launch of Healthy Transitions Colorado (www.healthytransitionscolorado.org).

Prior to her work at CIVHC, Kristin worked in organ transplant data analytics and policy through the University of Minnesota Department of Medicine and Center for Bioethics, and the United Network for Organ Sharing. Kristin completed undergraduate work in Biology at the University of Colorado at Boulder, and completed her Juris Doctorate and Master of Public Health work through the University of Minnesota's joint degree program in Law, Health, and the Life Sciences.