The Broadmoor welcomes guests to Colorado Springs with impeccable service and distinctive amenities. Here, the spirit of the West inspires the adventurer within, with endless opportunities to explore the picturesque mountains, streams, and canyons. Experience a truly one-of-a-kind resort where personalized luxury offers an escape from the ordinary and modern details blend seamlessly with the timeless elegance of our historic hotel.
Chances are you have used the word “journey” to describe your health system’s direction in population health. It’s a convenient word that hides a multitude of problems. One, a journey meanders without a fixed destination, which makes goals a tad more fungible. Two, journeys have disasters along the way. Stanley nearly died before he found Livingstone. Marco Polo was imprisoned. Before there was the Apple Macintosh, there was the Lisa.

Population health, however, can’t fail. We must find a path to keep people healthier at a lower cost. It’s tempting to face the “now” problems of population health—downward funding, expensive solutions, and a general sense of initiative fatigue—and forget about the promise that you felt at the beginning. On your travels toward population health, it’s easy to get pointed off course. We hope the 2017 HealthLeaders Media Population Health Exchange gives you the opportunity to reset your bearings.

The Exchange is made possible by our sponsors, Aetna, Berkeley Research Group, Capella Education Company, IBM Watson Health, InterSystems, Optum, RelayHealth, Validic, and Vizient. We thank them for their support, and for the experience they will share with us.

To uphold our mutual goals, please bear in mind a few guidelines for the event. First, please understand that our goal is to share solutions and insights from the events with our broader audience of almost 100,000 healthcare leaders, so our editors will be covering the sessions for editorial content. Second, like many events where healthcare decision-makers gather, it is our policy that no discussions or interactions that might broach conflict-of-interest or antitrust concerns will occur.

As your host, please find me or any member of our team to express any concerns that might prevent us from exceeding your expectations for our time together.
**PROGRAM AGENDA**

**MONDAY | JULY 10**

6–8 p.m. **Welcome Reception (Lakeside Terrace)**

**TUESDAY | JULY 11**

7:15–7:45 a.m. **Buffet Breakfast (Colorado Hall Foyer)**

7:45–8:30 a.m. **Event Kickoff/Ideas Exchange (Colorado Hall A)**

8:45–10:15 a.m. **ROUND A SESSIONS**

**Breakout Session 1 (Colorado Hall B)**

**Useful Innovation**—Group A

Too often in healthcare, the criteria for innovation seem less about utility and more about novelty. Hospital clinical, executive, and IT leaders must separate tools, applications, technologies, processes, and data that have meaningful potential from the noise of “innovation for innovation’s sake.” In this session, we will explore how a modern health system should approach innovation with enthusiastic skepticism, and discuss best practices for selection and implementation.

**Breakout Session 2 (Colorado Hall C)**

**Useful Innovation**—Group B

**Breakout Session 3 (Colorado Hall D)**

**System Disequilibrium**

The goal still holds fast: higher-quality, lower-cost healthcare. But shrinking reimbursement from commercial and public payers continues to squeeze health system operating margins. Some providers that once stretched their capabilities into population health are now in retreat. Creative health systems are looking to leap ahead with new models of care and more emphasis on beneficial partnerships with payers and community health organizations. In this session, we will focus on how to create high-value partnerships, continue to reduce waste in the care continuum, and ride out the policy turmoil.

**Sponsor Session 1:** Berkeley Research Group *(Colorado Hall E)*
PROGRAM AGENDA

Sponsor Session 2: IBM Watson Health (Colorado Hall F)
Sponsor Session 3: InterSystems (Colorado Hall A)

10:15–10:30 a.m.  Break

10:30 a.m.–12 p.m.  ROUND B SESSIONS

Breakout Session 4 (Colorado Hall B)
Useful Innovation

Breakout Session 5 (Colorado Hall C)
System Disequilibrium—Group A

Breakout Session 6 (Colorado Hall D)
System Disequilibrium—Group B

Sponsor Session 4: Capella Education Company (Colorado Hall E)
Sponsor Session 5: Optum (Colorado Hall F)
Sponsor Session 6: RelayHealth (Colorado Hall A)

12 p.m.  Boxed Lunch (Colorado Hall Foyer)

AFTERNOON ACTIVITIES:

Golf: West Course
Please meet at the golf course staging area, where the golf carts will be, for 12:10 tee time. Official tee times will be assigned at registration. The pro shop is located here as well.

Garden of the Gods Guided Hikes
Meet outside the South Building lobby at 12:30 p.m. for 12:45 bus departure.

6–6:30 p.m.  Cocktail Reception (Mountain View Terrace)

6:30–8:30 p.m.  Dinner and Presentation (West Ballroom)
PROGRAM AGENDA

WEDNESDAY  |  JULY 12

7 a.m.  Buffett Breakfast  (Colorado Hall Foyer)

7:30–8:30 a.m.  Ideas Exchange  (Colorado Hall A)

8:45–10:15 a.m.  ROUND C SESSIONS

Breakout Session 7  (Colorado Hall B)
Useful Innovation

Breakout Session 8  (Colorado Hall C)
System Disequilibrium

HealthLeaders Media Focus Group  (Colorado Hall D)
Sponsor Session 7: Vizient  (Colorado Hall E)
Sponsor Session 8: Validic  (Colorado Hall F)

10:15–10:30 a.m.  Break

10:30–11:30 a.m.  ROUND D SESSIONS—WorkGroups

- WorkGroup A—Apps, Analytics, and Gadgets: Shared Opinions on New Technology
- WorkGroup B—Closing Gaps and Improving Care
- WorkGroup C—Sustained Leadership and Momentum in Population Health

11:30 a.m.  Adjourn
SYNOPSIS:

Too often in healthcare, the criteria for innovation seem less about utility and more about novelty. Hospital clinical, executive, and IT leaders must separate tools, applications, technologies, processes, and data that have meaningful potential from the noise of “innovation for innovation’s sake.” In this session, we will explore how a modern health system should approach innovation with enthusiastic skepticism, and discuss best practices for selection and implementation.

- How does an organization test new models with a mind toward protecting both the operating budget and the clinical team’s bandwidth?
- How are telehealth, virtual health, and other innovative models of care creating ROI for access, patient satisfaction and engagement, and improved outcomes?
- What has shown promise in improving care for the most vulnerable and difficult populations?

FOR FURTHER READING:

HealthLeaders Magazine:
*New Market Realities*
By Chris Cheney
March 2017
http://www.healthleadersmedia.com/finance/new-market-realities

For nonpatient service activities at health systems and hospitals, the evolution of financially lean value-based business models and consumer-driven care is transforming strategies for success. As this evolutionary process unfolds, healthcare providers are facing new market limitations on mature mainstays of nonpatient service activities such as parking facilities. With patient satisfaction among the rallying cries of the value-based revolution, there are limits on generating revenue from parking garages and campus eateries, which patients prefer to enjoy as conveniences rather than to dread as drains on their wallets.

HealthLeaders Media Online:
*Texas Medical CEO Banks on Collaboration to Yield Innovation*
February 9, 2017
http://www.healthleadersmedia.com/leadership/texas-medical-ceo-banks-collaboration-yield-innovation

The head of Texas Medical Center is concentrating on building out five institutes focused on areas of collaboration in innovation, health policy, clinical research, regenerative medicine, and genomics. Since coming to Texas Medical Center from Stanford in 2012, Robert C. Robbins, MD, has staked his leadership on collaboration among the 56 independent member institutions in the Houston complex of healthcare facilities.
DISCUSSION GUIDE

System Disequilibrium

SYNOPSIS:
The goal still holds fast: higher-quality, lower-cost healthcare. But shrinking reimbursement from commercial and public payers continues to squeeze health system operating margins. Some providers that once stretched their capabilities into population health are now in retreat. Creative health systems are looking to leap ahead with new models of care and more emphasis on beneficial partnerships with payers and community health organizations. In this session, we will focus on how to create high-value partnerships, continue to reduce waste in the care continuum, and ride out the policy turmoil.

• How are providers partnering with payers to overcome data, communication, and operational barriers that block population health goals?

• In what ways has your leadership team adjusted to recent market and policy changes? How would you describe your organization's momentum toward population health?

• Have your community partnerships shown promise? Share ideas and experiences with programs that have provided measurable improvement.

FOR FURTHER READING:
HealthLeaders Magazine:
Healthcare’s Consolidation Landscape
By Chris Cheney
June 2017
http://www.healthleadersmedia.com/leadership/healthcare’s-consolidation-landscape

Consolidation in the healthcare-provider sector has accelerated in recent years, reshaping the relationships between health systems, hospitals, and independent physicians across the country. In the Buckeye State, healthcare consolidation activity has been a transformational force at OhioHealth, says Michael Louge, CPA, who serves as executive vice president and chief operating officer at the 11-hospital health system based in Columbus.

“When you look at OhioHealth, and you go back two or three decades, it was a much different organization,” says Louge. “The reason it is different today is because of philosophy and the way we approach regional partnerships—how we have worked with physicians and hospitals in the region. Our whole organization’s evolution has been through successful partnerships and consolidations with regional players.”
HealthLeaders Media Intelligence Report:
Value-Based Readiness
By Jonathan Bees
May 9, 2017

Providers continue to take a cautious approach as they prepare their organizations for a value-based future, focusing their efforts on making the changes to care delivery, finance, and infrastructure that will allow them to transition from fee-for-service successfully. While their approach has generally been one of restraint, there are reasons for optimism given the progress that has been made.

According to the 2017 HealthLeaders Media Value-Based Readiness Survey, for example, respondents have a much more positive appraisal when evaluating their organizations’ level of strength in preparing for value-based care compared with the previous year’s survey results. Seventy-three percent say that their level of strength is very strong (21%) or somewhat strong (52%) for overall preparation for value-based care delivery changes, up 18 percentage points, and preparation for value-based financial changes is also very positive, with 72% saying that their level of strength is very strong (16%) or somewhat strong (56%), up 21 percentage points. Further, preparation of a value-based infrastructure is also encouraging, with 65% reporting that their level of strength is very strong (14%) or somewhat strong (51%), up 21 percentage points.
WORKGROUPS

WORKGROUP TOPICS:

Apps, Analytics, and Gadgets: Shared Opinions on New Technology—What tools have organizations found to produce results and validate their investment, as well as to improve metrics and workflows for clinicians and clinical operations leaders? How do leaders determine the most helpful innovations based on the expenditure?

Closing Gaps and Improving Care—How have organizations advanced patient outcomes via optimizing predictive analytics, improving interoperability, remedying workflow processes, addressing behavioral health, engaging public and private partnerships to promote community wellness, and doing work around determinants of health and best practices?

Sustained Leadership and Momentum in Population Health—Faced with sweeping industry changes, enterprising goals, and numerous undertakings, how do leaders keep various areas of the organization focused and energized on advancing population health, while continuing to evaluate initiatives, refine operations, and solicit fresh ideas? How does leadership involve all players across the care continuum to support and nurture care delivery?
Julia D. Andrieni, MD, FACP  
VICE PRESIDENT, POPULATION HEALTH AND PRIMARY CARE, HOUSTON METHODIST  
PREVENTION AND CEO, HOUSTON METHODIST PHYSICIANS’ ALLIANCE FOR QUALITY  
Houston Methodist/Houston

Julia D. Andrieni, MD, joined Houston Methodist in November 2013 as the vice president of population health and primary care. She is responsible for Houston Methodist’s population health management strategy together with the Houston Methodist leadership team. As president of the Houston Methodist Physicians’ Alliance for Quality, she is responsible for developing the independent physician alignment model. Her team also leads Houston Methodist’s population health program for employees/beneficiaries focused on prevention and optimal chronic condition management. In addition, she leads the patient-centered medical home team, where she focuses on the interface of operations and quality.

In 2016, Dr. Andrieni led a multidisciplinary team to apply to CMS for a Medicare Shared Savings Program. This new ACO, Houston Methodist Coordinated Care, will coordinate care for Medicare fee-for-service patients in collaboration with a network of primary care physicians. In 2017, Dr. Andrieni was appointed as the president and CEO of Houston Methodist Coordinated Care.

Frank C. Astor, MD, MBA, FACS  
CHIEF MEDICAL OFFICER  
NCH Healthcare System, Inc./Naples, Florida

Born and raised in San Juan, Puerto Rico, Dr. Frank Astor is bilingual and bicultural. In 1978, Dr. Astor received his MD from the University of Puerto Rico School of Medicine. He trained in otolaryngology and head and neck surgery at The Cleveland Clinic Foundation in Ohio and completed fellowships in oncology and reconstruction from the University of Cincinnati and the Oregon Health and Science University. In addition, Dr. Astor has an MBA in general management from Bowling Green State University, Ohio, and subsequently finished an AHP executive leadership fellowship program.

Dr. Astor has practiced head and neck surgery in several academic settings, including San Juan Veteran’s Administration Hospital, Cleveland Clinic Florida, and the University of Miami. He has served as medical director for Blue Cross Blue Shield of Florida and as chief medical officer for Triple S-Blue Cross Blue Shield of Puerto Rico. At Florida Blue, he worked in the area of professional programs and developed an expertise in medical disparities in international health. As chief medical officer in Puerto Rico, he managed 2.2 million lives in all lines of business, in addition to 9,000 providers in 65 hospitals.

Sameer Badlani, MD, FACP  
VICE PRESIDENT AND CHIEF HEALTH INFORMATION OFFICER  
Sutter Health Information Services/Mather, California

Dr. Sameer Badlani is the vice president and chief health information officer (CHIO) for Sutter Health, where his current areas of accountability include enterprise analytics, data management, and clinical informatics. His focuses include using technology for clinician engagement, social psychology in the delivery of healthcare, and generating actionable analytics in clinical and business processes with the aim to automate workflows. Dr. Badlani speaks nationally, as well as educates and consults on topics in clinical informatics, analytics, and quality and innovation in healthcare. As an experienced leader in healthcare IT, he advises venture capital funds and startups. In 2013, Dr. Badlani was recognized in O’Hare’s Chicago “40 Under 40” and nominated to the board of AMDIS, the premier international organization of chief medical information officers (CMIO) and executive physician leaders in informatics. A board-certified internist with expertise in inpatient transplant and consultative medicine, Dr. Badlani received his medical degree from the University of Delhi in India. After completing his internal medicine residency training, he served as chief resident at the University of Oklahoma in Tulsa and trained in biomedical informatics at the University of Utah in Salt Lake City.

Oliver Banta, CHCIO, CISA, CISSP, CPHIMS, PMP  
VICE PRESIDENT AND CHIEF INFORMATION OFFICER  
Columbus Regional Health/Columbus, Georgia

Oliver Banta is vice president and chief information officer for Columbus Regional Health, where he oversees information technology, clinical informatics, and telecommunications. He previously served as a senior director of information technology with responsibilities in infrastructure, clinical applications, and integration. Prior to joining Columbus Regional Health, Banta served as vice president and chief information officer for Nebraska Heart Hospital and Nebraska Heart Institute. He holds a Bachelor of Business Administration in accounting and general business from Columbus State University and is scheduled to complete his Master of Business Administration at the university’s Turner College of Business in August 2017.
MEMBER INTRODUCTIONS

David Battinelli, MD
SENIOR VICE PRESIDENT AND CHIEF MEDICAL OFFICER
Northwell Health/Great Neck, New York

Dr. David Battinelli is responsible for the overall professional management of clinical, education, research, and operational issues related to medical and clinical affairs. Previously, he served as the health system’s chief academic officer and senior vice president of academic affairs, where he oversaw all undergraduate and graduate educational programs, all continuing medical education, and academic affairs and institutional relationships. Dr. Battinelli is dean for medical education and the Betsy Cushing Whitney Professor of Medicine at the Hofstra Northwell School of Medicine. A board-certified internist, Dr. Battinelli came to Northwell Health (formerly the North Shore-LIJ Health System) from Boston Medical Center, where he served as vice chairman for education, program director, internal medicine residency program and professor of medicine at Boston University School of Medicine.

Pamela M. Beckwith, FACHE
SYSTEM VICE PRESIDENT, QUALITY
Carolinas HealthCare System/Charlotte, North Carolina

As system vice president of quality for Carolinas HealthCare System (CHS), Pamela Beckwith heads the development and implementation of systemwide patient quality and safety initiatives. She joined CHS in 2001, where she was responsible for clinical operational efficiencies and a variety of business development initiatives. In 2008, Beckwith spearheaded a turnaround of quality and patient safety operations for CHS, as well as numerous systemwide initiatives through the CHS Quality Division. One initiative led to a multimillion-dollar contract bundle with the U.S. Department of Health and Human Services’ Partnership for Patients (PIP). Under her leadership, CHS was named one of 26 initial PIP organizations that developed a nationwide program aimed at reducing preventable injuries and complications from healthcare-acquired infections; this work was accomplished through CHS’ Hospital Engagement Network, its Leading Edge Advanced Practice Topics, and its Hospital Improvement and Innovation Network. CHS has been credited with averting more than 12,000 potential harm events and saving nearly $76 million in care-related cost.

Julie Bietsch
VICE PRESIDENT, POPULATION HEALTH MANAGEMENT
Dignity Health/Phoenix

Julie Bietsch is the vice president of population health management for Dignity Health and is responsible for the strategy, operations, and success of Dignity’s clinically integrated networks and value-based contracts. As a registered nurse, Bietsch has spent the past 14 years collaboratively building population health networks and models for companies such as Dignity Health, Evolent Health, and WellPoint. As the general manager for Evolent, she worked with leading health systems across the nation to assess their population health infrastructures and partner with physician leadership to transform from fee-for-service to value-based contracts. As WellPoint’s vice president of clinical health, she was the executive leader responsible for utilization, case, and disease management in 14 states. In addition, Bietsch was vice president for Anthem, where she managed all contract negotiations in California, Nevada, and Colorado; prior to that, she was the vice president for contract negotiations at UnitedHealthcare in Missouri. Bietsch has been integral to the development of integrated technology solutions for cost analytics, clinical management, provider demographics, and credentialing databases.

John Bosco
SENIOR VICE PRESIDENT AND CHIEF INFORMATION OFFICER
Northwell Health/Great Neck, New York

John Bosco oversees information technology for Northwell Health, one of the largest integrated healthcare networks in New York state and in the nation. In his current role, he is responsible for aligning Northwell technology deployment and business strategies; overseeing technology purchases; facilitating communication to effectively plan, budget, and implement technology solutions; establishing IT policies, standards, and procedures; ensuring security, privacy, and regulatory compliance of technology systems; and providing leadership to the IT team. Bosco joined Northwell in 2004 as vice president and chief technology officer, responsible for developing the strategic plan for technology throughout the health system and overseeing the daily operations of the IT department. He has spent his entire career in IT management, primarily in the healthcare field. Before coming to Northwell, Bosco served as senior information technology executive with Capgemini Ernst & Young, where he was responsible for directing the IT team that provided system development services, maintenance, and support to healthcare clients. Prior to that, he was associate vice president of information technology for Continuum Health Partners, a nonprofit health system in New York City, where he handled IT service delivery and systems development. Bosco holds a bachelor’s degree from Mercy College.
MEMBER INTRODUCTIONS

Linda Butler, MD
VICE PRESIDENT, MEDICAL AFFAIRS; CHIEF MEDICAL OFFICER; AND CHIEF MEDICAL INFORMATION OFFICER
UNC REX Hospital/Raleigh, North Carolina

Dr. Linda Butler is responsible for UNC REX Hospital’s medical staff, quality programs, and regulatory compliance. She was a pediatrician in Wake County for more than 13 years before joining UNC REX as chief medical officer in 2009. Dr. Butler serves as a John Rex Endowment Board member and finance committee member. She also serves on the board of Johnston Health Care. In 2012, she participated in Leadership NC as a member of class XIX. She was named one of “100 Hospital and Health System CMOs to Know” by Becker’s Hospital Review in 2013 and 2014. She earned degrees in nuclear engineering from North Carolina State University and University of Florida, and received her medical training at UNC Chapel Hill.

Shari Capers, RN, MBA, MHA
VICE PRESIDENT, STRATEGIC PLANNING AND DECISION SUPPORT
St. Jude Children’s Research Hospital/ Memphis, Tennessee

Shari Capers serves as the vice president for strategic planning and decision support for St. Jude Children’s Research Hospital. She launched the organization’s strategic planning office and is leading its ongoing strategic management activities. Capers’ goal at St. Jude is to establish a results-oriented annual planning cycle process with a systematic approach to goal setting, strategy, and implementation. Capers joined St. Jude in 2015, after serving as the chief strategy officer and vice president of strategic planning for Emory Healthcare in Atlanta. She has 20 years of healthcare strategy and business planning experience, with 18 years in an academic medical center and university health sciences setting. Her responsibilities have included system-level strategic planning and management activities, program and department strategic and business planning, partnership evaluation, and market and competitor assessment. Capers graduated with a Bachelor of Science in Nursing from Brenau College in Gainesville, Georgia, and received a Master of Healthcare Administration and a Master of Business Administration from Georgia State University.

Neil Carpenter
VICE PRESIDENT, STRATEGIC PLANNING AND RESEARCH
LifeBridge Health/Baltimore

Neil Carpenter is the vice president of strategic planning and research at LifeBridge Health, a $2 billion integrated healthcare delivery system in Maryland. He oversees strategic planning for the enterprise as well as its clinical research and innovation efforts. Innovation at LifeBridge includes initiatives such as the BioIncubator at Sinai Hospital, the system’s offshore call center, and consulting team agreements. Previously, Carpenter was an engagement manager for Deloitte and the Chartis Group. There, his clients included Kaiser Permanente, Sisters of Mercy Health System, the Military Health System, Montefiore, and the University of Virginia. Prior to entering healthcare after business school, he focused on global reengineering and process improvement at GE and American Express. Carpenter has a master’s degree in business from Georgetown University and a bachelor’s degree in business from the University of Massachusetts at Amherst. He serves on various state task forces related to health system planning and is a guest lecturer at John’s Hopkins Carey School of Business.

Matt Chambers, BBA
CHIEF INFORMATION OFFICER
Baylor Scott & White Health/Dallas

Matthew Chambers has been chief information officer of Baylor Scott & White Health (BSWH), the largest not-for-profit healthcare system in Texas, since the organization was formed from the merger of Baylor Health Care System and Scott & White Healthcare in 2013. He is responsible for designing and deploying next-generation clinical architecture to enable BSWH to meet the triple aim of increased access, lower per-capita costs, and improved population health. Prior to the merger, Chambers was the CIO of Scott & White Healthcare and led the implementation of a fully integrated enterprise electronic medical record system, achieving HIMSS Analytics Stage 7 at five hospitals and 23 clinics at a nationally recognized rapid pace. He also guided the organization during the launch of MyChart, its online patient portal. During his tenure, BSWH has been recognized as “Most Improved” as part of Hospital & Health Networks’ “Most Wired” list, and nominated as one of 2015’s “Best Hospital IT Departments” by Healthcare IT News.
MEMBER INTRODUCTIONS

Michael J. Chapman, DO, FACOEP
EXECUTIVE DIRECTOR, MEDICAL AFFAIRS
Oaklawn Hospital/Marshall, Michigan

Dr. Michael Chapman is a board-certified emergency physician and executive director of medical affairs at Oaklawn Hospital in Marshall, Michigan. He obtained his bachelor’s degree from the University of Michigan and his Doctor of Osteopathic Medicine degree at Lake Erie College of Osteopathic Medicine in Erie, Pennsylvania. Dr. Chapman completed his postgraduate specialty training at Michigan State University. In addition, he is a residency-trained flight surgeon serving in the Michigan Air National Guard at the rank of Major. Dr. Chapman has practiced emergency medicine in community, academic, pre-hospital, and military settings. He has held leadership positions in each setting, including quality control officer, medical director and section chief for emergency medicine, and vice chief of the medical staff. Dr. Chapman is a fellow of the American College of Osteopathic Emergency Physicians and a member of the Alliance of Air National Guard Flight Surgeons.

Peter Charvat, MD, MBA
VICE PRESIDENT AND CHIEF MEDICAL OFFICER
Johnston Health/Smithfield, North Carolina

Dr. Peter Charvat serves as the vice president and chief medical officer for Johnston Health. There, he leads quality and process improvement initiatives, medical staff operations, peer review, credentialing, physician recruitment, and integration; he also oversees the hospital-based physicians and manages physician group contracts for the system. Dr. Charvat leads teams focused on service line expansion and development. He serves on the professional standards and compliance committees of both the University of North Carolina (UNC) Health Alliance (a clinically integrated network) and UNC Senior Alliance (an accountable care organization). As a board-certified emergency medicine physician with over 20 years of clinical experience, Dr. Charvat still enjoys providing patient care within the emergency departments at Johnston Health. He attended medical school at St. Louis University School of Medicine and completed his emergency medicine residency at Indiana University’s Methodist Hospital. He received his MBA in Health Administration at the University of Colorado, Denver.

John Chomeau
CHIEF POPULATION HEALTH OFFICER
Lee Health/Ft. Myers, Florida

John Chomeau is the chief population health officer at Lee Health. He is responsible for developing innovative business models that create a seamless healthcare system, incorporating care delivery strategies that improve patient experience and provider engagement with the goal of strengthening population outcomes across the continuum of care. In his role, Chomeau shapes Lee Health’s approach to value-based care, which focuses on keeping people healthy as well as improving the health of those with chronic conditions through evidence-based, cost-effective means. He manages contract development and negotiation, network management, provider relations, and technology solutions to define the accountable care strategic direction and plan the development of Lee Health’s value-based care strategies, which include infrastructure, resources, contracting, partnerships, and community care models.

Deborah Dahl, FACHE
VICE PRESIDENT, PATIENT CARE INNOVATION
Banner Health/Phoenix

Deborah Dahl, vice president of patient care innovation at Banner Health, brings together diverse teams who scan, select, and implement innovative clinical strategies. These programs include ambulatory intensive care, teleEverything, clinical risk intervention for OB, and the nation’s largest simulation medical center. Dahl has held a variety of positions within Banner Health, including associate administrator for Banner Desert Medical Center, the largest (600 beds), most comprehensive hospital in Arizona. As vice president of technology and materials, she focused on technology assessment, coordinating the capital prioritization process while monitoring, assessing, and coordinating adoption of technologies, as well as providing traditional biomedical engineering services for more than 30 facilities in eight states. With an annual budget of $363 million, Banner’s materials management division encompasses the contracting, purchasing, and distribution for non-pharmaceutical materials.
MEMBER INTRODUCTIONS

Shannon Dean, MD
SENIOR VICE PRESIDENT AND CHIEF MEDICAL INFORMATION OFFICER
UW Health/Madison, Wisconsin

As senior vice president and chief medical information officer for UW Health, Dr. Shannon Dean provides strategic and clinical leadership in the use of health information technology to support the mission of excellent clinical care, research, and education. She works directly with operational and clinical leaders to identify opportunities for using health information technology to support clinical and educational priorities. Prior to assuming her current role in December 2014, she served as medical director of inpatient informatics for UW Health for five years and as the pediatric physician champion for UW’s Epic implementation from 2007 to 2009. Dr. Dean is an associate professor of pediatrics and maintains an active clinical practice as a pediatric hospitalist at American Family Children’s Hospital and the pediatric unit at St. Mary’s Hospital. A board-certified pediatrician, she earned her medical degree at the UW School of Medicine and Public Health in 2002, then completed her residency training at the University of Wisconsin Hospital and Clinics. Dr. Dean completed the UW Health Physician Leadership Development Program and is board-certified in clinical informatics.

Michael DeGere, DPM, FACHE
VICE PRESIDENT, POPULATION HEALTH MANAGEMENT
Agnesian HealthCare/Fond du Lac, Wisconsin

Dr. Michael DeGere is a podiatrist and board-certified foot and ankle surgeon. During his 12 years in clinical practice, he was also active in medical staff leadership, including serving as chief of surgery at Agnesian HealthCare’s St. Agnes Hospital. In 2014, Dr. DeGere transitioned to full-time executive leadership at Agnesian HealthCare, where he now serves as vice president of population health management. He helps lead organizational strategy and has served on the board of managers of Wisconsin’s first multi-health system accountable care organization. Dr. DeGere is also board-certified in healthcare management and is a fellow of the American College of Healthcare Executives.

James Demopoulos, MHA, MPH
SENIOR VICE PRESIDENT, OPERATIONS
Lehigh Valley Health Network/Allentown, Pennsylvania

James Demopoulos is the senior vice president of operations for the Lehigh Valley Physician Group, which has over 1,400 employed providers, 3,500 colleagues, and 2.5 million annual visits. The Lehigh Valley Health Network has been named a top health system by both U.S. News and Report and Healthgrades, and is one of the few national partners of the Memorial Sloan-Kettering Cancer Center. Demopoulos has over 30 years’ experience in group practice leadership roles within some of the largest healthcare systems in the Northeast. His tenure includes roles at NYU Medical Center, Northwell Health (formerly North Shore-LIJ Health System), the State University of New York health system, and the Greater Baltimore Medical Center. He has also served as the physician service line leader at the Studer Group. Demopoulos has a master’s degree in healthcare administration and public health from New York University. His leadership experience encompasses large group practices within complex health systems, accountable care organizations, patient-centered medical homes, strategic and business development, Epic ambulatory implementation and optimization, national consulting engagements, and access and patient experience group practice initiatives.

Liem Du, MD
MEDICAL DIRECTOR
University Health System/San Antonio

Dr. Liem Du is an internist and a medical director for University Health System (UHS) in San Antonio, Texas. Dr. Du received his chemical engineering degree from Texas A&M University, his medical degree from UT Southwestern, and his internal medicine training from UT Health Science Center in San Antonio. Earlier in his career, Dr. Du developed a comprehensive diabetes program for disadvantaged patients at Atascosa Health Center, a federally qualified health center south of San Antonio. Upon joining UHS, he developed an innovative program to take care of postacute patients across the care continuum. Presently, he is focusing on the intersection of population health management, determinants of health, and accountable community health.
MEMBER INTRODUCTIONS

Lee (Monty) Duke II, MD, MBA
SENIOR VICE PRESIDENT AND CHIEF PHYSICIAN EXECUTIVE
Lancaster General Health/Lancaster, Pennsylvania

As senior vice president and chief executive physician, Dr. Monty Duke oversees physician integration and governance, develops physician leadership, and has operational responsibilities for systemwide healthcare delivery. Prior to joining the Lancaster General Health administrative staff in May 2008, Dr. Duke practiced as a staff physician at Lancaster General Hospital in pulmonary medicine, critical care, and sleep medicine since 1991. He has held leadership positions including division chief for pulmonary medicine, chairman of the Critical Care Committee, physician advisor to the Malcolm Baldrige Steering Committee, and vice president of the medical staff. Dr. Duke received his bachelor's degree in 1976 from the University of Virginia and his Doctor of Medicine degree in 1980 from the University of Virginia. He received postgraduate specialty training at the University of Alabama (1980–1981), the University of Virginia (1985–1987), and the University of Rochester (1987–1989). From 1981 to 1985, he served as a flight surgeon at Griffith Air Force Base in Rome, New York, where he received individual and unit commendations as chief of aeromedical services. In June 2015, Dr. Duke received his MBA from St. Joseph University. He is a member of the American College of Chest Physicians.

David L. Dull, MD
CHIEF MEDICAL OFFICER
Penrose-St. Francis Health Services/Colorado Springs, Colorado

Dr. David Dull is the chief medical officer (CMO) for Centura’s South State Operating Group. In this capacity, he leads strategic planning and implementation of clinical quality and safety initiatives for Centura’s four hospitals in southern Colorado. Additionally, Dr. Dull is responsible for oversight of the medical staff office, credentialing peer review, medical education, clinical quality, safety and risk reduction, accreditation, process improvement, medication safety, infection control, physician performance management, and implementation of evidence-based medicine. Prior to assuming his current role, he was the CMO for Centura’s Penrose St. Francis Health Services. In that role, he was responsible for initiation of a comprehensive physician resiliency program, redesign of the quality department, implementation of the Epic EMR, and reevaluation of physician call pay. Previously, Dr. Dull served as CMO for Providence-Providence Park Hospitals in Southeastern Michigan, where he led the redesign of the hospitalist program, the development of a medical simulation program, and construction of a comprehensive high-fidelity simulation lab. At Providence, he also led the creation of Michigan State University College of Human Medicine’s Southeast Michigan medical school campus.

Cliff T. Fullerton, MD, MSc
PRESIDENT, BAYLOR SCOTT & WHITE QUALITY ALLIANCE
CHIEF POPULATION HEALTH OFFICER, BAYLOR SCOTT & WHITE HEALTH
Baylor Scott & White Health/Dallas

During Dr. Cliff Fullerton’s tenure at the Baylor Health Care System (BHCS), he has been extensively involved with the HealthTexas Provider Network, serving as chief quality officer and president of his practice, Family Medical Center at Garland/North Garland. From there, he moved to BHCS, where he started the Institute of Chronic Disease and Care Redesign and was the chief medical officer for Baylor’s physician accountable care organization, Baylor Quality Alliance. With the BHCS and Scott and White Health merger, Dr. Fullerton’s position moved to chief population health officer for Baylor Scott & White Health while maintaining his Baylor Scott & White Quality Alliance role as chief medical officer. Retaining the chief population health officer position, he moved into the role of president of the BSWQA in July 2015. Dr. Fullerton earned his MD at the University of Texas Southwestern Medical School, completed his internship at UT Southwestern Medical School/Parkland Memorial Hospital in Dallas, and completed his residency in family medicine at University of Oklahoma Health Science Center in Oklahoma City. He received his Master of Science in Healthcare Management from the University of Texas at Dallas.

Randy K. Hamilton, RRT, MBA
SYSTEM VICE PRESIDENT, OPERATIONS
Norton Medical Group/Louisville, Kentucky

Randy Hamilton has over 20 years of healthcare experience, beginning as a respiratory therapist in 1995 with Vencor, Inc., and since encompassing CEO tenure at multiple long-term acute care hospitals with Kindred Healthcare (1999–2005). Since 2005, Hamilton has spent his career in physician services, including time with Chest Medicine Associates, an independent pulmonary medicine practice in Louisville, Kentucky, as chief operating officer; and Clark Memorial Hospital in Jeffersonville, Indiana, as president and CEO of Clark’s multidisciplinary physician group. He now serves as the system vice president of operations for Norton Medical Group, a subsidiary of Norton Healthcare with $2 billion in revenue and 859 employed providers at 190 locations throughout Kentucky.
MEMBER INTRODUCTIONS

Megan Harkey, MHA
DIRECTOR, OPERATIONS & FINANCE
Houston Methodist Coordinated Care/ Houston

Megan Harkey is the director of operations and finance for Houston Methodist Coordinated Care. In this role, she is responsible for operationalizing strategic and quality initiatives to increase value and drive cost savings within a Track 3 Medicare Shared Savings Plan. Harkey leads the team accountable for engaging physicians on a wide variety of topics related to the operations and performance of the accountable care organization (ACO). She has a background in hospital and ACO operations, physician relations, population health and value-based contract performance, payer collaboration, and Lean process improvement. Prior to her current role, Harkey was the director for network administration with Baylor Scott & White Quality Alliance. She received her BS and MHA from Trinity University in San Antonio.

Stuart James
CHIEF OPERATIONS OFFICER
Sutter Health/Mather, California

Stuart James, a veteran information technology executive with almost 25 years of experience in healthcare, is chief operations officer for Sutter Health Information Services of Sacramento, California. He runs operations for over 1,500 employees, focusing on meeting the business needs of customers with technological solutions. He joined Sutter Health as chief information officer (CIO) and was promoted to his current role in January 2015. Previously, James spent eight years as a hospital corpsman in the United States Naval Reserve. After serving his country, he was based in Lawton, Oklahoma, as the director of technical services for Comanche County Memorial Hospital and director of information services for Southwestern Medical Center. He moved to Vidant Health, formerly University Health Systems of Eastern Carolina, as CIO in 1999, and held several positions there before being recruited by Sutter Health in 2013.

Parinda Khatri, PhD
CHIEF CLINICAL OFFICER
Cherokee Health Systems/Knoxville, Tennessee

Dr. Parinda Khatri is chief clinical officer at Cherokee Health Systems, a comprehensive community healthcare organization with 25 clinical sites in 14 counties in Tennessee. She earned her doctorate in clinical psychology at the University of North Carolina at Chapel Hill and completed a postdoctoral fellowship in behavioral medicine at Duke University Medical Center. As chief clinical officer, she provides oversight and guidance on clinical quality, program development and management, workforce development, clinical research, and clinical operations for blended primary care and behavioral health services within the organization. Dr. Khatri is also involved in integrated healthcare policy and practice issues at the national level. She is past president and board member of the Collaborative Family Healthcare Association; a member of the National Integration Academy for the Agency for Healthcare Research and Quality; on advisory boards for integrated primary care initiatives at the University of Massachusetts, University of Pennsylvania, and University of Vermont medical centers; and on the clinical advisory committees for Amerigroup as well as BlueCare of Tennessee.

Ruth Krystopolski
SENIOR VICE PRESIDENT, POPULATION HEALTH
Carolinas HealthCare/Charlotte, North Carolina

Ruth Krystopolski is senior vice president of population health for the Carolinas HealthCare System. She is responsible for development and implementation of value-based care models across the organization. She also leads the care management function systemwide, is responsible for Healthworks and employer-based programs, and leads Community Health initiatives and the Carolinas Poison Control Center. Prior to joining Carolinas, Krystopolski served as the senior vice president for population health at CHRISTUS Health. In this role, she managed risk-based products offered by CHRISTUS Health, implemented requirements resulting from the Affordable Care Act, monitored changes in the healthcare environment, and developed models to ensure the continued success of the organization.
MEMBER INTRODUCTIONS

Cynthia Latney, PhD(c), MSN, RN, NE-BC
CHIEF TRANSFORMATION OFFICER
Centura Health/Colorado Springs, Colorado

Cynthia Latney has served as chief nursing officer (CNO) and vice president of patient care services for Penrose-St. Francis Health Services since 2014. She also serves as the group CNO for Centura Health’s Southern Colorado hospitals. On July 1, 2017, she will be transitioning to a new role: chief transformation officer for Centura Health. Latney has three decades of nursing practice and leadership experience with Centura Health, Hospital Corporation of America, and The Methodist Hospital in Houston. A strong transformational leader, she influences hospitals’ strategic direction and ensures that nursing strategies and initiatives are aligned to advance patient care and organizational success. Her nursing career has been dedicated to creating high-quality, reliable systems of care and training nurses and healthcare professionals to lead in the ever-changing dynamics of the industry. She is a member of the American Organization of Nursing Executives, the Colorado Organization of Nurse Leaders (CONL), the American Nurses Association, and the American College of Healthcare Executives. She serves on the boards of the Southern Colorado Women’s Chamber of Commerce, CONL, and the Colorado Center for Nursing Excellence, as well as on the Capella University School of Nursing and Health Sciences Advisory Board.

Elizabeth Mahler, MD
VICE PRESIDENT, PATIENT HEALTH MANAGEMENT
Sutter Health/Sacramento, California

Dr. Elizabeth Mahler is Sutter Health’s vice president for patient health management and chief medical officer for Sutter Care at Home. Sutter Health is one of the 10 largest not-for-profit healthcare systems in the United States and a leader in dissemination of high-quality innovations in patient-centered care delivery. Dr. Mahler assumed her system VP role in December 2011, and has responsibility for leading enterprise strategy and clinical transformation efforts related to population health management and the delivery of personalized, patient/family-engaged care, particularly for high-need, vulnerable populations. Dr. Mahler was previously a founding shareholder and chief medical officer of the East Bay Physicians Medical Group, a for-profit, physician-owned, multispecialty medical group in the East Bay (San Francisco Bay area) affiliated with the not-for-profit Sutter East Bay Medical Foundation and Sutter Health.

Ed McCallister
SENIOR VICE PRESIDENT AND CHIEF INFORMATION OFFICER
UPMC, Information Services Division/ Pittsburgh

Ed McCallister has more than 20 years of experience in the technology and information services industry. Most recently, he has assumed the position of chief information officer for the information services division at UPMC. McCallister brings an excellent track record from the UPMC Health Plan, having built the systems supporting its operational vision of national superiority. He has helped develop and implement the core technological solutions that saw the health plan become one of the nation’s fastest-growing HMOs. McCallister earned his bachelor’s degree from St. Francis University in 1984. His previous positions include vice president and chief information officer for UPMC’s insurance services division (2005–2014); director of information services for UPMC Health Plan (1999–2005); senior manager of business systems for Highmark (1988–1999); and operations specialist at Electronic Data Systems (1985–1988).

Mac McClurkan
CHIEF STRATEGY OFFICER
Oaklawn Hospital/ Marshall, Michigan

Mac McClurkan is a healthcare executive with more than 30 years of knowledge, over 15 of those at the C-suite level; he is experienced in both the payer and provider aspects of the healthcare industry and has served in a variety of information technology, operations, performance improvement, and consulting roles. In 2005, he helped lead a healthcare organization to a Baldrige award win, and is currently working to repeat that outcome at Oaklawn Hospital, recently named by Truven Analytics as a “Top 100 Hospital” for 2017. In addition to his Baldrige work, McClurkan’s roles at Oaklawn include IT, multispecialty practice management, strategy development, and a variety of joint ventures.
MEMBER INTRODUCTIONS

Pamela McNutt
SENIOR VICE PRESIDENT AND CHIEF INFORMATION OFFICER
Methodist Health System/Dallas
Pamela McNutt has served as the senior vice president and chief information officer (CIO) for Dallas’ Methodist Health System for 24 years. McNutt has served as a director on the HIMSS national board (1998–2001) and as a trustee for CHIME (2007–2009), and is a fellow in both organizations. She was awarded the John Gall CIO of the Year award in 2002 and was named one of the “Top 25 Women in Healthcare” in 2011 by Modern Healthcare. McNutt serves as a member of the CHIME Policy Steering Committee and the American Hospital Association Healthcare IT Advisory Committee. She has an appointment on the Texas Health and Human Services Commission e-Health Advisory Committee.

Steve Milligan, MD
CHIEF MEDICAL OFFICER
FullWell/Colorado
Dr. Steve Milligan is CHN’s accountable care organization medical director and acting chief medical officer for FullWell. He worked in private practice in Pueblo from 1988 to 2015, providing full-spectrum family practice, including obstetrics. Dr. Milligan received his medical education at St. Louis University and did his residency at United Hospital Center in Clarksburg, West Virginia. He was assistant director of Southern Colorado Family Medicine from 1992 to 1995, and associate director from 1995 to 2002. Dr. Milligan was the first chairman of CHN’s board of directors.

Pam Nenaber, FACHE
CEO
Banner Health, Pharmacy Services Division/Phoenix
Pam Nenaber serves as CEO of Banner Health’s pharmacy services division created in late 2013. Pharmacy services involves all pharmaceutical services across the delivery system intended to support Banner’s population health management model, including medication supply chain management, medication use system management, clinical therapeutics, formulary management and adherence, utilization management and physician prescribing practices, fiscal management, pharmacy benefits management, education, and research. Prior to this position, Nenaber served as chief operating officer of Banner Medical Group, an organization of 1,100+ providers in 197 locations across six states. Prior to Banner Medical Group, she served as CEO of Banner Gateway Medical Center, a 176-bed state-of-the-art facility that opened in 2007, and Banner MD Anderson Cancer Center, which opened in 2011 in Gilbert, Arizona. From 2000 to 2005, Nenaber was one of the founding members of Banner Health’s care management division, which oversees improvement of clinical care and patient safety for all facilities. Previously, Nenaber served as regional vice president in IHS Home Care, a national homecare company, from 1995 to 1999.

Alan Pitt, MD
PROFESSOR, NEURORADIOLOGY
Dignity Health/Phoenix
Dr. Alan Pitt is a professor at the Barrow Neurological Institute who has worked at the nexus of computers and medicine for the past two decades. Dr. Pitt believes that aligning patients with the right person at the right time can replace fear and anxiety with reassurance, reducing costs while improving care. He currently serves as the healthcare representative to the Digital Arizona Council and is an adjunct professor for the ASU College of Nursing and Health Innovation as well as the University of Arizona School of Public Health. Dr. Pitt is the recipient of a GreenLight Innovation award from Dignity Health. This $100,000 award was shared with Julie Ward, chief nursing officer of St. Joseph’s Hospital, to design and deploy a cloud-based solution to improve patient satisfaction via enhanced post-discharge follow-up. Most recently, Dr. Pitt has taken an additional role as the CMIO of Avizia, a global telemedicine solutions company. He is also an advisor to several other healthcare companies.
MEMBER INTRODUCTIONS

Vivek K. Reddy, MD
CHIEF HEALTH INFORMATION OFFICER
Intermountain Healthcare/Salt Lake City

As the chief health information officer for Intermountain, Dr. Vivek Reddy advances the use of technology to improve clinical outcomes and drive best practices throughout the system. He is responsible for helping develop the strategic direction to optimize technology use for all members of the clinical care team and continue Intermountain’s internationally recognized prominence in novel use of informatics to drive care processes. Prior to joining Intermountain, Dr. Reddy served as the chief medical information officer at the University of Pittsburgh Medical Center and held informatics leadership positions there for the prior decade. He participated in extensive clinical and informatics-related research, focusing on clinical decision support and optimizing electronic health records. Dr. Reddy received his medical degree from the Drexel University College of Medicine in 2002, and completed an internal medicine internship, a neurology residency, and a vascular neurology fellowship at the University of Pittsburgh. He completed his Master of Medical Management degree at Carnegie Mellon University in 2016.

Sam Reynolds, MD
CHIEF QUALITY OFFICER
Allegheny Health Network/Pittsburgh

Dr. Sam Reynolds is the chief quality officer for the Allegheny Health Network (AHN), a large integrated healthcare system based in western Pennsylvania that employs approximately 18,000 people and has more than 2,400 affiliated physicians. Part of Highmark Health, AHN is composed of eight hospitals, including a quaternary academic medical center and six tertiary-level community hospitals; multiple comprehensive health and wellness pavilions and other ambulatory care sites; a research institute; and a full spectrum of home health services. Dr. Reynolds leads the department of quality, safety, and value at AHN, providing the organization’s caregivers and administrators with the direction, support, and resources to deliver high-quality, evidence-based care that maximizes outcomes and improves patient experience. Dr. Reynolds is a practicing family physician with significant experience in developing and overseeing initiatives designed to enhance population health, improve patient safety, and reduce the costs of care. He is a champion of workflow redesign and team-based care as the foundational building blocks for clinical excellence and successful clinical transformation.

Luis Saldana, MD, MBA, FACEP
CHIEF MEDICAL INFORMATICS OFFICER
Texas Health Resources/Arlington, Texas

Dr. Luis Saldana is the chief medical informatics officer for Texas Health Resources (THR), one of the largest faith-based, nonprofit healthcare delivery systems in the United States. In this role, he guides and leads strategic initiatives to leverage information technology to improve care delivery as well as implement and optimize the clinical effectiveness of THR’s Epic electronic health record, CareConnect. In 2013, THR was recognized with the HIMSS Enterprise Davies Award for outstanding achievement in using health information technology to improve patient outcomes and achieve ROI. He is also the medical director for clinical decision support and is active nationally in initiatives to improve patient care quality and safety through health information technology and clinical decision support. Dr. Saldana was recognized by Becker’s Healthcare in 2014 as one of “25 CMIOs to Watch.” He was an associate editor of HIMSS’ 2009 Guidebook, Improving Medication Use and Outcomes With Clinical Decision Support: A Step-by-Step Guide. Dr. Saldana also co-authored the current edition of the HIMSS Guidebook, Improving Outcomes With Clinical Decision Support: An Implementer’s Guide, the HIMSS 2013 Book of the Year.
MEMBER INTRODUCTIONS

Kathleen D. Sanford, DBA, RN, FACHE, FAAN
SENIOR VICE PRESIDENT AND CHIEF NURSING OFFICER
Catholic Health Initiatives/Englewood, Colorado

Kathleen Sanford is responsible for quality, clinical operations improvement, pharmacy leadership, PACS, and clinical informatics at Catholic Health Initiatives (CHI). She leads evidence-based practice initiatives and the practice of nursing across CHI’s continuum. Sanford has more than 40 years of healthcare experience as a clinician and executive. She retired from the Army as chief nurse of the Washington Army National Guard. She is a past president of the AONE and a past board member of several healthcare organizations, including the AHA and the Nursing Organizations Alliance. Currently editor-in-chief of a nursing journal, she recently co-authored Dyad Leadership in Healthcare: When One Plus One Is Greater Than Two with her dyad partner, the CHI chief medical officer, as well as the management book Leading With Love.

Assaad Sayah, MD, FACEP
SENIOR VICE PRESIDENT AND CHIEF MEDICAL OFFICER
PRESIDENT, PHYSICIANS ORGANIZATION
Cambridge Health Alliance/Cambridge, Massachusetts

Dr. Assaad Sayah received his MD from the University of Massachusetts Medical Center, completing his residency in emergency medicine at William Beaumont Hospital in Michigan. Prior to coming to Cambridge Health Alliance (CHA), he served in many leadership roles in area hospitals, including director of EMS for Brigham and Women’s Hospital, associate chief for the Department of Emergency Medicine at St. Elizabeth’s Medical Center, and chairman of the Department of Emergency Medicine at the Caritas Good Samaritan Medical Center. Since 2006, Dr. Sayah has served as the chief of emergency medicine of Cambridge, Somerville, and Whidden hospitals at CHA; CHA chairman of the Chief’s Council; and CHA medical staff president. In 2013, Dr. Sayah was asked to add primary care to his responsibilities and was promoted to senior vice president of primary care and emergency services. Subsequently, he was appointed chief medical officer of CHA and president of CHA’s physicians organization.

David R. Stowers, RN, MSN, PhD
VICE PRESIDENT, ENTERPRISE CARE MANAGEMENT
Covenant Health Partners/Lubbock, Texas

Dr. David Stowers is vice president of enterprise care management for Covenant Health Partners, an ACO within Covenant Health Care System located in Lubbock, Texas. Covenant Health is part of the St. Joseph Healthcare System and employs over 5,000 employees in west Texas. There are four acute hospitals, one long-term acute care hospital, and one acute rehab facility within the Covenant system. Covenant Health Partners manages about 35,000 Medicare and commercial payer lives. Dr. Stowers oversees case management, care coordination, clinical documentation, wellness, and network development departments, totaling over 120 staff. His focus is on working with physicians and healthcare staff to create seamless transitions of care and improve the health of the populations served. Dr. Stowers received his nursing degrees from the University of Texas and his PhD from Capella University.
MEMBER INTRODUCTIONS

**Gregory Teas, MD**  
**CHIEF MEDICAL OFFICER**  
AMITA Health Alexian Brothers Behavioral Health Hospital/Hoffman Estates, Illinois

Dr. Gregory Teas is the chief medical officer of AMITA Health Alexian Brothers Behavioral Health Hospital (ABBHH) in Hoffman Estates, Illinois, and medical director of psychiatry at AMITA Health at Adventist GlenOaks Hospital in Bloomingdale, Illinois. He has served as medical director of the Center for Addiction Medicine at ABBHH since 1990, and is involved with various committees at Ascension Health and AMITA Health. His clinical interests are detoxification protocols, psychopharmacology, and the interface between pain management and addictive behaviors.

**Richard Vaughn, MD**  
**CHIEF MEDICAL INFORMATION OFFICER**  
SSM Health/St. Louis

Dr. Richard Vaughn is the chief medical information officer for SSM Health, a large health system in the Midwest. He is responsible for the implementation, adoption, and optimization of the SSM electronic health record and for population health analytics and informatics.

**Mark L. Wagar**  
**PRESIDENT**  
Heritage Medical Systems/Palm Springs, California

Mark Wagar is president of Heritage Medical Systems, an affiliate of the Heritage Provider Network serving over 1 million patients in integrated, population-based health quality payment programs through medical groups and independent practice associations in California, New York, and Arizona. Wagar previously served as the president and CEO of Empire BlueCross BlueShield, based in New York City, and is an operating partner with Enhanced Equity Funds, which invests exclusively in healthcare services organizations. Heritage Provider Network (HPN), founded by Dr. Richard Merkin in 1979, is one of the nation’s leading physician-led healthcare solutions organizations. HPN manages one of the largest and most successful Pioneer accountable care organizations in the United States.
MEMBER INTRODUCTIONS

Robert S. White, MD, FAAFP
CHIEF MEDICAL INFORMATION OFFICER
Allegheny Health Network/Pittsburgh

Dr. Robert White is chief medical information officer (CMIO) at the Allegheny Health Network (AHN), where he leads the design and implementation of the network’s clinical information technology strategy. Specifically, he directs and champions the adoption of AHN’s Epic electronic health record and other technology solutions that support the delivery of well-coordinated, high-quality clinical care; enhanced patient engagement; telemedicine; and population health management, among other key AHN and enterprise-level initiatives. Previously in his career, Dr. White directed multiple systemwide initiatives at the Cleveland Clinic, expanding its use of clinical information technology and further establishing its reputation as one of the country’s most technologically advanced and integrated patient-centered healthcare organizations. Prior to that, he was the CMIO at OSF Healthcare System in Peoria, Illinois, for six years. Dr. White is board-certified in family medicine and is a fellow of the American Academy of Family Physicians.

Jack Wolf
SENIOR VICE PRESIDENT AND CHIEF INFORMATION OFFICER
Montefiore Health Systems/Yonkers, New York

Jack Wolf is senior vice president and chief information officer for Montefiore Health System, and serves as president of Montefiore IT. In his nearly 30 years with Montefiore, he has held various positions, including director of IT and vice president and chief information officer. Prior to joining the health system, Wolf worked in the retail and accounting industries. He holds a master’s degree in management/finance from Rutgers University and a bachelor’s degree in accounting from William Patterson University. Wolf is a member of the Greater New York Hospital HIT Steering Committee and the Premier Alliance Healthcare HIT Steering Committee. He is also a member of the Healthcare Advisory Board, the College of Healthcare Information Management Executives, and the Healthcare Information and Management Systems Society.

Brian Yeaman, MD
CEO
Yeaman & Associates and Coordinated Care Health Network/Norman, Oklahoma

Dr. Brian Yeaman is a primary care physician with an active clinical practice; he is founder and CEO of Yeaman & Associates as well as co-founder and CEO of Coordinated Care Health Network, both headquartered in Norman, Oklahoma. Dr. Yeaman is a globally recognized clinical expert in health IT, having keynoted or paneled over 50 key industry events. His 12+ years of informatics experience have contributed to the systemic transformation of clinical data capture, data liquidity, care coordination, and driving clinical value at the point of care.
DINNER SPEAKER

Teva Sienicki, MA
PRESIDENT AND CEO
Growing Home

**Building Better Outcomes at a Community Level**

Teva Sienicki is president and CEO of Growing Home to advance efforts in building equity and closing the achievement gap for low-income kids. Under her leadership, she has transformed Growing Home from a small shelter program serving 30 families into a comprehensive anti-poverty organization serving over 4,600 families annually.

Her leadership style emphasizes data-driven decision-making, coalition building, and team development to ensure the most effective outcomes for Growing Home’s families and community. By bridging gaps between research, practice, and policy development, Sienicki aims to scale Growing Home’s high-quality direct service strategies while advancing thinking and systems change to build equality of opportunity for all.

In 2015, Sienicki was awarded the prestigious Livingston Fellowship, which selects Coloradans with exceptional leadership ability and promise for significant contributions to the nonprofit sector to receive funding toward their personal and professional development. In 2014, she was one of 10 local leaders selected for the Full Pantries, Full Lives Leadership Institute, a two-year fellowship to elevate thinking and push for reforms around hunger issues in the Denver Metro area. She has also received an alumni award for Service to the Community in 2016 from her alma mater, the University of Puget Sound, among other recognitions.
INTRODUCTIONS

Jim Molpus
LEADERSHIP PROGRAMS DIRECTOR
HealthLeaders Media

Jim Molpus is leadership programs director with HealthLeaders Media, and is responsible for managing the company’s executive relationships and leadership events. Prior to his current role, Jim served as editorial director of HealthLeaders Media, where he oversaw the editorial direction of HealthLeaders magazine, HealthLeaders online news, and the Top Leadership Teams in Healthcare awards program. During his tenure, the editorial products were recognized among the nation’s best business publications by the American Society of Business Publication Editors and the American Society of Healthcare Publication Editors.

Julie Auton
LEADERSHIP PROGRAMS EDITOR
HealthLeaders Media

Julie Auton is leadership programs editor at HealthLeaders Media. In this role, she develops programs for healthcare executives, including the Exchange program, HealthLeaders Media Live, and the HealthLeaders Physician Executive Series. Prior to joining HealthLeaders, she was principal of a commercial writing agency for corporate and nonprofit clients. Her communications career includes positions at The Coca-Cola Company, the Atlanta Committee for the Olympic Games, AmericasMart-Atlanta, and Competitive Edge magazine. Julie joined HealthLeaders Media in 2015.

Bob Wertz
EDITORIAL DIRECTOR
HealthLeaders Media

Bob Wertz, editorial director for HealthLeaders Media, oversees the company’s portfolio of publications and products for healthcare leaders, including HealthLeaders magazine, HealthLeadersMedia.com, more than a dozen weekly e-newsletters, virtual events including executive roundtables and expert webcasts, and the Intelligence Unit. HealthLeaders Media received 25 editorial and design awards in the past year, including Best Web News, E-Newsletter, Original Research, and Analysis/Commentary. Bob joined HealthLeaders Media in 2007, and previously served as managing editor.

Debra Beaulieu
SENIOR EDITOR, PHYSICIANS AND SERVICE LINES
HealthLeaders Media

Debra Beaulieu is a senior editor at HealthLeaders Media. Her weekly column on physician leadership focuses on the unique issues physicians face at hospitals, health systems, and group practices. She also contributes a monthly business feature about hospital service lines to HealthLeaders magazine. Prior to writing for HealthLeaders Media, Debra was a contributing writer for the Massachusetts Medical Society, FiercePracticeManagement, and Medical Economics.
HealthLeaders Media

HealthLeaders Media is the recognized authority for healthcare business news, information, and strategies—tailored to senior executives and decision-makers. Trusted by nearly 200,000 subscribers, we offer the latest in peer-sourced industry intelligence through a broad portfolio of print, digital, and live resources. This intelligence is gleaned from our HealthLeaders Media Council, an exclusive research panel of more than 7,400 qualified healthcare leaders.

A fully integrated media company, HealthLeaders Media comprises the following publications, products, and events: HealthLeaders magazine, free daily and weekly e-newsletters, books, webcasts, industry surveys and comprehensive research reports, roundtable discussions, live events, and California-based industry updates.

HealthLeadersMedia.com is the industry’s destination of choice for online news and analysis. The website provides intuitive navigation across the 10 major areas of the industry, including leadership, finance, technology, physicians, community and rural hospitals, health plans, marketing, quality, HR, and nursing.

See all of our offerings at www.healthleadersmedia.com.
In March 2017, Simplify Compliance, LLC, announced the merger of DecisionHealth, LLC, with existing brands HCPro and HealthLeaders Media to form the H3.Group. H3.Group, with its three pillars of thought leadership, expertise, and application, provides critical insight, analysis, tools, and training to healthcare organizations nationwide, aiming to empower healthcare professionals with solution-focused information and intelligence to guide their organizations’ efforts in achieving compliance, financial performance, leadership, and organizational excellence. In addition, H3.Group nurtures and provides access to productive C-suite relationships and engaged professional networks, deploys subject matter expertise deep into key functional areas, and enhances the utility of proprietary decision-support knowledge.

The creation of H3.Group comes as healthcare faces an unprecedented period of transition that brings uncertainty and opportunity. As policies and regulations are revisited and payment models changed, the need for clarity, actionable guidance, and expert training for all provider settings and functional areas will increase dramatically. By bringing together industry-leading and award-winning tools, experts, and thought leadership, H3.Group offers the healthcare industry a depth of knowledge, insight, and solutions set not found anywhere else.
Berkeley Research Group

Berkeley Research Group’s Healthcare practice combines extensive industry expertise with the ability to harness and leverage people, processes, and data to deliver innovative and independent solutions to your most complex problems.

BRG Healthcare experts are keenly aware of the many pressures creating challenges, disruption, and risk in the industry—ever-changing government regulations, decreasing margins, mounting financial pressures, and increased focus on fraud detection are some of the most pressing. All of this is happening in the midst of a rise in healthcare transactions and an industrywide shift to a value-based care delivery model to improve quality and care outcomes.

BRG professionals recognize that while many healthcare organizations are facing similar pressures, each organization is unique. Our experts use their combined clinical, regulatory, quality, and health information technology expertise to:

- Provide an objective evaluation focused on unleashing the clinical and economic power of your technology
- Design, optimize, and educate to enhance each aspect of quality documentation capture and process transformation within service lines
- Perform data analytics to identify areas that benefit from bundled payments and total cost of care
- Use analytics to assist and build strategy for population health initiatives
Capella Education Company

Capella Education Company partners with organizations to provide workforce solutions for their learning and development needs. Capella focuses on advancing the critical skills that employers need and can tailor specialized degree programs and courses to your business. Capella’s academic programs are delivered through its wholly owned subsidiary, Capella University, an accredited online academic institution. With its competency-based programs, Capella University is dedicated to providing an exceptional, professionally aligned education. www.capellaemployersolutions.com
IBM Watson Health

Watson is the first commercially available cognitive computing capability representing a new era in computing. The system, delivered through the cloud, analyzes high volumes of data, understands complex questions posed in natural language, and proposes evidence-based answers. IBM Watson Health is a business unit that helps improve the ability of doctors, researchers and insurers to innovate by surfacing insights from the massive amount of personal health data being created and shared daily. For more information on IBM Watson, visit: ibm.com/watson. For more information on IBM Watson Health, visit: ibm.com/watsonhealth.
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Turner Billingsley, MD, FACEP
CHIEF MEDICAL OFFICER

Michael Rosenblum
DIRECTOR OF NORTH AMERICA HEALTHSHARE SALES

Joshua Woodward
END USER HEALTHCARE SALES REPRESENTATIVE
Optum

Optum is a leading information and technology-enabled health services business dedicated to helping make the health system work better for everyone. With approximately 80,000 people worldwide, Optum delivers intelligent, integrated solutions that help to modernize the health system and improve overall population health.
ABOUT OUR SPONSORS

RelayHealth
RelayHealth Clinical and Analytics, now Change Healthcare, manages the complexity that results from fragmented healthcare technology environments. We deliver data acquisition, data aggregation, analytical insights, and advisory services that help customers make confident decisions, take informed actions, and drive better outcomes. Our vendor-neutral solutions scale across the health system landscape to support cost-effective delivery of coordinated, value-based care.
Validic provides the industry’s leading data connectivity platform, giving access to over 400 in-home clinical devices, wearables, and consumer healthcare applications. Reaching more than 223 million lives in 47 countries, Validic’s scalable, cloud-based solution offers a single connection to a continuously expanding ecosystem of consumer and clinical health data. Validic delivers the standardized and actionable insight needed to drive better health outcomes and power improved population health, chronic disease management, and care coordination initiatives. Validic received Frost & Sullivan’s “Best Practices and Best Value in Healthcare Information Interoperability” and “Top 10 Healthcare Innovating Disruptor” awards. To learn more about Validic, follow @Validic on Twitter or visit www.validic.com.
Vizient™

Vizient™ is the nation’s largest member-owned healthcare services company. Backed by network-powered insights in the critical areas of clinical, operational, and supply chain performance, Vizient is a trusted leader focused on connecting cost and quality, empowering members to deliver exceptional, cost-effective care at every turn. Together with our members, we are fueling new business models and new approaches to care—all through the power of brilliant connectivity.
Breakout Sessions

**TUESDAY**
- Breakout Session 1 (Colorado Hall B)
- Breakout Session 2 (Colorado Hall C)
- Breakout Session 3 (Colorado Hall D)
- Breakout Session 4 (Colorado Hall B)
- Breakout Session 5 (Colorado Hall C)
- Breakout Session 6 (Colorado Hall D)

**WEDNESDAY**
- Breakout Session 7 (Colorado Hall B)
- Breakout Session 8 (Colorado Hall C)

Focus Group

**WEDNESDAY**
- HLM Focus Group (Colorado Hall D)

Sponsor Sessions

**TUESDAY**
- Berkeley Research Group (Colorado Hall E)
- IBM Watson Health (Colorado Hall F)
- InterSystems (Colorado Hall A)
- Capella Education Company (Colorado Hall E)
- Optum (Colorado Hall F)
- RelayHealth (Colorado Hall A)

**WEDNESDAY**
- Vizient (Colorado Hall E)
- Validic (Colorado Hall F)

Cocktail Reception

- Mountain View Terrace

Golf Scramble

- Golf Course Staging Area

Garden of the Gods Guided Hikes

- Lakeside Terrace

Welcome Reception

- Lakeside Terrace

Dinner and Presentation

- West Ballroom

SPA & Pool Complex

- Broadmoor Main
SAVE THE DATE

JULY 11–13, 2018

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Confirm your attendance today at Exchange@healthleadersmedia.com