LEADING HEALTHCARE FORWARD

A compilation of industry knowledge by ECG

2016
The 2016 Thought Leadership Compendium is a compilation of industry knowledge authored or presented by ECG consultants during the 2015 calendar year. Titles are organized by primary topic.
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We welcome your comments and feedback to make this the most valuable resource possible. Please e-mail your thoughts to current_topics@ecgmc.com. Thank you in advance for your time and input.
| Academic Healthcare |
November 10, 2015

Are Integrated AMCs Better?

When it comes to moving toward formal integration between teaching hospitals and the faculty group practices of AMCs, some leaders have been unsure of the tangible impact, while others are reluctant to pursue transformational change—culturally and otherwise. This comprehensive study demonstrates that structurally and/or functionally integrated academic health systems outperform their less integrated peers across several metrics. The findings indicate that the opportunity cost of not building a more integrated academic health system will be high and will have a direct adverse impact on the overall performance of an AMC.

AUTHORS: Christopher Collins, Principal  
Dan Harrison, Senior Manager  
Karen Potter, Manager  
Karl Banty, Senior Consultant

RELATED TOPICS: Enterprise Strategy, Performance Improvement

October 4, 2015

Academic Surgery Departments Funds Flow Models

Academic medical centers are evaluating and revising their funds flow models to target investment in mission-critical activities and align with institutional goals and objectives. The first step in this process is to understand the current funds flow across surgical departments. ECG collaborated with the Association of Academic Surgical Administrators (AASA) to pilot a funds flow survey, the results of which were presented at the annual joint meeting of the Society of Surgical Chairs (SSC) and AASA.

PRESENTER: Matt Johnson, Senior Manager  
EVENT: Association of Academic Surgical Administrators National Conference

April 30, 2015

Research Development Strategy: Designing a De Novo Institute With Numerous Degrees of Freedom

This session presents a case study exploring research development strategies related to the design and launch of the Rady Pediatric Genomics and Systems Medicine Institute, a major new research institute at Rady Children’s Hospital–San Diego. A range of best practices are shared to assist research development professionals with creating complex, large-scale research programs, whether in response to defined RFAs/RFPs or for creation of major, de novo research efforts with numerous degrees of design freedom.

PRESENTER: Rand Haley, Senior Manager  
EVENT: National Organization of Research Development Professionals, Annual Research Development Conference

March 4, 2015

The Financial Challenges of Transitioning Accreditation and Articulating the Value of GME

The financial challenges associated with meeting ACGME accreditation standards can be numerous and require informed decision making with consideration of both the implicit and explicit costs. A confluence of factors is driving many hospitals to attempt to quantify the impact and return on their GME investment. In turn, collaborative GME arrangements are increasingly popular and may be required to address the fixed-cost versus program size challenge. This presentation describes the financial impact of GME on the hospital/system, typical GME cost structure, and implications of unification.

PRESENTER: Leah Gassett, Principal  
ORGANIZATION: Michigan Association for Medical Education
**Optimizing Strategy for the New Realities of Hospital Surgical Services**

As payment reform and other pressures continue to emphasize value, organizations need to develop the right framework in order to operate as successful value-based enterprises (VBEs). To become an effective VBE, an organization needs to establish a strong foundation and drive improvement across four key functional areas: care delivery transformation, payment models, clinical and business informatics, and provider networks. The increasing importance of Ambulatory Surgery Centers (ASCs) will help drive meaningful change across these areas. This presentation reviews the current landscape for ASCs and hospital-based surgical services. It offers strategic considerations for joint ventures between hospitals and ASCs, as well as a six-step approach to ensuring organizations are positioned for the future.

**PRESENTERS:** Kevin Kennedy, Principal  
I. Naya Kehayes, Principal  
**EVENT:** Becker’s CEO Roundtable  
**RELATED TOPICS:** Physician Strategy

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**ASC Operations and Business Assessment**

Ongoing assessment of an ambulatory surgery center’s (ASC’s) operational processes is essential to ensure excellence throughout the facility. This presentation covers business office practices, various metrics, and managed care contracts to help assess and improve the efficiency and effectiveness of an ASC’s operations.

**PRESENTERS:** Conor Gallagher, Senior Manager  
Michael McClain, Senior Manager  
**EVENT:** Becker’s ASC Annual Meeting

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**Managed Care Contracts for ASC’s**

When assessing your managed care contracting strategy and needs, it is important to evaluate whether working with a particular payor really makes business sense. This presentation provides 10 key steps for assessing the value of managed care contracts and the importance of your payor relationships. Whether you are continuing a long-standing relationship or developing opportunities to expand the surgical service offerings by partnering with a payor, following these 10 steps will help you ensure all bases are covered and managed care contracts represent revenue value that is economically feasible.

**PRESENTER:** I. Naya Kehayes, Principal  
**EVENT:** Becker’s ASC Annual Meeting
October 13, 2015

**Implications of Medicare Changes on Commercial Payors and Moving Cases to the ASC**

As Medicare changes go into effect, there are implications for ambulatory surgery centers (ASCs) on commercial payor contracts and negotiations. ASCs continue to be faced with the need to obtain approval from commercial payors on total joint replacements. Despite the fact that the Centers for Medicare & Medicaid Services has added spine codes to the list, there continue to be restrictions resulting from the payment logic of the outpatient prospective payment system that limit the opportunity for the expansion of services. This presentation looks at the implications these changes have on ASCs and offers practical steps for evaluating the nuances of the payment methodologies and a strategy for contracts.

**PRESENTER:** I. Naya Kehayes, Principal  
**EVENT:** Massachusetts Ambulatory Surgery Association Northeast ASC Conference  
**RELATED TOPICS:** Contracting & Reimbursement

September 11, 2015

**Health System Perspectives on Ambulatory Surgery**

The pressures of healthcare reform and changing reimbursement models are causing health systems to look at ambulatory surgery centers (ASCs) in a new way. As their view of inpatient surgery changes from profit center to cost center, many systems are finding that ASCs—as stand-alone facilities or in joint ventures—can form the cornerstone of a contemporary surgery strategy. This presentation offers insights on current ASC trends and different options for organizations seeking to strengthen their surgical offerings.

**PRESENTERS:** Kevin Kennedy, Principal  
Michael Davis, The Polyclinic  
**EVENT:** Washington Ambulatory Surgery Center Association ASC Symposium  
**RELATED TOPICS:** Enterprise Strategy
Care Model
Transformation
November 3, 2015

**Innovative Approaches to Managing Patient Populations**

Providers and payors are looking for ways to reduce cost, enhance patient care, and improve population health. This has largely been inspired by the transition to value-based care. As a result, many of these organizations are exploring or pursuing innovative ways to better manage the health of the population. By walking through ECG’s value-based readiness (VBR) assessment tool and case study examples, this presentation will help prepare organizations for continuing to navigate today’s disruptive healthcare environment and the shift toward population health management.

**PRESENTER:** Emma Mandell Gray, Senior Manager  
**EVENT:** Massachusetts Medical Society PPRC Talks  
**RELATED TOPICS:** Enterprise Strategy, Contracting & Reimbursement

October 15, 2015

**Beyond Primary Care: Expanding the Medical Home to Cardiology**

The management of cardiovascular conditions involves complex care protocols and extensive multidisciplinary input. This places more responsibility on cardiologists to find effective ways to ensure care coordination among all of their patients’ core providers and to balance the level of medical management and procedural care each patient needs. To address this, one approach gaining traction in the cardiology arena is the Patient-Centered Specialty Practice (PCSP) Recognition program, also known as the specialist medical home model. This column discusses the PCSP model and the potential benefits for cardiovascular care.

**AUTHORS:** Emma Mandell Gray, Senior Manager  
Katy Reed, Senior Manager  
**PUBLICATION:** CardioSource WorldNews  
**RELATED TOPICS:** Service Lines

October 15, 2015

**It Takes a Village: Integrating the Medical Neighborhood**

Patient-centered medical homes (PCMHs) require coordination and collaboration between both primary care and specialty care physicians to be effective. However, the integration of specialty care in PCMH models is often absent. This disconnect is increasingly frustrating for physicians and patients alike, and it challenges the overall success of the PCMH model. One solution is the creation of a medical neighborhood—comprising both primary and specialty care PCMH models—called the Patient-Centered Specialty Practice (PCSP) program. This article introduces the case for and components of the PCSP model and the opportunity to create a collaborative medical neighborhood.

**AUTHORS:** Emma Mandell Gray, Senior Manager  
Lillian Lee-Chun, Manager  
**PUBLICATION:** Group Practice Journal  
**RELATED TOPICS:** Physician Strategy

October 11, 2015

**Leveraging a Three-Phase Approach to Creating a Successful and Sustainable PCMH**

Efforts to improve the value of healthcare has led to innovative models of care delivery, such as the Patient-Centered Medical Home (PCMH). This structure emphasizes comprehensive, coordinated, and integrated patient-centered care that aims to improve health outcomes. However, implementing a PCMH is only the first step. This presentation examines the three phases of the PCMH transformation process—implementation, evolution, and integration—and how they form the basis of a successful PCMH. Using these three phases as a guide, health systems can move beyond implementing a PCMH to successfully managing it for long-term sustainability.

**PRESENTER:** Emma Mandell Gray, Senior Manager  
**EVENT:** National Committee for Quality Assurance PCMH Congress
May 6, 2015

**Optimizing a Patient-Focused Approach to Primary Care**

The healthcare system in the United States is in the midst of transformation and healthcare organizations will have to collaborate to succeed in a patient-centric, value-based system. This presentation discusses the importance of a patient-centered approach to primary care, as revealed by Bassett Healthcare Network's strategy. Also discussed is the integration of lean concepts and tools into the optimization of primary care.

**PRESENTER:** Emma Mandell Gray, Senior Manager  
**ORGANIZATION:** American Medical Group Association  
**RELATED TOPICS:** Performance Improvement  
**Also Presented on:**  
- August 14, 2016 by Emma Mandell Gray for Northeast AMGA Regional Forum  
- October 13, 2016 by Emma Mandell Gray for MGMA

March 30, 2015

**ACO Planning and Development in the Midst of Market Chaos**

Building an Accountable Care Organization (ACO) has multiple challenges, including responding to market pressures and changes that could impact the achievement of successful outcomes. This session reviews the planning and development of an ACO, including the key organizational building blocks. It also dives into physician leadership challenges and competing market forces. The goal of this presentation is for you to learn how to navigate challenges while developing a governance structure, guiding the clinical leadership, planning provider networks, evaluating financial models, and assessing IT connectivity.

**PRESENTER:** Ken Steele, Senior Manager  
**EVENT:** HFMA Texas State Conference

March 17, 2015

**Understanding and Managing the Future of Ambulatory and Primary Care**

The United States spends more on healthcare than every other country, yet does not achieve health and quality outcomes that are commensurate with this investment. Thus, the healthcare system is shifting to value-based delivery with a focus on managing the total cost of care and improving outcomes through population-focused care models. This presentation discusses the push for value and highlights various care delivery models being implemented to better manage the health of the population.

**PRESENTER:** Emma Mandell Gray, Senior Manager  
**EVENT:** Suffolk University Graduate Student Address  
**RELATED TOPICS:** Performance Improvement
Steps for Transitioning to Population Health Management

Across the country, provider organizations are exploring care delivery strategies and tools to improve quality and outcomes, while simultaneously lowering the cost of care. The ultimate goal is to manage the health of the population more effectively. ECG has identified four critical steps to successfully make the shift to population health management (PHM): provider network development, clinical integration, advanced informatics, and risk-based contracting. This article details how each of these steps can usher your organization down the path to PHM and describes the organizational structure needed to support this transition.

AUTHORS: Terri Welter, Principal  
Charles Brown, Senior Manager  
Jim Ryan, Manager

RELATED TOPICS: Physician Strategy

Patient-Centered Medical Home Implementation

This presentation is designed to help health system managers learn how to establish a patient-focused approach to population health management through the patient-centered medical home (PCMH) model. Developing an organization that is accountable for delivering high-quality and efficient care while also improving the well-being of its population supports a central tenant of healthcare reform. One approach to achieving this goal is collaboration between hospitals, medical groups, health plans, and other providers to deliver seamless, patient-centered services. The PCMH model supports the shift from volume- to value-based care delivery and helps health systems better coordinate patient care and manage unsustainable costs.

PRESENTER: Charles Brown, Senior Manager

EVENT: HFMA South Dakota Chapter Winter Meeting
December 16, 2015

**CMS Finalizes Rule for Joint Replacement Bundle Program**

In late 2015, The Centers for Medicare & Medicaid Services issued its final rule on the details of the Comprehensive Care for Joint Replacement (CJR) model. This webinar reviews key features of the final ruling and it’s impact on the implementation of the program in hospitals across the country. It also offers suggestions on how hospitals can manage the effects of the ruling to manage cost of care, as well as how process might be redesigned to account for reimbursement changes.

**PRESENTER:** John Fink, Principal  
**RELATED TOPICS:** Legislative & Regulatory Issues

November 16, 2015

**Understanding Your Contracts, Changing Medicare Payment Policies, Implementing Standards for Transparency, and Tools for Optimizing Revenue**

This presentation walks through the importance and process of understanding managed care contracts. It also describes how payment methodologies are evolving and how market and benefit design factors are impacting reimbursement. In addition, changes affecting Medicare reimbursement in 2016 are evaluated. Moreover, this presentation highlights the importance of reimbursement transparency and reinforces the benefits of successfully focusing on up-front collections.

**PRESENTER:** Matt Kilton, Senior Manager  
**EVENT:** Washington Ambulatory Surgery Center Association Educational Conference  
**RELATED TOPICS:** Legislative & Regulatory Issues

November 1, 2015

**The Transformation to Value-Based Care: How Ready Are You?**

As consumers shoulder more of their healthcare costs, they are also demanding changes in the way care is delivered. This evolving environment requires care delivery models that are patient-centered and coordinated to improve quality and reduce costs across the entire healthcare system. Payment models are being designed with a future-state vision of transitioning from isolated episodes of care to a more collaborative approach with greater accountability. This presentation walks through the important steps of assessing an organization’s current state and defining the process by which it might move toward a value-based model. A case study is provided to help illustrate this process.

**PRESENTERS:** Terri Welter, Principal  
Lillian Lee-Chun, Manager  
**EVENT:** National Association of Managed Care Physicians Fall Managed Care Forum

October 29, 2015

**Revenue Cycle and Finance Workshop Series**

As a response to healthcare reform, provider-payor partnerships are becoming more prevalent across the country to address margin pressures and distribute some of the risk. One of the more innovative ways of dealing with this issue is the introduction and implementation of bundled payments. For providers partnering with commercial payors on a bundled payment strategy, there are many key decisions that need to be made about "packing" the bundle. This webinar walks through the various considerations and approaches to creating and implementing a bundled payment strategy. We also provide a case study to illustrate the challenges and benefits of developing bundles and offer key takeaways for those looking to move in the direction of value-based payment models.

**PRESENTERS:** Michael Duffy, Senior Manager  
Neha Kapadia, Manager  
**ORGANIZATION:** HFMA Revenue Cycle and Finance Workshop Series
**Don't Miss Out on Reimbursement You Are Entitled To: Pay Attention to Your Charge Master**

The need to shore up revenue leaks is essential to the success of an organization. Paying closer attention to your charge master is one way to make sure your organization receives the reimbursement it is entitled to. This presentation reviews the reasons for sustained focus on charge masters and uses a case study to demonstrate the revenue opportunities for an organization which maintains a charge master that ensures reimbursement due from payors is captured.

**PRESENTERS:**
- I. Naya Kehayes, Principal
- Conor Gallagher, Senior Manager

**ORGANIZATION:**
- Becker's ASC Review

**October 19, 2015**

**Thriving Under Value-Based Care: Are You Ready?**

As healthcare transitions from volume to value, many organizations seek to understand whether they are well positioned to thrive in a value-based payment environment. Selecting the highest-priority strategic activities for implementation given current capabilities and crucial gaps is critical. This presentation examines the core competencies in five key domains that assess readiness for value-based care, identifies the most common gaps that organizations face, and describes the unique characteristics that best position organizations for success. A case study illustrates how Doylestown Health used the results of the value-based readiness assessment to prioritize the implementation of its strategic plan.

**PRESENTER:**
- Maria Finarelli, Senior Manager

**EVENT:**
- SHSMD Annual Conference

**RELATED TOPICS:**
- Enterprise Strategy, Physician Strategy

**October 11, 2015**

**Preparing for Medicare's CCJR Bundled Payment Model**

Beginning January 1, 2016, CMS's Comprehensive Care for Joint Replacement (CCJR) goes into effect, which means hospitals across the country will participate in mandatory bundled payments for hip and knee replacements performed on Medicare beneficiaries, from surgery through recovery. In this webinar, Dereesa Reid, CEO of Hoag Orthopedic Institute, and John Fink and Jason Lee of ECG present a care redesign process that standardizes care delivery, eliminates variation, improves quality, and reduces costs. This webinar also examines the potential impact that post-acute care may have on the cost of a joint replacement episode and approaches for successfully managing those costs.

**PRESENTERS:**
- John Fink, Principal
- Jason Lee, Senior Manager
- Dereesa Reid, CEO of Hoag Orthopedic Institute

**RELATED TOPICS:**
- Legislative & Regulatory Issues, Service Lines

**September 24, 2015**

**Value-Based Payments: Assessing Readiness to Develop a Payor Contracting Strategy**

Reimbursement for healthcare services is transitioning to a variety of value-based payment models, each of which has different risks and rewards. Using a case study about the development of a value-based contracting strategy at Summit Pacific Medical Center, a critical access hospital in Washington State, this presentation helps C-level hospital administrators and managed care staff determine which value-based payment models are most appropriate for their organizations.

**PRESENTERS:**
- Ken Steele, Senior Manager
- Jim Ryan, Manager

**EVENT:**
- HFMA Oklahoma & Texas Lone Star Chapter Conference
Innovative Models in Managed Care
Mounting pressures on reimbursement and costs are creating a need for stronger alignment models between hospitals and physicians in pursuit of value-based care. This presentation discusses the health system’s movement toward value-based care and the importance of tighter alignment. Additionally, we detail a few popular alignment models that provider organizations are employing, along with compliance issues and best practices organizations need to understand.

PRESENTER: Kevin Forster, Principal
EVENT: Hooper, Lundy & Bookman P.C. Provider Managed Care Seminar
RELATED TOPICS: Legislative & Regulatory Issues

Taking a Ride on the Healthcare Roller Coaster
Accessing nontraditional components of the premium dollar will become increasingly important for providers as reimbursement shifts from volume to value. To properly position for the evolving healthcare environment, hospitals and physician groups need to simultaneously evolve – operationally, strategically, financially, and technologically. This session delivers a high-level overview of the dynamic changes in the healthcare industry that profiles the key drivers of change and their impact on the industry. It also provides real-life solutions to industry issues to help organizations and individuals achieve success in this changing world.

PRESENTER: Sherry Griffin, Senior Manager
EVENT: HFMA Lone Star Chapter Central Texas Conference
RELATED TOPICS: Legislative & Regulatory Issues
Also Presented on: July 23, 2015 by Sherry Griffin for HFMA - Texas Lone Star Chapter Ballpark Bonanza

Connecting the Dots: From Value-Based Contracting to Performance-Based Incentives
The healthcare delivery system continues to shift from volume-based to value-based reimbursement methodologies that reward high-quality, cost-effective care. This discussion presents an overview of prevalent and emerging value-based reimbursement methodologies and conveys key topics for consideration when engaging in value-based contracting with payors. The session also provides guidance for establishing a defensible flow of funds for a value-based enterprise, discusses the translation of value-based payments into performance-enhancing metrics, and provides real-world case studies to demonstrate how to develop a meaningful and sustainable provider-facing incentive program.

PRESENTER: John Redding, Senior Manager

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PRESENTER: Sherry Griffin, Senior Manager
EVENT: HFMA Lone Star Chapter Central Texas Conference
RELATED TOPICS: Legislative & Regulatory Issues
Also Presented on: July 23, 2015 by Sherry Griffin for HFMA - Texas Lone Star Chapter Ballpark Bonanza
**New Money Through New Revenue Streams**

The consolidation of health plans has led to a negotiating imbalance between fragmented providers and a few large insurers. These days, most proposals involve either reducing reimbursement or limiting program eligibility. This presentation reviews key market trends and the financial impact healthcare reform is having on physician surgical practices while also providing examples of innovative reimbursement mechanisms and potential revenue streams gained through alignment. Evolving integration tactics to provide additional revenue streams for surgical practices are also discussed.

**PRESENTERS:** Matt Johnson, Senior Manager  
Will Crane, Manager  
**EVENT:** Association of Academic Surgical Administrators Midyear Retreat  
**RELATED TOPICS:** Legislative & Regulatory Issues

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**Are You Ready for Value-Based Payment?**

Is your organization up to speed on valued-based payments and how to prepare for changing reimbursement structures? This presentation reviews several critical valued-based payment programs, including Medicare, Medicare Shared Savings, ACOs, commercial health plans, and Medicaid Managed Care. Additionally, a readiness assessment approach is demonstrated to help your organization prepare for various payment models.

**PRESENTERS:** Ken Steele, Senior Manager  
Jim Ryan, Manager  
**ORGANIZATION:** HFMA  
**RELATED TOPICS:** Legislative & Regulatory Issues, Care Model Transformation

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**Bundled Payment Program Development: Making the Decision**

As the movement toward value-based arrangements accelerates, healthcare organizations and payors are exploring innovative reimbursement models and incentive structures. Spurred by Medicare’s introduction of the Bundled Payments for Care Improvement initiative in 2013, organizations across the healthcare industry are taking a deeper look at bundled payments. This article presents and answers four key questions to help healthcare organizations and providers assess their readiness for bundled payment programs.

**AUTHORS:** Jason Lee, Senior Manager  
Todd Godfrey, Senior Manager  
**PUBLICATION:** Becker’s Hospital CFO Report  
**RELATED TOPICS:** Legislative & Regulatory Issues
December 8, 2015

**Build, Buy, or Align: Creating Clinically Integrated Health Systems**

Many healthcare organizations are facing an intensifying need to undertake rapid growth and assimilation initiatives during the coming years in order to develop a comprehensive portfolio of integrated clinical services. For organizations that do not currently possess the complete suite of services they want or need to be competitive, the question is, “Do we build, buy, or align with existing organizations in order to provide missing services?” With a consideration of the need to fill service gaps across the care continuum and the pace of change toward value-based reimbursement, this article presents the case for buying (acquiring) existing services to bolster the clinical portfolio and competitive position of health systems.

**AUTHOR:** Matt Sturm, Senior Manager  
**RELATED TOPICS:** Enterprise Strategy, Service Lines

November 17, 2015

**How Did This Happen in Mississippi, and What’s Next?**

The traditional, fragmented ways of delivering care are increasingly ineffective at meeting the health needs and expectations of the population. Recognizing this, many organizations have developed, or are in the process of developing, a more integrated service platform with greater coordination between the system, hospital, and physician enterprise. In response to these demands, organizations are investing in their enterprise and seeking to modernize their organizational, operational, clinical, and compensation structures. This presentation reviews a common set of characteristics high-performing physician enterprises typically share in order to sustain successful practices. A case study of North Mississippi Health Services’ (NMHS) efforts to build a more integrated system offers real life examples and insight into the challenges and triumphs of their experience.

**PRESENTER:** Joshua Halverson, Principal  
**EVENT:** HFMA Region 9 Annual Conference  
**RELATED TOPICS:** Physician Strategy, Provider Compensation

September 23, 2015


In the midst of the transition to value-based care, many healthcare organizations of all sizes are making the strategic decision to drive transformation by developing clinically integrated networks. This session focuses on framing the changing healthcare marketplace as it relates to rural organizations, with an emphasis on understanding the competencies associated with provider networks, care transformation, clinical informatics, and new payment models.

**PRESENTER:** Kevin Kennedy, Principal  
**EVENT:** Association of Washington Public Hospital Districts & Washington State Hospital Association CEO Retreat  
**RELATED TOPICS:** Physician Strategy, Contracting & Reimbursement
**Survive or Thrive? Becoming a Value-Based Enterprise**

Healthcare organizations are quickly learning that determining how to successfully navigate the transition to a value-based world – and in a financially sustainable manner – is one of the greatest challenges they face. Though a degree of uncertainty hovers over healthcare, prevailing systems and providers will be those that proactively design strategies and cultivate key competencies with the expressed intent of evolving into value-based enterprises. This article presents a framework for the successful value-based enterprise and helps you gauge your organization’s readiness for this transition.

**AUTHORS:**
- Terri Welter, Principal
- Purvi Bhatt, Senior Manager

**PUBLICATION:**
- hfm Magazine

**RELATED TOPICS:**
- Physician Strategy

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**The Quest for the Holy Grail**

This seminar brings together experts from the healthcare industry and regulatory oversight bodies to identify the managed care challenges faced by healthcare professionals and organizations. It also outlines the latest healthcare managed care issues from subject matter experts to help participants gain an understanding of ways to strengthen the current managed care programs within their organizations.

**PRESENTER:**
- Steve Messinger, President

**EVENT:**
- HFMA Massachusetts – Rhode Island Chapter Managed Care Conference

**RELATED TOPICS:**
- Contracting & Reimbursement, Legislative & Regulatory Issues

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**Step on the Scale and Achieve Your Mission**

Healthcare executives and hospital boards across the country are dealing with the reality that, in order to remain competitive, they must build greater scale within their organization. Yet many healthcare leaders are still trying to determine what exactly they need to do to make this happen. This article highlights the benefits of scale, discusses commonly perceived barriers, and outlines a process for pursuing scale in a way that’s appropriate for your organization.

**AUTHORS:**
- Kevin Forster, Principal
- Will Crane, Manager

**RELATED TOPICS:**
- Physician Strategy

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**Change is the Constant: Trends to Expect for the Rest of 2015 and Beyond**

Healthcare organizations continue to operate in an era and environment of significant change. Working with hospitals, health systems, and physician groups throughout the country offers ECG a front-row view of how reform and the transition to value-based care are playing out in different regions. This article discusses a number of the prominent themes we are observing, from rapid expansion and integration to performance improvement and aggressive cost reduction.

**AUTHOR:**
- Steve Messinger, President

**PUBLICATION:**
- Executive Insight

**RELATED TOPICS:**
- Legislative & Regulatory Issues, Physician Strategy
Supporting the Transition to Value

March 26, 2015

Healthcare is transitioning from volume to value. However, many organizations do not have a sense of their readiness for this transition. ECG's Value-Based Readiness Assessment Tool allows health systems to conduct a high-level assessment of their readiness for value-based care across five domains - comprehensive provider network, care delivery transformation, robust clinical informatics, effective payment models, and strong organizational foundation. This webinar examines the core competencies associated with each domain and highlights key success factors for transforming into a successful value-based enterprise.

Presenters: Terri Welter, Principal
           Purvi Bhatt, Senior Manager
Organization: Georgia Hospital Association
Related Topics: Physician Strategy

In the midst of an environment of consolidation, hospitals that wish to remain independent need to find ways to gain the scale and expertise necessary to compete with large systems. As a result, some of these health systems are developing strategic alliances with each other in the form of regional health networks. This presentation tells the story of Regional Provider Network (RPN) - now called ENHANCE Health Network - and how nine Nebraska health systems banded together to effectively respond to market forces, improve outcomes, gain efficiencies, and deliver value to populations served.

Presenter: Darin Libby, Principal
Organization: Healthcare Strategy Institute Hospital & Physician Relations Executive Summit
Related Topics: Enterprise Strategy

A Framework for the Thriving Value-Based Enterprise

February 20, 2015

Healthcare reform and the transition to value-based care are challenging hospitals and providers to redesign care delivery when and where necessary, as well as calling for executive and physician leadership to develop a clear vision for ushering their organizations through this evolution. This article presents a framework for the value-based enterprise by introducing the five foundational attributes that organizations need to possess to flourish in a value-centric world.

Authors: Steve Messinger, President
          Kevin Kennedy, Principal
Related Topics: Physician Strategy

The Value-Based Enterprise

February 4, 2015

To properly position for the evolving healthcare environment, hospitals and physician groups need to acquire and/or develop the competencies to evolve into value-based enterprises. This presentation presents a framework for the value-based enterprise by introducing the five foundational attributes that organizations need to possess and exercise in order to flourish in a value-centric world.

Presenters: Todd Godfrey, Senior Manager
            Elizabeth Walker, Senior Manager
Event: ACHE - Indiana Hospital Executive Network
Related Topics: Physician Strategy
**Masterpiece on the Mississippi: A Case for Health IT Integration in the American Midwest**

Selecting and implementing a new electronic health record (EHR) is a daunting and often costly process, and full of potential pitfalls. This presentation looks at the partnership between ECG and Medical Associates Clinic & Health Plans, a physician-owned multispecialty group in Iowa, as they worked together to successfully transition Medical Associates to a new EHR. We highlight the EHR selection process, steering committee structure, and project timeline and considerations to show that selection and implementation can be done efficiently, effectively, and without major disruption to your revenue cycle.

**PRESENTER:** Thomas Felch, Senior Manager  
**EVENT:** HFMA Iowa Chapter & Iowa Hospital Association Annual Meeting  
**RELATED TOPICS:** Revenue Cycle Optimization

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**Aligning Incentives to Drive IT Vendor Performance**

Achieving aligned incentives with your IT vendor is the result of careful planning and execution that begins during the selection process and extends through the terms of the contract. This presentation reviews strategies for vendor selection and negotiating contracts with enforceable operational and performance metrics. It also describes a framework for negotiating and managing your IT vendor relationships, implementing performance expectations, and contractual obligations to ensure accountability and continual improvement.

**PRESENTERS:** Dave Wofford, Senior Manager  
Trent Iden, Senior Manager  
**ORGANIZATION:** College of Healthcare Information Management Executives  
**RELATED TOPICS:** Performance Improvement

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**Information: Too Much, Too Little, or Just the Right Amount?**

Cardiologists, department managers, and system executives have a bevy of data at their fingertips. With more data available than ever before, the challenge is offering providers the right health information, in the right format, and at the right time in order to deliver optimal care. How effectively data is managed, shared, and utilized across the care continuum is a clear indication of how informed an organization truly is. This column discusses how—in addition to being integrated, scaled, rationalized, and responsive—being an informed organization is essential for successfully transitioning to a value-based environment.

**AUTHOR:** Nate McCarthy, Senior Manager  
**PUBLICATION:** CardioSource WorldNews  
**RELATED TOPICS:** Service Lines
**May 20, 2015**

**The Electronic Transfer of Care: Navigating Meaningful Use Transitions of Care Requirements in a Competitive Environment**

Within the Centura Health system, 14 hospitals collaborated in a statewide initiative to connect more than 2,000 providers in Colorado communities. This presentation focuses on the strategic, technical, and operational considerations the Centura team encountered and addressed during the effort. Through a partnership with Colorado Regional Health Information Organization (CORHIO), the region's health information exchange provider, Centura's team was able to meet the specific needs of the initiative and participate in increasing connectivity and the exchange of data throughout the region's healthcare community.

**PRESENTER:** Thomas Felch, Senior Manager  
**EVENT:** Workgroup for Electronic Data Interchange Annual National Conference  
**RELATED TOPICS:** Legislative & Regulatory Issues

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**May 19, 2015**

**System Integration: Clearing Clutter and Making Connections**

As the volume and value of readily available patient data grow, the need for healthcare organizations to identify effective solutions for integrating disparate EHR systems—as well as other commonly used devices—becomes mission-critical. This presentation focuses on unpacking the complexity surrounding EHR interoperability and device integration. We share testimonies from CIOs regarding their expertise and approaches to system integration, and we offer our experience with clients across the country. In doing so, the discussion emphasizes the best methods for promoting the reliable, secure, accurate, and seamless exchange of clinical information in order to improve care quality and efficiency, as well as patient and provider satisfaction.

**PRESENTERS:** Asif Shah Mohammed, Senior Manager  
John McDermott, Senior Manager  
**ORGANIZATION:** College of Healthcare Information Management Executives

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**May 13, 2015**

**The Use of Technology in Healthcare Reform: IT Considerations for Accountable Care**

With accountable care models becoming more prevalent across the country, many newly emerging provider networks are unclear about what technologies are needed and how to start planning their IT road maps. Designing IT solutions for a particular accountable care program can be challenging because programs are highly individualized in their organizational structure, financial risk arrangements, and clinical requirements. This article discusses which IT systems are necessary for accountable care and how they should be implemented to support specific clinical and financial goals.

**AUTHORS:** Michelle Holmes, Principal  
Terri Welter, Principal  
Erin Mastagni, Manager  
**RELATED TOPICS:** Care Model Transformation, Enterprise Strategy
April 16, 2015

Optimizing Patient Engagement: Part 3
The third and final session of this webinar series focuses on how to optimize patient engagement through promoting patient access to and enrollment in MEDITECH’s Patient and Consumer Health Portal. This presentation reviews the promotion of MyCenturaHealth through customized tools and incentive programs specific to patient portals and two-way communication between patients and their care teams. Examples of topics to be covered include developing and promoting an iPad Giveaway program, interviews and surveys of practice staff, threshold reporting, and the use of secure messaging as a primary method of communication.

PRESENTER: Thomas Felch, Senior Manager
ORGANIZATION: MEDITECH
Also Presented on: April 22, 2016 Thomas Felch for MEDITECH’s EHR Optimization Webinar series

March 11, 2015

Optimizing Patient Engagement: Part 2
The second part of this webinar series focuses on how to optimize patient engagement through promoting patient access to and enrollment in MEDITECH’s Patient and Consumer Health Portal. This session includes a discussion on how we utilized in-house tools at Centura, such as welcome emails and customized daily reports, to help increase overall rates of adoption of the portal. In addition to the reports, we discussed how the potential use of scripting within MEDITECH could help automate certain components of the portal registration process to help organization meet their MU goals.

PRESENTER: Thomas Felch, Senior Manager
ORGANIZATION: MEDITECH
RELATED TOPICS: Performance Improvement
Also Presented on: March 24, 2015 by Thomas Felch for MEDITECH’s EHR Optimization Webinar series

February 10, 2015

Optimizing Patient Engagement: Part 1
The first session of this three-part series focuses on meaningful use Stage 2 incentive requirements that have a significant impact to provider, staff, and patient work flows. Patient portal registration scenarios and provider scripting options are reviewed to help patients understand the value of the portal. Additionally, ECG shares an outline for the all-hands-on-deck approach taken at Centura Health, using contracted and employed staff to register patients for the portal at each of the health system’s emergency department and inpatient floors.

PRESENTER: Thomas Felch, Senior Manager
ORGANIZATION: MEDITECH
RELATED TOPICS: Performance Improvement
Also Presented on: February 18, 2016 by Thomas Felch for MEDITECH’s EHR Optimization Webinar series
Money Matters: How to Ensure Your EHR Won’t Put You Out of Business

Hospitals and health systems are often strained by the high capital and operating costs affiliated with the implementation of an EHR. Planning effectively and understanding where potential and costly budget overrunning can take place is essential to the ongoing success of the EHR. Initiatives of this magnitude require the cooperation of—and direction from—varying levels within an organization’s finance department from the time the vendor is selected to implementation planning and go-live, and eventually as the EHR enters its optimization phase. This presentation focuses on the financial implications, as well as pitfalls to avoid, when undertaking the monumental, organization-wide task of implementing a new or replacement EHR system.

PRESENTER: Thomas Felch, Senior Manager
EVENT: HFMA Lone Star Chapter, Winter Institute

Hindered by Our Own Devices: EHRs and Cardiology Device Integration

With advances in technology and the pervasiveness of readily available patient data, the challenge many cardiology organizations and service lines now face is getting these devices to “talk” to each other and integrate with the EHR system. This column attempts to simplify this challenge and shares the benefits that can be realized from effectively integrating medical devices with an EHR system.

AUTHORS: Nate McCarthy, Senior Manager
PUBLICATION: CardioSource WorldNews
RELATED TOPICS: Service Lines
Does the Bipartisan Budget Act of 2015 Spell the End of Reimbursement Differential Based on Site of Service?

The Bipartisan Budget Act of 2015 does more than just raise the nation’s debt ceiling; it also presents significant changes in Medicare reimbursement. More specifically, new off-campus hospital outpatient departments (HOPDs) will not receive reimbursement under Medicare's Hospital Outpatient Prospective Payment System (OPPS). This means such practice locations will not be able to take advantage of the higher reimbursement available under OPPS. In this column, we discuss the implications for cardiology practices and offer ways for cardiologists to effectively prepare for and manage the changing reimbursement environment.

AUTHORS: Kevin Kennedy, Principal
          John Bry, Manager
PUBLICATION: CardioSource WorldNews
RELATED TOPICS: Service Lines

Mandatory Bundled Payment: Getting into Formation for Value-Based Care

Beginning January 1, 2016, CMS will launch the Comprehensive Care for Joint Replacement (CCJR) Model, the first mandatory bundled payment initiative. In response to this announcement, many hospital CFOs are concerned about the financial impact of the CCJR Model and the direction in which CMS is headed. This article highlights how—through collaboration with physicians, post-acute care providers, and others—hospitals can use bundled payments to reduce costs and improve quality.

AUTHOR: John Fink, Principal
PUBLICATION: hfm Magazine
RELATED TOPICS: Contracting & Reimbursement, Physician Strategy

Four Major Factors for Responding to the Care Coordination for Joint Replacement Program

In an effort to hold hospitals and providers more accountable for the quality and cost of care, CMS announced in early July 2015 the rollout of a bundled payment model for hip and knee replacement patients. The Comprehensive Care for Joint Replacement (CCJR) Model is expected to go into effect in 75 selected markets beginning in January 2016 and will be effective for 5 years. This article presents four success factors for responding to the CCJR Model.

AUTHOR: Jason Lee, Senior Manager
PUBLICATION: Becker's Hospital Review
RELATED TOPICS: Contracting & Reimbursement, Physician Strategy
Making Way for MACRA: Positioning Your Organization for Payment Reform

In April 2015, Congress passed the Medicare Access and CHIP Reauthorization Act (MACRA), which repeals the sustainable growth rate (SGR) formula and represents CMS’ dramatic shift away from traditional fee-for-service (FFS) reimbursement toward value-based payments for physician services. This article outlines the key elements of MACRA and its impact on providers that bill Medicare for physician services. This is the first in a multipart series exploring the consequences of MACRA and highlighting ways for hospitals and other providers to stay ahead of these changes.

AUTHOR: Dave Wofford, Senior Manager
RELATED TOPICS: Contracting & Reimbursement

SGR Repeal: What Hospital CEOs Need to Know

Payment reform is a complicated exercise that often leaves hospital CEOs with more questions than answers. The recent repeal of the Medicare Sustainable Growth Rate (SGR) is a prime example. This presentation discusses the SGR repeal and details how organizations can develop the right framework to operate as successful value-based enterprises. Further discussed is how Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) legislation means big changes in payment methods and performance metrics.

PRESENTER: Kevin Kennedy, Principal
EVENT: Washington State Hospital Association Summer Board Retreat

A Conversation on 1206(1) Medical Foundations: Physician Compensation

In California, certain types of healthcare clinics are explicitly exempt from facility licensing requirements. One such type of clinic—commonly called a “medical foundation”—permits a tax-exempt nonprofit entity to organize and provide care in a manner similar to that of a medical group. In order to qualify as a medical foundation under California Health and Safety Code §1206(l), very specific staffing and practice requirements must be met. In this presentation, we will discuss the key legal and business issues concerning medical foundations, specifically physician compensation.

PRESENTER: Darin Libby, Principal
EVENT: Los Angeles County Bar Association Roundtable Discussion
RELATED TOPICS: Provider Compensation
Performance Improvement
July 23, 2015

**Essential (but Overlooked) Elements of Successful Revenue Cycle Management**

Most health systems struggle with professional fee billing. Part of the problem is the inherently challenging nature of the process. But, this is often complicated by insufficient attention to fundamentals that are easily overlooked: a culture of accountability, effective management and governance, transparency and reporting, and vendor and payor relationships. This presentation discusses the importance of these fundamentals within the context of a case study that demonstrates the revenue cycle turnaround for a 500-physician group practice.

**PRESENTER:** Dave Wofford, Senior Manager  
**EVENT:** HFMA Texas Lone Star Chapter Ballpark Bonanza  
**RELATED TOPICS:** Performance Improvement

May 15, 2015

**The New World of Physician Networks: Building an Effective Cost Structure**

As hospitals strengthen ties with their physician networks, there is an assumption that integrating the cost structures of both parties will lower the overall cost of care. However, hospitals are finding that tighter affiliation agreements are expensive and can actually drive up the costs. This article provides insights into building efficient cost structures in the new world of physician networks, specifically by managing cost through effective network design and delivery.

**AUTHORS:** Michael Duffy, Senior Manager  
Lisa Ozaeta, Senior Manager  
**PUBLICATION:** Group Practice Journal  
**RELATED TOPICS:** Physician Strategy

April 1, 2015

**Changing the Channel: Strategies for Expanding Patient Access**

Offering patients access to the right care at the right time and in the right place is a goal that has long eluded hospitals and physician groups, as well as the healthcare system as a whole. In order to truly improve patient access, health systems and provider organizations must break down their existing frameworks for care delivery and adopt innovative strategies in redesigning how, when, and where care is provided. This article offers a new lens for looking at care delivery and proposes a range of strategies for expanding access to care.

**AUTHOR:** Jennifer Gingrass, Principal  
**PUBLICATION:** hfm Magazine  
**RELATED TOPICS:** Physician Strategy, Enterprise Strategy

March 29, 2015

**Six Essential Elements for Physician Revenue Cycle Management**

When considering employing physicians and subsequently managing their billing, it is important to recognize that maintaining effective internal professional fee revenue cycle operations requires thoughtful planning. This presentation explores six critical elements needed to successfully transition physicians from independent practices to physician groups. These six foundational elements include capable management; an appropriate organizational model; consolidated practice management systems; transparency, standards, and controls; an appropriate coding and compliance model; and ICD-10 preparedness.

**PRESENTER:** John McDermott, Senior Manager  
**EVENT:** HFMA Texas State Conference  
**RELATED TOPICS:** Performance Improvement
**Improving Performance of the Physician Enterprise: Transitioning Medical Groups**

As health systems continue to scrutinize cost and remove waste in all aspects of healthcare delivery, focus has turned to the physician enterprise to demonstrate improved financial and operational performance. This interactive workshop examines methodologies and tools for assessing performance and identifies strategies to improve revenue and decrease costs. It also addresses new care delivery models for a value-based environment and a review of the roles leadership must assume to develop a performance improvement culture.

**PRESENTER:** Benjamin Colton, Senior Manager  
**ORGANIZATION:** MCOL  
**RELATED TOPICS:** Physician Strategy

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**ICD-10 as a Strategic Enabler in 2015**

The U.S. Department of Health & Human Services 2015 requirement concerning the use of the International Classification of Diseases, Tenth Revision (ICD-10) code set presents an opportunity for providers and organizations to capture more specific diagnostic information for patients. The greater detail will enable, among other benefits, improved quality of data available for reporting, better pay-for-performance programs, and enhanced disease/population management. This presentation explains how to determine the way ICD-10 can be used as a tool to advance your organization.

**PRESENTER:** Benjamin Colton, Senior Manager  
**ORGANIZATION:** MCOL  
**RELATED TOPICS:** Information Systems & Technology

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**Building an Efficient Medical Group Cost Structure Through Performance Improvement**

New demands from patients and payors are forcing a redesign of the way that care is delivered in physician practices. One approach to performance improvement is through analyzing performance benchmarking. This presentation details ECG’s approach to performance improvement, as well as how our 2013 Proprietary Medical Group Cost and Staffing Survey helped to identify the underlying issues that inhibit a group’s ability to enhance revenue while maintaining a lean cost structure.

**PRESENTERS:** Jessica Turgon, Principal  
Michael Duffy, Senior Manager  
**ORGANIZATION:** New England Society for Healthcare Strategy
January 13, 2015

**Utilizing Contact Centers to Optimize Ambulatory Revenue Cycle Performance**

Contact centers have emerged as a solution to better serve patients and optimize critical revenue cycle processes by centralizing pre-visit functions. Recognizing the post-ACA environment and the link between patient contact services and the revenue cycle is key to understanding how a patient contact center can provide new opportunities to centralize and integrate revenue cycle functions. Learn how The Carle Foundation built an integrated contact center to optimize front-end processes in its ambulatory clinics.

**PRESENTERS:** Krista Fakoory, Senior Manager  
Shawn McCall, The Carle Foundation  
**EVENT:** HFMA Region 11 Symposium  
**RELATED TOPICS:** Performance Improvement

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January 1, 2015

**Integrating the Revenue Cycle for Improved Health System Performance**

Healthcare executives are looking for opportunities to consolidate functions across the system, reduce costs, and improve financial performance. One of the most effective means for achieving these goals is to develop an integrated revenue cycle (IRC) that meets the needs of the hospital and physicians alike. This article introduces an IRC model, highlights key organizational decisions associated with this integration, and presents recommendations for managing revenue cycle changes across a health system.

**AUTHORS:** Benjamin Colton, Senior Manager  
Andrew Davis, Manager  
**PUBLICATION:** hfm Magazine  
**RELATED TOPICS:** Performance Improvement
The Rules of Engagement – Strategic Secrets for Successful Searches

Physician recruitment and retention is a significant challenge for health systems and provider groups. This webinar shares insights on the latest physician search tactics and offers valuable practice assessment tools to mitigate recruitment obstacles, target on-boarding snags before they occur, and identify retention red flags before it is too late. The session includes real-life scenarios from in-house recruiters, firm recruiters, and ECG’s own practice experience that illustrate how to define, assess, and perform successful recruitment.

PRESENTERS: Jennifer Moody, Senior Manager
Chris Franklin, Manager

ORGANIZATION: National Association of Physician Recruiters

Integration: You Can’t Provide Value Without It

Within the value-based enterprise framework, health systems need to work closely with their cardiologists to develop CV service lines that are optimally integrated. This column delves into what integration can and should look like between cardiology practices/CV service lines and health systems and offers guidance on ways to develop arrangements with strategic partners that are mutually beneficial and effective for all stakeholders.

AUTHOR: Katy Reed, Senior Manager

PUBLICATION: CardioSource WorldNews

RELATED TOPICS: Service Lines

Becoming a Value-Based Enterprise: Seven Best Practices of Physician Leaders

The transition to a value-based environment is well underway and it is time for all healthcare organizations to join the movement and begin designing strategies to become value-based enterprises. The evolutionary changes brought on by the shift to value require revolutionary changes for healthcare providers. Building off of ECG Management Consultants’ Value-Based Enterprise Framework, this article focuses specifically on physician organizations and the best practices they must adopt to develop the foundational attributes necessary to successfully make the transition to value.

AUTHORS: Jim Lord, Principal
Jessica Turgon, Principal

RELATED TOPICS: Enterprise Strategy
February 18, 2015

**Thriving in a Value-Based World**

Determining how to successfully navigate the transition to value-based payment models is one of the greatest challenges that health systems and providers currently face. To thrive in the value-based world, hospitals and physician groups need to work together to become optimally (1) integrated, (2) scaled, (3) rationalized, (4) informed, and (5) responsive. This column introduces the key attributes of successful value-based enterprises, and subsequent columns will dive deeper into the implications of these five attributes for CV service lines and cardiology practices.

**AUTHORS:** Jason Peterson, Manager
Katy Reed, Senior Manager

**PUBLICATION:** CardioSource WorldNews

**RELATED TOPICS:** Service Lines, Enterprise Strategy

February 13, 2015

**The Doctor Is In(tegrated)**

What does a high-functioning physician enterprise look like? How do you accomplish this structure in the context of your organization’s mission? Learn how several organizations are transforming their healthcare delivery system and how specific organizations are moving to a more integrated model with physician partners. By learning to define a high-functioning physician enterprise and apply a step-by-step transformation process to your organization, you will gain insights on how to achieve an integrated model with physician partners while avoiding pitfalls and barriers.

**PRESENTERS:** Sherry Griffin, Senior Manager
Christopher Franklin, Manager

**EVENT:** Texas Association for Healthcare Financial Administration & HFMA Lone Star Chapter West Texas Seminar

**RELATED TOPICS:** Enterprise Strategy
December 9, 2015

**Provider Performance in a Value-Based World**

ECG's compensation surveys present a comprehensive look at compensation trends around the country. These surveys focus on a number of metrics related to provider performance trends, including compensation, production, and benefits by specialty. The 2015 ECG surveys include data from 134 physician specialties and 15 advanced practice provider specialties from more than 110 physician organizations, representing more than 32,000 practitioners. Together, this data contributed to produce our most rigorous reports to date. This webinar reviews the findings of ECG's 16th annual Physician Compensation Survey. The session will include our analysis of important physician and advanced practice clinician performance trends. A particular focus of this webinar is on market trends related to value-based provider compensation planning and how those plans integrate with overall organizational strategies.

**PRESENTERS:** Jim Lord, Principal
Joshua Halverson, Principal
Maria Hayduk, Senior Manager

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December 2, 2015

**Pediatric Provider Performance in a Value-Based World**

ECG's compensation surveys present a comprehensive look at compensation trends around the country. These surveys focus on a number of metrics related to provider performance trends, including compensation, production, and benefits by specialty. The 2015 ECG surveys include data from 134 physician specialties and 15 advanced practice provider specialties from more than 110 physician organizations, representing more than 32,000 practitioners. Together, this data contributed to produce our most rigorous reports to date. This webinar reviews the findings of ECG's 9th annual Pediatric Subspecialty Physician Compensation Survey. The session will include our analysis of important physician and advanced practice clinician performance trends. A particular focus of this webinar is on market trends related to value-based provider compensation planning and how those plans integrate with overall organizational strategies.

**PRESENTERS:** Ken Roorda, Principal
Joshua Halverson, Principal
Angela Collins, Manager

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November 18, 2015

**Physician Compensation: Moving the Needle Toward Value**

An increase in provider compensation and decrease in production, coupled with downward pressure on reimbursement, have resulted in significant losses for health system-sponsored organizations in the physician enterprise during the last 6 years. The industry has responded to uncertainty by implementing comprehensive and flexible compensation frameworks. This presentation reviews the actions many organizations are currently pursuing to transition toward a more balanced compensation approach. Four case studies are examined that demonstrate a number of models and methods for developing a plan that fits the needs of an organization. These examples help guide ongoing efforts to better pair compensation with value.

**PRESENTER:** Joshua Halverson, Principal

**EVENT:** Becker's CEO Roundtable
August 15, 2015

**Rethinking Cardiologist Compensation: Spectrum Health Cardiology**

As reimbursement shifts to reward value, cardiologists and hospital executives are recognizing that WRVU-based models exacerbate inherent flaws in the fee-for-service (FFS) system. These models also create disincentives to performing non-WRVU-generating activities that are beneficial to patients and the organization. This column looks at how Spectrum Health Cardiology created an innovative compensation plan by thinking beyond the WRVU.

**AUTHORS:** Tom Methvin, Manager  
Joshua Halverson, Principal

**PUBLICATION:** CardioSource WorldNews

**RELATED TOPICS:** Service Lines

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August 1, 2015

**How to Avoid ‘Death by Benchmarking’**

The reliance on published compensation per WRVU benchmarks in designing physician compensation plans is producing arrangements that are increasingly detached from the underlying economics of physician practices. As health system–owned physician enterprises mature, they will find it necessary to become more realistic and sophisticated in their approach to physician compensation. In many cases, changes to physician reimbursement and incentives will require the default methodology to shift away from median compensation per WRVU to a more nuanced approach that better reflects economic realities of physician practices.

**AUTHORS:** Dave Wofford, Senior Manager  
Darin Libby, Principal

**PUBLICATION:** hfm Magazine

**RELATED TOPICS:** Physician Strategy

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July 20, 2015

**Addressing Physician Compensation Within Rural Healthcare**

There are numerous challenges associated with delivering healthcare services in rural areas. One of those challenges is cost and difficulty of recruiting providers to work in often underserved and under resourced areas, as well as retaining these providers. For this reason, among others, physician compensation is particularly important. This presentation dives into the trends in compensation, examples of compensation models, legal issues, and valuation considerations associated with providing care in rural areas.

**PRESENTER:** Karen Kole, Senior Manager

**EVENT:** Louisiana Hospital Association Annual Conference

**RELATED TOPICS:** Legislative & Regulatory Issues
Keeping Physician Compensation Affordable

Health systems do not necessarily expect employed physician practices to operate in the black, but how deeply they are operating in the red is causing many systems to become financially anemic. Left to fester, rising compensation and declining reimbursement threaten the financial solvency of healthcare organizations. To become or remain economically sustainable, health systems need to proactively align physician compensation with market factors and the financial realities of a practice. Presented here are recommendations for striking a practical and sustainable financial balance.

AUTHORS: Joshua Halverson, Principal
Jamaal Campbell, Senior Manager
Chris Franklin, Manager

PUBLICATION: Hospitals & Health Networks Daily
RELATED TOPICS: Physician Strategy
Service Lines
November 5, 2015

**Keys to Neuroscience Excellence – Determination, Preparation, Execution**

At the 5th Annual Neuroscience Business Summit, ECG consultants led a poll-based discussion around what makes for a Neuroscience Center of Excellence (COE). This presentation captures the results of real-time audience polling to highlight COE trends, growth sectors, characteristics, success factors, common barriers, and critical development priorities organizations need to take into account when working toward or seeking to maintain their status as a COE.

**PRESENTERS:** Kevin Dunne, Senior Manager  
Theodore Michalke, Senior Manager

**EVENT:** InfoSource Annual Neuroscience Business Summit

November 1, 2015

**Are Mandatory Bundled Payments Coming to Cardiology?**

The introduction of CMS’ Comprehensive Care for Joint Replacement (CCJR) initiative has hastened the pace of change toward value-based payment arrangements. CCJR is a bundled payment program for hip and knee joint replacement procedures and will be mandatory for hospitals and other healthcare providers in many areas across the country. Organizations are wondering what service line(s) will be next for bundled payments, and many expect cardiology to be on deck. This column talks about the potential implications of mandatory bundled payment programs on cardiology care.

**AUTHORS:** Katy Reed, Senior Manager  
Will Crane, Manager

**PUBLICATION:** CardioSource WorldNews

**RELATED TOPICS:** Contracting & Reimbursement, Legislative & Regulatory Issues

October 15, 2015

**Collaboration – The Key to Creating Value-Based Cancer Care in Rural Communities**

Collaborative partnerships that combine the convenience of community cancer care with the expertise and resources available through larger healthcare systems can form the foundation for a successful strategy in the value-focused oncology marketplace. This article presents a framework for collaboration between small community oncology programs, which are often located in rural settings, and large cancer centers that typically reside in urban locations.

**AUTHORS:** Matt Sturm, Senior Manager  
Katherine Ye, Manager

**PUBLICATION:** Oncology Issues

**RELATED TOPICS:** Physician Strategy, Enterprise Strategy

September 15, 2015

**A Conversation With Pacific Heart Institute**

Hospitals and providers across the country are redesigning their care delivery models, and as a result, some interesting and innovative practices are emerging in the field of cardiology. The “enhanced access” hybrid concierge program at Pacific Heart Institute (PHI) is one example. We recently spoke with PHI’s Paul Natterson, M.D., and George Wu, M.D., about their practice’s unique approach to care delivery.

**AUTHORS:** Katy Reed, Senior Manager  
Tessa Kerby, Senior Consultant

**PUBLICATION:** CardioSource WorldNews

**RELATED TOPICS:** Care Model Transformation
**Bundled Payment Program Development: Selecting the Service**

Across the healthcare market, many organizations are implementing bundled payment programs as they execute their value-based reimbursement strategies. During these efforts, it is critical to promote physician engagement, establish operational readiness, and create attractive financial incentives for all program participants. This article dives into each of these activities in order to help organizations implement successful bundled payment programs.

**AUTHORS:** Jason Lee, Senior Manager  
Josh Neal, Senior Manager  
**PUBLICATION:** Becker’s Hospital Review  
**RELATED TOPICS:** Enterprise Strategy, Physician Strategy

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**Responsive: Staying Two Steps Ahead**

The changing healthcare environment requires healthcare organizations to effectively respond and adapt. For a health system to be responsive, it needs to be supported by nimble governance and leadership structures that successfully balance a critical understanding of system-wide trends and local market dynamics with empirical data. This column wraps up our series on the five key attributes of thriving value-based enterprises with a discussion about what it means for hospitals and health systems to be responsive.

**AUTHORS:** Katy Reed, Senior Manager  
Will Crane, Manager  
**PUBLICATION:** CardioSource WorldNews  
**RELATED TOPICS:** Enterprise Strategy, Physician Strategy

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**The Role of Orthopedics in Population Management**

Orthopedic surgeons and their physician-owned ambulatory surgery centers (ASCs) are going to be important partners to hospitals and health systems as they develop and enhance their population health management capabilities. This presentation discusses the benefits of tighter alignment between these parties, and details the options and objectives for such a partnership.

**PRESENTERS:** John Fink, Principal  
Todd Godfrey, Senior Manager  
**EVENT:** Becker’s Annual Spine, Orthopedic, and Pain Management-Driven ASC Conference  
**RELATED TOPICS:** Physician Strategy

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**Rationalizing Cardiology Care in an Era of Hospital Consolidation**

When it comes to the cardiovascular service line, consolidation can enable greater subspecialization for services that typically have limited volume but are critical to comprehensive patient care. However, consolidation can also create a crowded clinical environment in which newly consolidated hospitals provide overlapping services. As a result, systems are evaluating strategies for rationalizing cardiology services within given markets. This column highlights the common challenges organizations may face and offers guidance for determining the appropriate level of rationalization.

**AUTHOR:** Katy Reed, Senior Manager  
**PUBLICATION:** CardioSource WorldNews  
**RELATED TOPICS:** Enterprise Strategy, Performance Improvement
April 16, 2015

**Defining Excellence in Spine Care**

Progressive hospital and health system executives recognize that a center of excellence (COE®) is the optimal way to provide the infrastructure that organizations need to deliver value. However, achieving excellence takes a unique combination of determination, preparation, and execution. In this interactive session, ECG discusses how providers are investing in programs, staff, facility and technology, and business. This session also explores the transformative forces that are reshaping the treatment of spinal disorders.

**PRESENTER:** Tom Methvin, Manager  
**EVENT:** InfoSource Annual Spine Business Summit

April 1, 2015

**Scale Up to Strengthen Your Competitive Position**

In a value-based world, cardiology practices or CV service lines that are able to achieve scale through internal growth or strategic partnerships are best positioned to offer accessible, high-quality, and cost-effective care. As prefaced in our two previous columns, successful value-based enterprises are optimally (1) integrated, (2) scaled, (3) rationalized, (4) informed, and (5) responsive. This column focuses on the attribute of scale. More specifically, we discuss the perceived barriers, potential benefits, and methods used to achieve scale.

**AUTHORS:** Katy Reed, Senior Manager  
Will Crane, Manager  
**PUBLICATION:** CardioSource WorldNews  
**RELATED TOPICS:** Enterprise Strategy

March 3, 2015

**Organizational Redesign – Using a Service Line Construct to Support Growth and Deliver Value-Based Care**

Under healthcare reform, health systems are developing innovative ways to deliver care more efficiently. To position themselves properly for the evolving healthcare environment, hospitals and physician groups need to simultaneously evolve operationally, strategically, financially, and technologically. This presentation shows how one organization redesigned its clinical service line and leadership structure to respond to significant growth and healthcare reform imperatives. It also reveals the process used to develop the new structure and a road map to support continued clinical services growth.

**PRESENTER:** Todd Godfrey, Senior Manager  
**ORGANIZATION:** Healthcare Strategy Institute Hospital & Physician Relations Executive Summit

March 1, 2015

**The World of Reimbursement Is Changing: Is Your Practice Ready?**

Faced with the dramatic escalation of healthcare costs, providers, commercial payers, and the government are testing different methodologies for reimbursing cancer care. The aim is to shift the economics from a fee-for-service environment to a value-based environment that rewards quality, efficiency, and a lower cost of care. This article describes evolving reimbursement methodologies and expresses why oncology practices need to position themselves for these new payment arrangements.

**AUTHOR:** Jessica Turgon, Principal  
**PUBLICATION:** Oncology Practice Management  
**RELATED TOPICS:** Contracting & Reimbursement
Comanagement Agreements in Cancer Care: Are They Right for Your Program?

Comanagement agreements have recently emerged as an alignment option for oncologists and hospitals to more formally engage in service line development and reward enhanced performance. A comanagement arrangement offers an opportunity for a high degree of physician management of the service line, in conjunction with administrative personnel. In this session, we will review the key components of a comanagement agreement and discuss why this option is sought after by oncologists and hospitals alike, as well discuss how to evaluate whether it is a viable alignment model for your organization.

PRESENTER: Matt Sturm, Senior Manager
EVENT: American Cancer Executives Annual Meeting
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The Road to Physician-Led Service Line Purchasing

Despite significant investments in supply chain technology and infrastructure, health systems continue to face many of the same barriers that have historically plagued their cost-containment efforts. The road to physician-led service line purchasing begins and ends with an effective alignment strategy that engages physicians on all issues. This presentation teaches participants to identify how service line purchasing can be used to maximize value through insights from specific organizations that have successfully transformed to a physician-led service line purchasing process.

PRESENTER: Joshua Halverson, Principal
EVENT: Texas Hospital Association Annual Meeting
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