Nebraska HFMA
Population Health Summit

January 26-27, 2017
Embassy Suites Omaha- La Vista Hotel & Conference Center
La Vista, NE
Making Nebraska the Healthiest State 20/20: Where Are We and What’s Next?
Ali S. Khan, MD, MPH, Dean, College of Public Health - University of Nebraska Medical Center

In 2015 Nebraska is ranked 10\textsuperscript{th} in the nation in health as indicated by the America’s Health Rankings. No change compared to the previous year. We have many reasons to be proud of what we have accomplished because Nebraska has seen increases in high school graduation rates and child immunizations, as well as decreases in child poverty. Yet, we are still far away from being the healthiest state with a lot more work to be done.

We face many challenges with high incidence of infectious disease and increases in obesity rates. The most alarming challenges of all are our low rankings in the areas of binge drinking and disparity in health status. Twenty-one percent of the adult population in Nebraska consumed four or more (women) or more than five (men) alcoholic beverages on a single occasion in the last month, ranking Nebraska 45\textsuperscript{th} in the nation in binge drinking rate—worse compared to last year. Nebraska is ranked 43\textsuperscript{rd} in health equity—seven states have more disparities in health among their populations. America’s Health Rankings 2016 may bring possible changes by adding new core measures such as insufficient sleep, colorectal cancer screening, and environmental pollution beyond the current measure of air pollution.

The UNMC College of Public Health together has identified collaborative strategic priorities to support the College’s overarching goal to make Nebraska the healthiest state by 2020. The relevant priorities directly affect the health of every Nebraskan are cancer prevention and control, community-based health transformation and health system transformation. Three specific actions that would help Nebraska reach its goal of becoming the healthiest state in 2020. We can start by tackling the high number of Nebraska’s cancer deaths (and heart disease) by increasing the cigarette tax. Second, we can increase health care coverage in Nebraska so more people can get preventative cares, manage their chronic conditions, reduce emergency room costs and reduce preventable deaths. Third, one of the reasons why strategic priorities existed in the first place is to steer our focus working to continue investing in public health research and prevention. Without looking for new innovations and finding solutions outside of the traditional health systems and beliefs, it will be very difficult to overcome our challenges as a state.
10:30 a.m. – 12:00 p.m.  **Panel: The State of Population Health in Nebraska**

Population health is at the top of the mind of providers in Nebraska. However, the extent to which providers have adopted population health strategies has varied widely. This panel will discuss relevant topics related to population health from a provider perspective within the state of Nebraska and where the respective panelists see population health moving to in the near and distant future.

**Panel Members:**
Rodney G. Triplett, CEO - Prairie Health Ventures
Ann E. Oasan, President - UniNet Healthcare Network
John Jacobsen, MD, Chief Medical Officer - Think Whole Person Healthcare
Moderator: Jason Yungtum - Cline Williams Wright Johnson & Oldfather, LLP

12:00 – 1:00 p.m.  **Lunch**

1:00 – 2:00 p.m.  **Living in Between Fee For Service and Pay for Performance: Trends and Checklists for Physician Compensation**

Jen Johnson, CFA, Managing Director - VMG Health

The current need to include a pay for performance (p4p) component to physician compensation arrangements has challenges due to the lack of market data on quality payments, and increased regulatory scrutiny on physician compensation. Furthermore, ensuring new payment models are both commercially reasonable and consistent with Fair Market Value adds complexity to these arrangements. The speaker will provide real world examples of the types of p4p physician compensation arrangements seen in today’s market. Takeaways will include a general compliance checklist for physician compensation, and what to look for when determining value for a p4p arrangement.

2:00 – 3:00 p.m.  **Population Health; It’s Not About the Data**

Luke Skelley, Vice President - Health Catalyst

The effort to manage a population is often stymied by concerns about the lack of data. Obstacles such as disparate data sources, siloed information systems, reluctance to share data, HIPAA restrictions, and technical inoperability are all cited as preventing the effective management of a population of people. But what if these obstacles were eliminated and a wealth of data was available to support analytics that focused on improving outcomes for a defined population of people? How would this data be aggregated and made available for analysis? And how would the analytics contribute to identifying this population and managing the care delivery processes that impact on their health? This session will focus on how data analysis contributes to managing a population and some success stories that demonstrate that it’s not about the data, it’s about improving outcomes.

3:00 – 3:15 p.m.  **Sponsor Break**

3:15 – 4:45 p.m.  **Creating the Blueprint to Drive Effective Value-Based Contracts**

Daniel Marino, MBA, MHA, Executive Vice President - GE Healthcare Camden Group

As organizations move toward value-based contracting, they face the challenge of understanding where to begin in building a successful contract, creating value through quality outcomes and cost management, and building the appropriate analytics framework critical to assuming risks and managing care of defined populations. As government and commercial payers move toward value-based contracting, providers are challenged with aligning incentives and building the appropriate contract parameters that effectively supports the critical components of these contracts—specifically attribution, incentive-based reimbursement, risk stratification, cost-of-care and financial reconciliation.
This presentation provides a high-level overview of the categories of value-based contracts outlining the data, analytics, and information required for effective negotiation resulting in the most optimal financial results. The presentation also outlines analytic concepts critical to building an effective performance-based, Medicare advantage and traditional shared savings contracts.

The presenter will also discuss important elements in financially modeling the contracts terms, as well as analytic concepts important in negotiating financially effective value-based contracts. These financial models become the basis for operationalizing the contract elements within the provider network and ACO utilizing care management. Case studies will be presented highlighting the negotiations of both Medicare advantage and traditional share savings value-based programs for provider organizations. The case studies will speak to the contracting approach, analytic requirements, opportunities, threats, and lessons learned.

**Friday, January 27, 2017**

8:00 – 8:30 a.m.  **Registration and Continental Breakfast**

8:30 – 10:00 a.m.  **Panel: Population Health in Managed Care**

Payment is at the forefront of the movement to population health. Both governmental and private payors see the value in pursing population health strategies. Healthier people reduce the overall cost of providing care. The panelists will discuss and comment on the role payors play in moving providers and the health care industry in general towards population health strategies and will discuss where and how they see payors and providers working together to move towards better population health outcomes.

**Panel Members:**
- Dave Wirka, Director of Reimbursement Strategy and Patient Focused Care - Blue Cross Blue Shield of Nebraska
- Dr. Michael Horn, Market Medical Director - UnitedHealthcare
- Patti Grozdanich, Vice President, Network Management - UnitedHealthcare
- Ilsa Barnard - WellCare Health Plans, Inc.
- Margaret Buck - WellCare Health Plans, Inc.
- Chris Stark, Vice President of Network Development & Contracting - Nebraska Total Care
- Janine Bergerac Fromm, MD, Medical Director, Behavioral Health - Nebraska Total Care
- Moderator: Daniel Marino, MBA, MHA, Executive VP - GE Healthcare Camden Group

10:00 – 10:30 a.m.  **Sponsor Break**

10:30 – 11:30 a.m.  **Population Health Roundtable**

This program is intended to create an open forum for providers and health plans in the room to openly discuss issues and share ideas related to population health. Come with opinions, questions, and comments to have a lively discussion.

**Moderator:** Andrew D. Kloechner - Baird Holm, LLP
Speaker Bios

Ilsa Banard has successfully implemented creative value-based reimbursement models on both the payer and provider side of business in her 10+ years in managed care. She has built solid relationships leading to care models focused on the Triple Aim resulting in millions of dollars in savings including PCMH, risk/reward models and capitation. Banard is passionate about health care and drives to find solutions through data analytics and clinical outcomes.

Janine Bergerac Fromm, MD, is the Medical Director of Behavioral Health for Nebraska Total Care. Dr. Fromm is a graduate of the University of Southern California School of Medicine, completed her residency in Psychiatry at the University of California, San Francisco and Fellowship in Pain Medicine at the University of Washington in Seattle. She is a Fellow of the American Psychiatric Association, and has over 30 years of clinical, administrative and academic experience, most recently as the Medical Director for Magellan Healthcare of Nebraska. Married to a corn geneticist, she has called Nebraska home for the past 15 years, happily raising her four children here.

Margaret Buck worked as a small town newspaper editor after graduating with a journalism degree from Kansas State University. Her research and writing skills translated well into several government affairs positions including 16 years in a State Senator’s office in the Nebraska Legislature. Since 2009, she has been working to advance Patient Centered Medical Home at a policy level. Margaret provided support to the Nebraska Participation Agreement in Support of Patient Centered Medical Home created by a legislatively convened stakeholder group and was instrumental in setting standards for the Nebraska Medicaid PCMH pilot program. Buck has achieved PCMH Content Expert status with the National Committee on Quality Assurance and has represented Nebraska at the Multi-Payer State Learning Collaborative sponsored by the Milbank Memorial Fund of New York.

Patti Grozdanich is Vice President, Network Management for UnitedHealthcare’s Heartland States Market. These operations manage a statewide network in Kansas, Northwest Missouri and Nebraska. With an extensive background in managed care, Grozdanich is responsible for all activities related to the provider network, including network development and maintenance. This includes activity related to contract negotiations, pricing strategies, access, market development, new product introductions, provider relations, and any other component of provider network management. Prior to joining UnitedHealthcare in 2003, she served as of Vice President with ValueOptions Behavioral Health from 1997-2002. In that position, she had overall operational responsibility for a statewide Medicaid behavioral health program. She was responsible for executive leadership and strategic direction for the functional areas of network management, provider relations, care management, quality management, customer service, data management and reporting. She was directly accountable to the Nebraska State Medicaid Division for the overall performance of the program. Grozdanich earned her bachelor’s degree in dietetics from the University of Wisconsin Stout in 1975. She served as a Peace Corps Volunteer in Nicaragua from 1975-1976. She then received a master’s degree in school psychology from the University of Wisconsin Superior in 1978. She also earned a master’s degree in health services administration from the University of Kansas in 1992.

Michael Hein, MD, is President and CEO of ENHANCE Health Network, an alliance of 61 member hospitals and health care systems in western Iowa, northwestern Missouri and Nebraska. He is a board certified general internal medicine physician and a Fellow of the American College of Physicians. He has previously served in numerous leadership roles. These include positions in the VA Healthcare system at a local, regional and national level, as well as Chief Medical Officer and Vice President Medical Affairs at CHI Health St. Francis in Grand Island. Prior to his service in the VA, he was in private practice in Holdrege and Yankton, SD. Dr. Hein received his Medical Degree from the Sanford School of Medicine at The University of South Dakota and completed his residency in internal medicine at Gundersen Health in La Crosse, Wisconsin. He received his Masters of Science in Healthcare Management from Harvard University, School of Public Health, and a Master of Science in Exercise Physiology from St. Cloud State University in St. Cloud, Minnesota. He is married with three children. His wife and youngest son reside in Grand Island. Dr. Hein spends the weekdays in Lincoln and weekends at his home in Grand Island. He is an avid cyclist and former competitive swimming coach and teacher.
Michael Horn, MD, is the Market Medical Director for UnitedHealthcare Community Plan. Dr. Horn grew up and received much of his education and training along the Missouri River where Iowa and Nebraska come together. He returned to the area as the Medical Director for the Nebraska and Iowa Community Plan products in September 2012. Prior to that, he established his practice in Grand Island, where he later undertook administrative roles, becoming the Vice President for Medical Affairs at Saint Francis, a position he held for 12 years. Active in organized medicine Dr. Horn was for many years the President of the Hall County Medical Society and later served as the President of the Nebraska Medical Association. He received his medical degree from the University of Nebraska College of Medicine, and completed his residency in pathology at Creighton University/St. Joseph Hospital in Omaha, where he spent several years on the faculty. He completed his master’s degree in medical management at Carnegie-Mellon in Pittsburgh, Pennsylvania.

John R. Jacobsen, MD, is a Board Certified Family Practice physician and Vice President of Practice and Chief Medical Officer of Think Whole Person Healthcare. In this role, Dr. Jacobsen is responsible for overseeing the customer physician clinical experience. He also provides oversight and guidance to the physicians, is Medical Director of Think ACO, LLC, works with the different governmental and commercial payers, is involved with developing the analytical platform, and manages the governance process. Prior to joining Think, Dr. Jacobsen was in private practice in Geneva, NE for over 10 years. He provided full scope family practice services including pediatrics, adolescent, adult and geriatric medicine. In addition, he provided obstetrical services including cesarean sections, upper and lower endoscopies, in-hospital and in-clinic minor surgical procedures, hospital in-patient care and emergency room services. Dr. Jacobsen was Medical Director of Fairview Manor Nursing Home in Fairmont and the Senior Behavioralist Program at the Fillmore County Hospital in Geneva. He and his partners were one of the first independent primary care clinics to purchase an electronic health record in Nebraska. Dr. Jacobsen is Past President of the Nebraska Academy of Family Physicians in addition to having served on the Board of Directors, Scientific Affairs and Executive Committees. He is Chairman of the Finance and Insurance Commission of the American Academy of Family Physicians, an organization serving over 120,000 family physicians nationwide.

Jen Johnson, MBA, is a Managing Director with VMG Health and oversees the Professional Service Agreements Division. Her expertise is related to determining fair market value and understanding regulatory guidelines associated with valuing professional service and compensation arrangements. Johnson has valued nearly every type of arrangement in the healthcare market and is a thought leader related to valuing pay for performance arrangements. She has also been integral in developing internal compensation tools for some of the largest health systems in the country and has served as an expert witness related to Fair Market Value and physician compensation. She earned her BBA and MBA in finance, as well as the Chartered Financial Analyst designation, and she served as a finance professor for the University of North Texas.

Ali S. Khan, MD, MPH, is a former Assistant Surgeon General and current Dean of the College of Public Health at the University of Nebraska Medical Center. Dr. Khan’s professional career has focused on health security, global health, and emerging infectious diseases. He completed a 23-year career as a senior director at the Centers for Disease Control and Prevention (CDC), which he joined as a disease detective. At the CDC, Dr. Khan led and responded to numerous high profile domestic and international public health emergencies, including hantavirus pulmonary syndrome, Ebola hemorrhagic fever, monkeypox, avian influenza, Rift Valley fever, severe acute respiratory syndrome, the Asian Tsunami, and Hurricane Katrina. Dr. Khan was also one of the main architects of the CDC’s public health bioterrorism preparedness program and provided scientific and strategic oversight of CDC’s malaria and One Health activities. In 2015, he supported response activities for the West Africa Ebola outbreak in Sierra Leone as a World Health Organization (WHO) consultant. As Dean of the UNMC College of Public Health, his focus is on health system and community based health transformations. Dean Khan’s vision is for the UNMC College of Public Health to play an integral role in making Nebraska the healthiest state in the Union as a national and global model for wellness.
Dr. Khan received his medical degree from the State University of New York Downstate Medical Center in Brooklyn and completed a joint residency in internal medicine and pediatrics at the University of Michigan, Ann Arbor. He has a Master of Public Health from Emory University’s Rollins School of Public Health. He is a fellow of the American Academy of Pediatrics and the American College of Physicians. He has authored numerous papers and publications and consulted extensively for multiple U.S. organizations, ministries of health, and the World Health Organization. Dr. Khan is the author of The Next Pandemic: On the Front Lines Against Humankind’s Gravest Dangers.

Daniel Marino, MBA, MPH, is an executive vice president with GE Healthcare Camden Group with more than 25 years of experience in the health care field. Marino specializes in shaping strategic initiatives for health care organizations and senior health care leaders in key areas such as population health management, clinical integration, physician alignment and health information technology. With a comprehensive background in all aspects of practice management and hospital/physician alignment, Marino is a nationally acknowledged innovator in the development of Accountable Care Organizations (ACOs) and clinical integration programs. Recently, Accountable Care News recognized Marino as one of the nation’s Top 10 ACO Thought Leaders. He frequently presents at national conferences, including the Medical Group Management Association, American Medical Group Association and HFMA. He regularly authors articles for national health care industry publications on subjects related to transformations in health care delivery. Marino received his master’s degree in business administration and master’s degree in health care administration from Xavier University in Cincinnati, Ohio.

Ann Oasan, MBA, is President of UniNet Healthcare Network, a physician-driven, clinically integrated network bringing together providers from across the state of Nebraska and western Iowa who are dedicated to improving the health and well-being of the communities they serve. UniNet has been in the Omaha area since 1998 and currently represents over 2900 independent and employed providers, 36 hospitals, affiliated ancillaries and over 20 skilled nursing facilities. UniNet builds on the successes and strengths of CHI Health and affiliated providers to improve patient health, enhance efficiency and succeed in today’s changing health care payment and delivery environments. UniNet’s success includes savings of over $20 million on managed Medicaid, managed Medicare and commercial products. In addition, she is also Executive Director of Alegent Health Partners and TPN Health Partners, participants in the Medicare Shared Savings Program. Oasan, who has worked with CHI Health for over 25 years, has a MBA from the University of Nebraska at Omaha, and bachelor’s degrees in education and business from UNK.

Luke Skelley is a Vice President at Health Catalyst where he supports the operations of the sales team and contributes to the company’s mission of transforming healthcare through data warehousing, analytics and outcomes improvement. Skelley began his career as a critical care nurse and spent 12 years managing organ and tissue donor programs where he served on a number of national committees and published articles in such publications as Nursing Clinics of North America, Critical Care Nursing Clinics and Transplantation Proceedings. He then spent 15 years in a variety of health care-related roles at companies such as Truven and Optum.

Chris Stark, MHA, is a graduate of Brigham Young University with a degree in psychology and a minor in gerontology. He graduated from Virginia Commonwealth University with a Master of Health Administration degree in 2002. Stark has worked in provider network management and contracting roles for over 14 years at Anthem Blue Cross and Blue Shield, UnitedHealthcare and Aetna. In May of 2016, he accepted a position at Centene, locally known as Nebraska Total Care, as the VP of Network Development & Contracting for all 93 counties in Nebraska dedicated to Nebraska Medicaid. Stark’s responsibilities include managing both the contracting team and provider relations team.
Rodney Triplett currently serves as CEO of Prairie Health Ventures (PHV), a regional health alliance, owned and directed by their hospital members. Triplett is an advocate of rural health and has served on many rural hospital and healthcare boards and rural health committees. With over 28 years of rural health experience, his background spans hospital finance, managed care and hospital/clinic leadership. He has strong relationships within the industry, having spent most of his career as a health care executive in the region. Prior to PHV, Triplett was President of Critical Access Hospitals and Regional Development for CHI Health, in Omaha. At CHI Health, he was focused on regional development across Nebraska and southwest Iowa, leading CHI Health’s Critical Access Hospitals. He oversaw CHI Health’s Critical Access (CAH) Networks, comprised of nearly 30 independent hospitals across Nebraska, Iowa and Kansas, and managed eight CAHs in Nebraska and Iowa. Additionally, he led the development of CHI Health’s telehealth services which included the installation of e-ICU in CAHs across the region and expanding services in telepsych and other telehealth services.

Dave Wirka is the Director of Reimbursement Strategy and Patient Focused Care at Blue Cross and Blue Shield of Nebraska (BCBS) where he oversees $2.4 Billion in annual provider reimbursement. He was instrumental in the development of BCBS of Nebraska’s Patient Centered Medical Home and Accountable Care Organization (ACO) Programs – currently involving 1,200 primary care practitioners and 200,000+ members. He is also a Registered Respiratory Therapist and a past member of the Saunders Medical Center board of directors. Wirka holds an undergraduate degree from Missouri State University and a master’s degree in health services administration from Southwest Baptist University.
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**Hotel Information**

**Embassy Suites La Vista**
12520 Westport Parkway, La Vista, NE 68128
(402) 331-7400
Rate $139 + tax for eligible dates of Wednesday, January 25 and Thursday, January 26, 2017

**Courtyard by Marriott**
12560 Westport Parkway, La Vista, NE 68128
(402) 339-4900
Rate $119 + tax for eligible dates of Wednesday, January 25 and Thursday, January 26, 2017

Reservation cut-off date for group rate at both hotels is January 4, 2017. Please refer to the room block under Healthcare Financial Management Association.

**Cancellation Policy**
A full refund of meeting registration fees will be granted only if the cancellation is received at least seven days prior to the scheduled program.
Registration Form - Population Health Summit 2017

Deadline for registration is January 17, 2017

Sponsors:
Please contact Jill McClure at jill.mcclure@umb.com

Past Nebraska Presidents Registration:
Please contact Andrew Kloeckner directly at akloeckner@bairdholm.com or 402-636-8222 to take advantage of any free registrations.

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If you have any questions regarding your registration, please contact Andrew Kloeckner at akloeckner@bairdholm.com.