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JIM MOLPUS
Leadership Programs Director, HealthLeaders Media

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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.
Being prepared for an era of change was the theme of the first CFO Exchange in 2011. Now, as you can see across healthcare facilities nationwide, that era is upon us. From the case managers you hired that just recently would not have been economically justified, to the new clinical partners who were once your bitter competitors, the strategies you will discuss with your peers this week must drive value in a way we could scarcely predict four years ago.

It is also, we hope, an exciting time to be a CFO. True, the payment system is still stuck in fee-for-service, payers are coming to the table too slowly, and many states have failed to pass Medicaid expansion. But the reward is in seeing your investments and partnerships finally gain traction in reducing the cost and improving the quality of care.

In that spirit, we welcome you to the 2015 HealthLeaders Media Chief Financial Officer Exchange. Over the next two days, we will gather around the table and share ideas of how to make your healthcare organizations better.

The Exchange is made possible by our sponsors, athenahealth, Bank of America Merrill Lynch, Kronos, Parallon, Sheridan Healthcare, Inc., Teletracking Technologies, Inc., VHA, Inc., and Xtend Healthcare. We thank them for their support, and for the experience they will share with us.

To support 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 forum sessions of this event 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.

We hope you will find the opportunity to recharge at The Broadmoor. As your host, please find me or any member of our team with any concerns that might prevent us from exceeding your expectations.

Jim Molpus
Leadership Programs Director
HealthLeaders Media
PROGRAM AGENDA

WEDNESDAY | August 12

6:00–8:00 p.m. Welcome reception (Lakeside Terrace)

THURSDAY | August 13

7:15–8 a.m. Buffet breakfast (Mountain View Terrace)
8–8:30 a.m. Event kickoff/general session (West Ballroom A/B)
8:30–10:00 a.m. ROUND A SESSIONS

Breakout Session 1 (West Ballroom C)

Know: Preparing for the Future of Healthcare
What’s the next act for healthcare reform? Fee-for-service remains dominant, and the timing of value-based payment is unknown. Using analytics to understand your community is the foundation for any system improvement. Meanwhile, new types of disruptive competitors are encroaching. This session will focus on the data and knowledge that feeds the competitive moves leaders are making.

Breakout Session 2 (West Ballroom D)

Do: Clinical Transformation Toward Value-Based Healthcare
Healthcare transformation starts with a sacrificially honest self-evaluation of each health system’s capabilities to reduce the cost of care while improving quality. This session will explore which clinical initiatives succeed at reducing variations in care, improving efficiency and outcomes at the same time, and engaging and aligning employed and affiliated physicians alike.

Breakout Session 3 (Academy/Carnation)

Join: Business, Payer, and Clinical Partnerships
For hospitals and health systems, establishing partnerships is a key strategy to manage the financial impact of momentous changes in the healthcare industry. This session will focus on three approaches to this strategy: the M&A wave that continues to reshape healthcare markets; alliances with payers (both external and internal) to develop risk-based payment models; and clinical affiliations across the care continuum.

Sponsor Panel Session 1 (Cheyenne/Bailey)
Sheridan Healthcare, Inc.

Sponsor Panel Session 2 (Cripple Creek)
Xtend Healthcare

Sponsor Panel Session 3 (Cascade)
TeleTracking Technologies, Inc.

10–10:15 a.m. Break (West Ballroom Foyer)
10:15–11:45 a.m. **ROUND B SESSIONS**

- **Breakout Session 4** *(West Ballroom C)*
  
  **Know: Preparing for the Future of Healthcare**

- **Breakout Session 5** *(West Ballroom D)*
  
  **Do: Clinical Transformation Toward Value-Based Healthcare**

- **Breakout Session 6** *(Academy/Carnation)*
  
  **Join: Business, Payer, and Clinical Partnerships**

- **Sponsor Panel Session 4** *(Cheyenne/Bailey)*
  
  Kronos

- **Sponsor Panel Session 5** *(Cripple Creek)*
  
  athenahealth

- **Sponsor Panel Session 6** *(Cascade)*
  
  Parallon

11:45 a.m. **Boxed lunch** *(West Ballroom Foyer)*

12:00–6:00 p.m. **Afternoon activities**

- **Golf scramble:**
  Please meet at the golf course staging area, where the golf carts will be, at 12:00 p.m. for 12:10 tee time. The pro shop is located here as well.

- **Pikes Peak Cog Railway Tour:**
  Please meet at the West Building at 12:00 p.m. The activity will be from 1:00 to 4:00 p.m.

6:00–6:30 p.m. **Cocktail reception** *(Mountain View Terrace)*

6:30–8:30 p.m. **Dinner and presentation** *(Rocky Mountain Ballroom)*

**FRIDAY | August 14**

7:00 a.m. **Buffet breakfast** *(Mountain View Terrace)*

7:30–8:30 a.m. **Morning ideas presentations** *(West Ballroom A/B)*
PROGRAM AGENDA

8:30–10:00 a.m.  **ROUND C SESSIONS**

**Breakout Session 7** *(West Ballroom C)*
*Know: Preparing for the Future of Healthcare*

**Breakout Session 8** *(West Ballroom D)*
*Do: Clinical Transformation Toward Value-Based Healthcare*

**Breakout Session 9** *(Academy/Carnation)*
*Join: Business, Payer, and Clinical Partnerships*

**Sponsor Panel Session 7** *(Cheyenne/Bailey)*
*Bank of America Merrill Lynch*

**Sponsor Panel Session 8** *(Cripple Creek)*
*VHA, Inc.*

10:00–10:15 a.m.  **Break** *(West Ballroom Foyer)*

10:15–11:30 a.m.  **ROUND D SESSIONS**

**Breakout Session 10** *(West Ballroom C)*
*Know: Preparing for the Future of Healthcare*

**Breakout Session 11** *(West Ballroom D)*
*Do: Clinical Transformation Toward Value-Based Healthcare*

**Breakout Session 12** *(Academy/Carnation)*
*Join: Business, Payer, and Clinical Partnerships*

Adjourn
**DISCUSSION GUIDES**

*Know: Preparing for the Future of Healthcare*

Moderator: Edward Prewitt, Editorial Director, HealthLeaders Media

**SYNOPSIS**

What’s the next act for healthcare reform? Fee-for-service remains the dominant revenue source, and the timing of the move to value-based payment is unknown. Using analytics to understand your community is a necessary first step in risk-based contracting and the foundation for any system improvement. Meanwhile, new types of disruptive competitors are encroaching on traditional healthcare providers. Leaders at hospitals and health systems have responded by partnering with retail chains, competing head to head, and expanding a range of outpatient offerings.

In this session of the HealthLeaders Media CFO Exchange, we will explore the following questions:

- What healthcare delivery modes will the next generation of patients demand?
- What is the future of healthcare provider roles? How does it differ from current roles and structures? How should each provider organization define its place in the care continuum?
- Do provider organizations really have the skills to take on risk? Should provider and payer data be integrated for analytics?
- How can traditional healthcare organizations fend off, and work with, new entrants?
- Each market is different, but is the definition of a local market changing as disruptive competitors threaten to enter?
- Are changes in payment arrangements sufficient to support the ongoing structural changes in healthcare? Do current payment methods support technological innovation?
- Will the predicted changes in healthcare result in better access and better care for patients?
**DISCUSSION GUIDES**

**Know: Preparing for the Future of Healthcare**

Moderator: Edward Prewitt, Editorial Director, HealthLeaders Media

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**Q** Which of the following are the three areas that will have the greatest positive influence on your efforts to reach your organization’s financial targets over the next three years?

- Physician-hospital alignment: 44%
- Strategic partnerships with providers: 35%
- Care models (e.g., population health, medical home): 31%
- Revenue cycle: 24%
- Healthcare IT and analytics: 23%
- Provider efficiency: 23%
- Care standardization: 22%
- Care redesign: 18%
- Outpatient care: 18%
- Changes in patient mix: 12%

*Base = 580, Multi-Response*

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**FOR FURTHER READING**

HealthLeaders Media Special Report

*The Transformation of Healthcare Delivery*, March 2015

[http://content.hcpro.com/pdf/content/315184.pdf](http://content.hcpro.com/pdf/content/315184.pdf)

The healthcare delivery system in the United States is under unsustainable stress. How can individual hospitals, health systems, and health plans adapt to current changes and prepare themselves for bigger shifts ahead? A range of experienced leaders shared their organizations’ strategies, opened up about their anxieties for the future, and offered perspectives that may be brought to bear on the big issues facing healthcare.

HealthLeaders Magazine Leadership Feature

*What's Your Growth Prescription?* October 2014

[http://blm.tc/1e2SizP](http://blm.tc/1e2SizP)

As healthcare organizations reevaluate their strategies for growth, we examine three very different approaches.
Do: Clinical Transformation Toward Value-Based Healthcare

Moderator: Jim Molpus, Leadership Programs Director, HealthLeaders Media

SYNOPSIS

Healthcare transformation starts with a sacrificially honest self-evaluation of each health system’s capabilities to reduce the cost of care while improving quality. From that foundation of knowledge, driving value in the health system requires a threefold strategy that seeks to identify gaps in care along the continuum, reduce outcome variability among different providers, and make a concerted effort to increase overall performance against national quality benchmarks. Success is measured not just in terms of overall clinical improvement, but also in how those outcomes relate to human and capital investments. Different organizations have tested clinical initiatives to reduce variations in care, improve efficiency and outcomes at the same time, and engage and align employed and affiliated physicians alike.

In this session of the HealthLeaders Media CFO Exchange, we will explore the following questions:

• What internal organizational changes has your health system leadership put in place to make the leap from volume- to value-based healthcare?

• If we believe that what cannot be measured cannot be improved, describe how your health system measures clinical outcomes versus value. How have those measurements translated into leadership accountability?

• There are an any number of improvements or initiatives that promise to reduce the cost of care, but capital and bandwidth are limited. Describe the decisions your health system has made that you feel will drive the most value. Why did you choose certain interventions over others?

• One theory holds that investments made “upstream” into areas such as wellness and community health are cheaper and more effective in reducing the long-term cost of care. To what extent is your health system ready to make such investments, given their questionable reimbursement?

• Please share an example of how your health system has successfully driven value.

• What is the optimal organizational structure for providers to address population health management? How is your organization preparing for population health?
DISCUSSION GUIDES

**Do: Clinical Transformation Toward Value-Based Healthcare**

Moderator: Jim Molpus, Leadership Programs Director, HealthLeaders Media

**Q** As reimbursements move away from the traditional fee-for-service structure, how will your organization prepare for value-based contracting?

<table>
<thead>
<tr>
<th>Activity</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving transition processes from the hospital to post-acute care setting</td>
<td>88%</td>
</tr>
<tr>
<td>Expanding the care continuum through partnerships and affiliations</td>
<td>84%</td>
</tr>
<tr>
<td>Participating in a shared savings payment model</td>
<td>76%</td>
</tr>
<tr>
<td>Redesigning clinical care to match value-based payment models</td>
<td>76%</td>
</tr>
<tr>
<td>Boosting participation in value-based payment contracts</td>
<td>76%</td>
</tr>
<tr>
<td>Participating in payment models with upside and downside risk</td>
<td>72%</td>
</tr>
<tr>
<td>Opening community-based facilities such as clinics and wellness centers</td>
<td>64%</td>
</tr>
<tr>
<td>Participating in a bundled payment model</td>
<td>60%</td>
</tr>
<tr>
<td>Operating an accountable care organization</td>
<td>56%</td>
</tr>
<tr>
<td>Launching community education initiatives around healthful living and disease prevention</td>
<td>40%</td>
</tr>
<tr>
<td>Expanding the care continuum through mergers and acquisitions</td>
<td>32%</td>
</tr>
<tr>
<td>Participating in payment models with only upside risk</td>
<td>24%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
</tbody>
</table>

From the HealthLeaders Media 2015 CFO Exchange Pre-Event Survey

Base = 25, Multi-response

**FOR FURTHER READING**

HealthLeaders Magazine Cover Story

**Defining Your Place in the Care Continuum**, January-February 2015

http://hlm.tc/1LeWkiD

Leaders need to determine what to build, what to own, when to partner, and above all, how to innovate.

HealthLeaders Media Intelligence Report

**Population Health: Are You as Ready as You Think You Are?**, October 2014

http://hlm.tc/1TG6sHf

This original research report details how leading healthcare organizations are propelling the goal of population health, including care redesign, collaboration, risk sharing, and population management.
Join: Business, Payer, and Clinical Partnerships
Moderator: Chris Cheney, Senior Finance Editor, HealthLeaders Media

SYNOPSIS
For hospitals and health systems, establishing partnerships is a key strategy to manage the financial impact of the healthcare industry’s changes. To rise to the clinical and financial challenges of this transformational period, healthcare providers are launching a wide range of partnerships—from narrowly focused clinical affiliations to mergers. Which strategy is right for different organizations: the M&A wave that continues to reshape healthcare markets; alliances with payers (both external and internal) to develop risk-based payment models; or clinical affiliations across the care continuum?

In this session of the HealthLeaders Media CFO Exchange, we will explore the following questions:

• What are the prime financial considerations to assess prior to a provider merger and acquisition? What should management teams examine for potential gains and risks?

• After an M&A deal, how can the partner organizations maximize synergy and mitigate negative financial impacts, such as a reduction of inpatient service volume?

• How is your organization’s relationship with commercial payers evolving? Have these relationships become more cooperative and innovative? Are commercial payers helping your organization in the shift from volume to value, or are they moving too slowly in the development and implementation of value-based payment models?

• Has your organization launched an internal payer business unit? If yes, why? If no, why not?

• Particularly for nonprofit health systems and hospitals, financial considerations often come second in clinical affiliations. How can CFOs and other financial leaders make sure financial details are in the mix before and after affiliation?

• How do you measure and monitor the financial impact of clinical affiliations? Many clinical affiliations boost population health efforts, improve care coordination, and shift patient volume to lower-cost settings. How do you determine the downstream financial gains from these kinds of value-oriented clinical affiliations?
**DISCUSSION GUIDES**

**Join: Business, Payer, and Clinical Partnerships**

Moderator: Chris Cheney, Senior Finance Editor, HealthLeaders Media

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**Q** Which of the following are among the financial objectives of your overall merger, acquisition, and/or partnership planning or activity?

- Increase market share within our geography: 68%
- Improve operational cost efficiencies: 62%
- Expand geographic coverage: 58%
- Improve financial stability: 58%
- Improve position for payer negotiations: 54%
- Improve access to capital: 27%
- Improve access to operational expertise: 25%
- Improve access to financial management: 9%

Base = 315, Multi-Response

*From the HealthLeaders Media Intelligence Report, The M&A and Partnership Mega-Trend, February 2015*

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**FOR FURTHER READING**

HealthLeaders Media Intelligence Report


[http://hlm.tc/1LoAht1](http://hlm.tc/1LoAht1)

This original research report explores the key motives for and considerations when joining forces to address the consequences of value-based care.

HealthLeaders Magazine Finance Feature

*Financial Integration*, May 2015

[http://hlm.tc/1K9mV2g](http://hlm.tc/1K9mV2g)

Consolidating finance operations, whether the result of a merger or even within an existing system, requires finesse and transparency.
CFO INTRODUCTIONS

Elizabeth M. Allen
CFO
Allegheny Health Network
Wexford, Pennsylvania
elizabeth.allen@ahn.org

Elizabeth Allen is the CFO of the Allegheny Health Network. She oversees the financial functions of AHN and its subsidiaries, including accounting, decision support, revenue cycle, analytics, treasury, and health information. Allen is a seasoned executive with over 30 years of healthcare operating, financial, and consulting experience. She has more than 20 years of experience as a healthcare consulting executive serving the provider industry. During her consulting tenure, she has assisted healthcare organizations in mergers, acquisitions, and consolidations as well as performance improvement, strategic and financial planning, regulatory compliance, physician practice management, and healthcare coding and documentation.

Michael Allen
CFO
Gundersen Health System
La Crosse, Wisconsin
mallen@gundersenhealth.org

Michael Allen is the CFO at Gundersen Health System, which he joined in September 2013. As CFO, Allen heads Gundersen’s financial operations, including revenue cycle, accounting, decision support, treasury, managed care, and health plan. He has over 28 years of experience in health systems and public accounting. Prior to joining Gundersen, Allen served as CFO and treasurer of Winona (Minnesota) Health for 12 years. In addition to traditional financial and planning responsibilities, he was involved in special initiatives for Lean/performance improvement, population health, and electronic health records. Allen is a past member of the Healthcare Finance Management Association’s (HFMA) national board of directors, including its executive, compensation, and audit and finance committees.

Todd Anderson, CPA
FINANCE AND OPERATIONS CFO
Grandview Medical Center
Dayton, Ohio
todd.anderson@khnetwork.org

Todd Anderson is vice president for finance/operations and CFO for two academic hospitals within the Kettering Health Network in southwest Ohio. He has held similar CFO positions within Adventist Health System at two acute care facilities in the Chicago market (Adventist Bolingbrook Hospital and Adventist GlenOaks Hospital). He also was the executive director of contracting for Adventist Health Network. Before that, he held the position of regional director of managed care and led the internal audit departments.

Charles F. Ayscue, MBA
SENIOR VICE PRESIDENT, FINANCE & CFO
Mission Health System
Asheville, North Carolina
charles.ayscue@msj.org

Charles Ayscue joined Mission Health System (MHS) and Mission Hospital in March 2007 to serve as the senior vice president of finance and CFO. MHS includes a 735-bed regional tertiary medical center; four community-based acute care hospitals (two of which are critical access designated); five PSAs (provider services agreements for specialty practices); a long-term acute care hospital; outpatient diagnostic imaging, surgery and children’s centers; physical, occupational, and speech therapy programs; and medical billing, collection, and accounts receivable management for approximately 200 employed providers.
Nick Barto

**SENIOR VICE PRESIDENT & CFO**

Catholic Health Initiatives
Englewood, Colorado
nickbarto@catholichealth.net

Nick Barto joined Catholic Health Initiatives (CHI) in June 2012 and serves as the senior vice president of capital finance. In this role, he oversees CHI’s debt and investment functions, corporate finance, financial planning/capital, senior living, clinical engineering, real estate, physical asset services/construction and the organization’s direct investment fund. CHI’s investment team manages over $15 billion across several entities. Mr. Barto also develops and maintains key relationships with private equity and venture capital firms as well as related strategic approaches to growth and partnerships. Mr. Barto has worked for 20 years as an executive, advisor, and investor covering all aspects of the healthcare industry—payer, provider, and med/biotech.

Mark Bogen, CPA

**CFO & SENIOR VICE PRESIDENT, FINANCE**

South Nassau Community Hospital
Oceanside, New York
mark.bogen@schnch.org

Mark Bogen is responsible for the hospital’s overall financial management, financial reporting, and related internal controls. He directs the organization’s financial planning related to growth, financing, and associated issues, and coordinates all relationships with auditors, third-party reimbursement agents, managed care companies, investment bankers, and the Dormitory Authority of the State of New York. Bogen has more than 35 years of experience in healthcare financial operations. His professional memberships include the New York State Society of Certified Public Accountants, the American Institute of Certified Public Accountants, the Healthcare Financial Management Association, and the Healthcare Compliance Association.

Peg Burnette, CPA

**CFO**

Denver Health
Denver
peg.burnette@dhha.org

Peg Burnette is the CFO for Denver Health (DH); she has served in this role for 11 years with eight previous years at DH as associate CFO/controller. She has held an active Certified Public Accountant license since 1991 and holds a Bachelor of Science in Business Administration and Accounting from the University of Kansas. Burnette received the CFO of the Year award in 2010 from the Denver Business Journal and is certified as a fellow in the Healthcare Financial Management Association, one of just 2,400 people nationwide to receive this designation. Colorado’s governor appointed her to serve on a statewide commission on healthcare reform in 2007 and most recently appointed her twice to serve on the Provider Fee Oversight and Advisory Board for the state since 2011.

Allen R. Butcher, CPA

**SENIOR VICE PRESIDENT & CFO**

Columbus Regional Health System
Columbus, Georgia
allen.butcher@columbusregional.com

Allen Butcher was named senior vice president and CFO at Columbus Regional Health (CRH) in 2014. Butcher most recently served as vice president and CFO at Camden Clark Medical Center starting in 2003. Previously, he served as vice president and CFO at West Virginia United. Butcher brings a wealth of financial healthcare leadership experience to CRH. He previously served as vice president and CFO at West Virginia United Health System in Fairmont, West Virginia; vice president of business operations at University Health Associates in Morgantown, West Virginia; and CFO at Public Employees Insurance Agency in Charleston, West Virginia.
CFO INTRODUCTIONS

**Cora Case, CMA, CHC, CHFP, MBA**
VICE PRESIDENT OF OPERATIONS & CFO
Renown Health
Reno, Nevada
ccase@renown.org

Cora Case has oversight of all of the operational finance activities for the Renown Health network. She is a Certified Management Accountant and is Certified in Healthcare Compliance. Case started at Renown in the business office in 1996. She has held various roles, including CFO at Renown Regional Medical Center and South Meadows Medical Center for postacute services. Prior to that, she was the director of finance at the University of Nevada School of Medicine. Case is pursuing a PhD in health policy and administration from Walden University. She received her Master of Business Administration from California Coast University.

**Luis Chanaga**
VICE PRESIDENT OF FINANCE/OPERATIONS & CFO
Grandview Medical Center System
Dayton, Ohio
luis.chanaga@khnetwork.org

Luis Chanaga serves Grandview Medical Center System as vice president of finance/operations and CFO. He previously worked in the Adventist Health System, where he most recently served as administrator of the oncology service line for the Florida Hospital East Region. He has held various positions in healthcare stemming from IT, operations, and finance. Chanaga holds a Bachelor of Science degree in business administration and a Bachelor of Business Administration degree in accounting from Southern Adventist University in Tennessee. He received an MBA from Webster University in Florida.

**Dennis Dahlen**
SENIOR VICE PRESIDENT OF FINANCE & CFO
Banner Health
Phoenix, Arizona
dennis.dahlen@bannerhealth.com

Dennis Dahlen was named Banner Health’s senior vice president/CFO in 2009. He joined one of the organizations that now form Banner Health as an internal auditor in 1983. He was named vice president of finance in 2000 and senior vice president of finance in 2006. Prior to joining the Banner organization, he was an auditor for the accounting firm of McGladrey Pullen. He received his Bachelor of Science in Accounting from the University of North Dakota in 1982 and his Master of Business Administration from Minnesota State University in 1986. He received his CPA license in 1982.

**Edward (Ted) L. Dudley III**
EXECUTIVE VICE PRESIDENT & CFO
Catholic Medical Center
Manchester, New Hampshire
edudley@cmc-nh.org

In addition to his role as Catholic Medical Center’s CFO, Edward Dudley has executive responsibility for nursing/clincial services and the information technology division. Dudley joined CMC in 2011. Previously, he served for four years as vice president and CFO at Lawrence (Massachusetts) General Hospital (LGH). Prior to LGH, Dudley served as director of finance and eventually vice president of finance at Southern New Hampshire Medical Center in Nashua from 1997 to 2007. He also spent 10 years in several finance leadership roles for Hospital Corporation of America/Quorum Health Resources. Dudley is a fellow in the Healthcare Financial Management Association; he holds a Master’s of Business Administration from Rivier University and a bachelor’s degree from Ithaca College.
Kevin Griffin
SENIOR VICE PRESIDENT OF FINANCIAL PLANNING & ANALYSIS
Novant Health, Inc.
Winston-Salem, North Carolina
jkgriffin@novanthealth.org

Kevin Griffin’s responsibilities at Novant primarily include mergers and acquisitions, joint ventures, and capital markets activities, along with various other strategic analysis projects. Prior to his joining Novant Health in 2012, Griffin spent 15 years in the investment banking field with JP Morgan, Lazard Frères, Bank of America, and middle market boutiques. Griffin’s investment banking experience consists primarily of executing and originating mergers and acquisitions and corporate finance transactions. In addition to his role with Novant Health, Griffin also serves on the board of directors and as audit committee chair of Main Street Capital Corporation (NYSE: MAIN), a business development company location in Houston.

John Grigson, CPA
SENIOR VICE PRESIDENT AND CFO
Covenant Health
Lubbock, Texas
jgrigson@covhs.org

John Grigson became Covenant Health’s CFO in September 2008. As CFO, he is responsible for the strategic financial direction of five hospitals and multiple healthcare-related subsidiaries, including a statewide insurance company and HMO. He serves on the board of the FirstCare Health Plan and has been the CEO of Covenant Health Partners since November 2009. As CEO of Covenant Health Partners, he leads the clinical integration program of 325 physicians, both employed and independent, with Covenant Health hospitals, which has led to the creation of an ACO for Medicare and commercial contracting. From 1982 through 2007, Grigson held the position of executive vice president and CFO for Cook Children’s Healthcare System in Ft. Worth, Texas. He also served as president of Cook Children’s Health Plan, which he created in 1995.

Scott Hawig
SENIOR VICE PRESIDENT, FINANCE, CFO, & TREASURER
Froedtert Health
Milwaukee, Wisconsin
scott.hawig@froedtert.com

Scott Hawig joined Froedtert Health in August 2012 and is responsible for all strategic and operational matters related to finance for the health system, including financial reporting, planning and budgeting, revenue cycle management, managed care contracting, and strategic relationships. Prior to joining Froedtert Health, Hawig was vice president of finance with Shands at the University of Florida and served as a divisional CFO with Duke University Health System. Before his time in academic medicine, Hawig served as a healthcare audit and consulting manager within the public accounting firms of Arthur Andersen and Deloitte & Touche.

Erick Hawkins
CFO & VICE PRESIDENT OF HEART AND VASCULAR SERVICES
Rex Healthcare
Raleigh, North Carolina
erick.hawkins@unchealth.unc.edu

Erick Hawkins leads Rex’s financial enterprise as well as the heart and vascular service line. Additionally, he is the executive responsible for Rex Strategic Innovations, Rex Healthcare’s innovation strategy, which includes Rex Health Ventures, a corporate venture capital fund. Hawkins currently serves as a member of the Executive Leadership Team for the American Heart Association’s Triangle Heart Ball; previously, he served as the president of the board of directors for Hospice of Wake County and as a member of the Leukemia & Lymphoma Society’s Triangle Light the Night Walk’s Executive Leadership Council. He received a bachelor’s degree from Yale University and an MBA from Duke University’s Fuqua School of Business.
CFO INTRODUCTIONS

**Rick Hinds, CPA**
EXECUTIVE VICE PRESIDENT & CFO
UC Health
Cincinnati, Ohio
rick.hinds@uchealth.com

Rick Hinds has served as executive vice president and CFO for UC Health since 2010 and UC Physicians since 2011. He served as the interim CEO for UC Health's predecessor company, the Health Alliance of Greater Cincinnati, since 2009, and as its CFO since 2008. Prior to these roles, he was vice president of finance for University Hospital Cincinnati from 2003 to 2008. Hinds was vice president of finance and operations for Fort Hamilton Hospital from 1995 to 2005. He also served as president and CEO of the Fort Hamilton Healthcare Corporation from 2004 to 2006, and as its CFO from 1998 to 2006.

**Dale E. Hocking, CPA**
CFO
Jupiter Medical Center
Jupiter, Florida
dhocking@jupitermed.com

Dale Hocking is a healthcare executive with over 29 years of experience, 20 of those years in healthcare CFO positions. He is currently the vice president/CFO for Jupiter (Florida) Medical Center. Hocking spent 10 years as the senior vice president/CFO for Central Florida Health Alliance; before that, he was the vice president/CFO for Mayo Clinic and Hospital in Jacksonville, Florida. Hocking spent several years auditing healthcare organizations with the international accounting firms of Ernst & Young and Arthur Andersen & Co. He has served on the boards of various not-for-profit organizations. Hocking graduated from the University of Florida and has been a Certified Public Accountant since 1984.

**Allen Johnson**
CFO
Truman Medical Centers
Kansas City, Missouri
al.johnson@tmcmed.org

Allen Johnson has been CFO at Truman Medical Centers since 1999, where he is responsible for accounting, budgeting, supply chain, revenue cycle, patient access, and reimbursement. Since 1999, due to improved revenue cycle and other operational improvements, TMC revenue has increased over $208 million. Prior to entering healthcare, Johnson worked as a CPA at several Minneapolis accounting firms. After serving as a reimbursement auditor at Blue Cross Blue Shield (1985–1987), he was director of reimbursement at Hennepin County Medical Center (1987–1991) and CFO at Metropolitan Health Plan (1991–1999), a Minnesota HMO. Johnson earned a bachelor’s degree in finance from the University of Minnesota and later earned his CPA.

**Pat Keel, FHFMA**
EXECUTIVE VICE PRESIDENT & CFO
Good Shepherd Health System
Longview, Texas
pkeel@gsmc.org

Pat Keel began employment with University Health in Shreveport, Louisiana, in May 2014 with over 20 years’ experience in healthcare. She is responsible for the complete financial operations of the health system. These functions include finance, treasury, supply chain, reimbursement, revenue cycle, managed care contracting, and information services. Prior to joining University Health, Keel was EVP/CFO for Good Shepherd Health System in Longview Texas, and was employed in both operations and finance at CHRISTUS Health in its Northern Louisiana region. She has a Bachelor of Science in Accounting from Arkansas State University and a Master of Healthcare Administration from Trinity University.
Michelle Mahan began her employment with Frederick Memorial Health System (FMH) in 2008. Prior to joining FMH, Mahan served as CFO at both St. Joseph Medical Center in Towson, Maryland, and Children's National Medical Center in Washington, D.C. Prior to that time, she was a manager in the D.C. consulting practice for Ernst & Young and worked at Scripps Health in La Jolla, California. In all of these roles, Mahan was responsible for strategic financial planning, capital management, investments, and improving financial performance through implementing revenue cycle enhancements, information technology, and cost efficiencies in labor and supply chain processes.

Jeffrey D. Limbocker, FHFMA, MBA
REGIONAL CFO
Franciscan Missionaries of Our Lady of the Lake Hospital
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Jeffrey Limbocker is regional CFO for Franciscan Missionaries of Our Lady Health System (FMOLHS). His duties include service as CFO of Our Lady of the Lake Regional Medical Center (OLOL) and St. Elizabeth Hospital, as well as systemwide accountability for the finance departments and employed physician group revenue cycle. Additionally, he serves in various capacities for the Lake’s subsidiaries and joint venture boards. Prior to his current role, Limbocker served as vice president of physician services and finance at Our Lady of the Lake, and CFO of Our Lady of Lourdes Hospital in Lafayette, Louisiana. FMOLHS is a $1.6 billion Catholic healthcare organization operating five hospitals in Louisiana; OLLOL is its flagship hospital with approximately $1 billion in revenues.

Kelly Linson
VICE PRESIDENT & CHIEF ACCOUNTING OFFICER
Southwest Community Health System
Middleburg Heights, Ohio
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Kelly Linson is vice president and chief accounting officer at Southwest Community Health System. She earned her Master of Business Administration degree from Cleveland State University in 2009 and holds a Bachelor of Science in Business Administration from Washington University in St. Louis. Linson is a Certified Public Accountant in Ohio and a fellow in the Healthcare Financial Management Association. She has been with Southwest since 1993 and has responsibility for the financial services department, which includes financial reporting and analysis, audit, budget, debt, treasury, management engineering, benchmarking, and labor productivity.

Richard (Rick) Lyman
VICE PRESIDENT, REVENUE CYCLE
Advocate Health Care
Chicago
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Richard Lyman is currently the vice president of revenue cycle for Advocate Health Care in Chicago and oversees revenue cycle operations for 12 hospitals in the Chicagoland area and state of Illinois (11 acute care and one children’s, including four teaching facilities and five level one trauma centers). Lyman has over 25 years of healthcare experience within government, industry, and consulting. He has extensive experience working with large integrated healthcare systems, academic medical centers, community-based hospitals, and faculty and medical group practices. Lyman holds an MBA in finance and a BA in healthcare administration. He is also a fellow at the Healthcare Financial Management Association and holds a Project Management Professional certification.
CFO INTRODUCTIONS

Patrick McGuire, MBA, CPA
CFO
St. John Providence Health System and the Michigan Ministries of Ascension Health
Warren, Michigan
pat.mcguire@stjohn.org

Patrick McGuire has served as the CFO for St. John Providence since 2004 and is responsible for the financial leadership of the $2.2 billion health system, the largest single component of Ascension Health, the largest nonprofit health system in the United States. Since joining St. John Providence Health System in 1986, McGuire has played a pivotal role in transforming a one-hospital system into a five-hospital, diversified health enterprise spanning five counties in southeast Michigan. His role was recently expanded to include financial oversight of the four other health systems in the state of Michigan for Ascension Health, whose revenues are $3.7 billion.

Chris McLean
EXECUTIVE VICE PRESIDENT & CFO
Methodist LeBonheur Healthcare
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Chris McLean was named executive vice president of finance for Methodist LeBonheur Healthcare in October 2001. Prior to that appointment, he was vice president of finance for Methodist. McLean began his healthcare career at Methodist in 1984 in corporate finance. He left in 1992 to work for several health systems in east Tennessee, then returned to Methodist in 1998 as vice president of the Mississippi division. He holds a Bachelor of Science in Accounting from Christian Brothers University and an MBA from the University of Memphis. McLean is a member of the Tennessee Society of Certified Public Accountants and the Healthcare Financial Management Association.

Mark Meyer, BS, CPA
EXECUTIVE VICE PRESIDENT & CFO
Grady Health System/Atlanta, Georgia
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Mark Meyer joined the executive team at Grady Health System as executive vice president and CFO in April 2012. A graduate of Oklahoma State University, Meyer comes to Grady with an extensive background in healthcare and health system finance. Previously, he served as the CFO for Presbyterian Hospital of Dallas, the flagship of the 14-hospital Texas Health Resources System based in Dallas and Fort Worth. He has also worked with the Methodist Health System in Dallas, where he served as CFO of Methodist Charlton Medical Center and later as vice president of financial services for the entire Methodist system.

Edward W. Miller
VICE PRESIDENT OF FINANCE & CFO
Floyd Memorial Hospital & Health Services
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Edward Miller has been at Floyd Memorial Hospital & Health Services since June 2007 as the CFO and vice president of finance. Miller holds a master’s degree in business administration from Nichols College and received a Bachelor of Science in Economics and Finance from Bentley College. Miller is responsible for the organization and direction of all financial, information system, revenue cycle, and supply chain functions, and is actively involved in setting the strategic direction of the hospital. He is a fellow with the Healthcare Financial Management Association and the American College of Healthcare Executives.
CFO INTRODUCTIONS

Daniel J. Moncher, FACHE, CPA, MBA
EXECUTIVE VICE PRESIDENT & CFO
Firelands Regional Medical Center
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Daniel Moncher joined the Firelands Regional Health System in 1997. Prior to joining Firelands, he served as regional vice president and CFO for Mercy Hospital in Tiffin, Ohio, and Mercy Hospital in Willard, Ohio. His responsibilities include all aspects of financial, capital, investment, and debt management; interest rate risk management; financial strategic planning and analyses; operating and capital budgeting; revenue cycle; medical records; patient billing/cashiers; insurance claims management; managed care contracting; corporate health; graduate medical education; physician hospital organization; and outpatient behavioral health. In addition, he is responsible for banking, investment, auditor, insurance, and actuarial relationships.

Michael Moody
SENIOR VICE PRESIDENT, PARTNERSHIPS, AFFILIATIONS, AND INTEGRATION
John Muir Health
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Michael Moody has held a variety of positions with John Muir Health over the last 20 years. Effective January 1, 2015, he assumed the role of senior vice president of partnerships, affiliations, and integration. In this role, he is responsible for the formation and development of joint ventures, affiliations, and partnerships as well as managed care contracting in conjunction with the John Muir Physician Network. Prior to his current position, Moody was the CFO for John Muir Health for nine years. As CFO, he led the organization, from a financial perspective, through several large projects, including an $800-million building program and the $250-million installation of an EHR.

Gregory (Greg) Pagliuzza, FACHE
CFO
Trinity Regional Health System
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Gregory Pagliuzza serves as CFO for UnityPoint Health–Trinity, a four-hospital affiliate within the larger UnityPoint Health System that serves the Quad Cities of Illinois and Iowa. Its major services include hospital, clinic, and home health medical and behavioral health services, with operating revenues of $500 million. Pagliuzza has worked in healthcare for over 30 years; the majority of his experience is in finance with 20 years as a CFO. His hospital experience encompasses a range of organizations, including a major academic medical center, teaching community hospitals, and inner-city community hospitals. In addition, Pagliuzza has had administrative responsibility for site hospital operations for behavioral health and skilled nursing.

Christian Pass
SENIOR VICE PRESIDENT & INTERIM CFO
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Christian Pass serves as the senior vice president and interim CFO of John Muir Health. He joined John Muir Health in April 2009 as the vice president of revenue cycle. During his tenure, Pass took on the executive leadership role over enterprise analytics, and was then promoted to senior vice president of financial operations. Prior to John Muir Health, Pass was the chief operating officer of PARA Healthcare Financial Services, a national revenue cycle consulting firm. He has also held various leadership and consulting roles in healthcare consulting firms. Pass received his Bachelor of Science in Chemistry from the University of California.
Bob Reilly
CFO
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Bob Reilly is CFO for Anne Arundel Health System and leads the financial operations of the system. His oversight includes financial reporting, budgeting, and reimbursement; patient financial services; supply chain; treasury services; real estate management; and legal services. Reilly has more than 20 years of healthcare experience in leadership roles, serving previously in several hospitals in the Baltimore area. He joined the system in 2007 as vice president of finance and was promoted to his current position in 2010. Reilly holds a bachelor's degree in accounting and a Master of Business Administration from the University of Kentucky. He is also a Certified Public Accountant and a long-time member of the Healthcare Financial Management Association.

Craig S. Richmond, CPA
ASSOCIATE CFO & VICE PRESIDENT OF REVENUE CYCLE
The MetroHealth System
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Craig Richmond is senior vice president and chief financial officer at The MetroHealth System, which includes an academic medical center, 17 community health centers, and Cleveland’s only Level I Adult Trauma and Burn Care Center. In his role, Richmond leads the health system’s financial operations, including financial reporting and planning, general accounting, revenue cycle (hospital and physician), reimbursement, internal audit, managed care contracting and treasury function. In addition, Richmond is responsible for information technology and the newly created Department of Integration and Transformation (“DoIT”).

Richard (Rich) Rothberger
CORPORATE EXECUTIVE VICE PRESIDENT & CFO
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Richard Rothberger serves as corporate executive vice president and CFO of Scripps Health, a $2.6-billion healthcare system in San Diego. Rothberger has over 35 years of experience in the healthcare industry; at Scripps, he is responsible for corporate finance, treasury, financial and capital planning, payer contracting, revenue cycle management, supply chain management, real estate and construction, and financial operations for the hospitals and clinics. During his 13-year tenure at Scripps, he has overseen financial operations that have resulted in sustained $175-million operating income turnaround.

Cheryl Sadro
EXECUTIVE VICE PRESIDENT & CHIEF BUSINESS AND FINANCE OFFICER
The University of Texas Medical Branch
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Cheryl Sadro joined the University of Texas Medical Branch (UTMB) at Galveston as executive vice president and chief business and finance officer in 2014. In this role, she oversees six major areas of operational support for UTMB Health, including finance, facilities and business operations, human resources, information services, contract administration, and revenue cycle. Reporting directly to UTMB’s president, Sadro is responsible for UTMB’s financial and business support performance. Her career spans more than 30 years of service in public accountancy and financial leadership of major, mission-based health systems.
CFO INTRODUCTIONS

**Alan M. Sattler, FACHE, MBA**
CFO
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Alan Sattler is CFO for ProMedica. Prior to his current role, he provided executive oversight for four ProMedica acute care hospitals and served as president of ProMedica Flower Hospital. Sattler has worked at ProMedica since 1985 in various capacities, including senior vice president for acute care hospitals and senior vice president and CFO for ProMedica Physicians. He is an active member and fellow of the American College of Healthcare Executives. Sattler completed an associate’s degree in marketing and sales at Owens Community College and then continued his education at The University of Toledo, where he graduated with a bachelor’s degree in business administration. He went on to earn an MBA, also from The University of Toledo.

**Fred Savelbergh**
CFO
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Frederick Savelbergh serves as executive vice president and CFO for Baylor Scott & White Health (BSWH) and is the senior executive officer responsible for overseeing all financial strategy, functions, and transactions for the system. Previous to the merger, he served as Baylor Health Care System’s (BHCS) CFO, BHCS SVP of Hospital Finance and Baylor University Medical Center CFO. Prior to that, he was the interim president of Baylor Regional Medical Center at Grapevine and its CFO. He obtained his BBA from the University of North Texas in 1982 and is a 2010 graduate of the Harvard Business School’s Advanced Management Program. Savelbergh received D CEO’s Executive Award as an Outstanding CFO in a Not-for-Profit Organization and is the recipient of Becker’s Hospital Review Award for 150 Hospital and Health System CFOs to Know in 2015.

**Richard Silveria**
SENIOR VICE PRESIDENT, FINANCE, & CFO
Boston Medical Center
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Richard Silveria is currently the senior vice president of finance and CFO of Boston Medical Center, where he has corporate responsibilities for finance functions including treasury. Boston Medical Center is a $2.3-billion health system primarily comprising a 496-bed academic medical center, the Boston Medical Center HealthNet Health Plan, the Faculty Practice Foundation, and an insurance captive. Prior to this, Silveria was the corporate director for revenue finance at Partners HealthCare System, a position he held for over 12 years. In this capacity, he was responsible for revenue financial reporting, third-party contract modeling, reimbursement, and revenue cycle management for the health system.

**Julie Soekoro, CPA**
CFO
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Julie Soekoro has served as CFO of Trinity Medical Center, a 534-bed hospital in Birmingham, Alabama, affiliated with Community Health Systems (CHS), since 2009. In this role, Soekoro is responsible for all financial aspects of the hospital’s operations, including revenue cycle management, financial reporting, capital investments, and accounting. She also oversees numerous hospital departments, including information services, case management, and the hospital’s business office, and handles financial management of clinic operations. Under Soekoro’s leadership, Trinity has implemented new processes to make the hospital a leaner, more efficient organization.
**CFO INTRODUCTIONS**

**Karen Testman**
CFO
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Karen Testman is responsible for the financial operations at all MemorialCare campuses, and the oversight of systemwide financial functions such as reimbursement, decision support, patient business services, capitation services, materials management, and revenue cycle. She leads the financial planning and budgeting process for the system to ensure cash flow is adequate to meet the future capital and operating needs of the campuses. In addition, she is responsible for evaluating strategic financial opportunities at a system and campus level. Testman began her career as a nurse and spent five years in public accounting focusing on healthcare. She was most recently the CFO for OCMMC and SMMC.

**Mark A. Thompson, CPA**
CFO & VICE PRESIDENT OF FINANCE
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Mark Thompson joined Rapid City Regional Hospital as its internal auditor in 1990 and became the director of internal audit and compliance in 2004. He has served as Regional Health’s vice president of finance since 2006. Before joining Regional Health, Thompson was the accounting manager for a subsidiary of Black Hills Corporation. Prior to that, he worked for the public accounting firm RSM McGladrey. Thompson received a Bachelor of Science degree from National University in 1981 and is a member of the American Institute of Certified Public Accountants; he is also a fellow with the Healthcare Financial Management Association and the South Dakota Association of Healthcare Organizations’ Council on Reimbursement.

**Elizabeth (Beth) S. Ward, CPA, MBA**
CFO
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Elizabeth Ward is the CFO at UT Southwestern University Hospitals and Clinics in Dallas. She was previously employed since 2010 as the executive vice president and CFO of Wellmont Health System, an eight-hospital, not-for-profit healthcare system with facilities in Tennessee and Virginia. Prior to that, Ward was employed as CFO and treasurer of Moses Cone Health System in Greensboro, North Carolina, a position she held since 2001. She joined Moses Cone in 1996 as the first corporate controller and previously worked in leadership roles at the University of North Carolina at Chapel Hill’s Division of Health Affairs and the University of North Carolina Hospitals.
James L. Wentz, MBA
CFO
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James Wentz is the CFO at the University of Mississippi Medical Center (UMMC) in Jackson. The state’s only academic medical center, UMMC has an annual operating budget of $1.7 billion, encompassing six schools with 3,000 students and a health system of approximately 850 inpatient beds and a 600-plus provider practice plan. Wentz is responsible for all of the medical center’s financial operations, including research, academics, and healthcare, and has line responsibility for the functional CFOs: accounting, treasury, budget, information technology, supply chain, and managed care contracting. Prior to joining UMMC in 2011, Wentz spent seven years as associate vice president and University Hospitals CFO at the University of Texas Southwestern in Dallas.

Lori Wooten
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As Senior Vice President and CFO of Hospital Operations, Lori Wooten oversees all functions involving hospital finance, working closely with hospital CFOs and corporate leadership. She also is responsible for a number of other corporate departments as well, including supply chain, reimbursement, HIM/coding, and corporate accounting. In 2014, Wooten received Capella’s People Pillar Award for her outstanding performance in helping the company achieve key objectives. She joined Capella Healthcare in November 2009 as vice president and operations CFO, and was promoted to senior vice president in 2014.

Vinson M. Yates
Senior Vice President & CFO
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Vinson Yates joined OhioHealth in 1987 and currently holds the position of senior vice president and CFO. In this role, Yates has responsibility for finance, treasury, revenue cycle, real estate and construction, supply chain services, and process excellence. Serving as president of OhioHealth Grant Medical Center from 2010 to 2013, he worked with associates, physicians, and leadership to develop a culture of collaboration and excellence. Before becoming president of Grant, he served in a variety of leadership roles in finance, including vice president of finance at both OhioHealth Riverside Methodist Hospital and OhioHealth Grant Medical Center. With more than 25 years of experience in healthcare finance and operations, Yates is a strategic leader with proven success in guiding results-driven projects and working across multiple departments and management levels to achieve strategic goals.
Dr. David Neal is a psychologist specializing in behavior change and human decision-making, especially in the consumer and health domains. He is the founder and managing partner of Catalyst Behavioral Sciences, based in Miami. He holds a PhD from Melbourne and completed his postdoctoral training at Duke, in the psychology department and Fuqua School of Business.

David’s academic research focuses on finding ways to “nudge” or influence people to change their behavior without relying on their rational, logical thinking processes. His research studies have been featured in Time magazine, The New York Times, NPR, BBC, CNN, The Wall Street Journal, The Los Angeles Times, and USA Today, among others.

David now focuses on applying behavioral science thinking to consumer and health behavior change. He advises a range of health organizations, including the World Bank, USAID, The Bill and Melinda Gates Foundation, and the Surgeon General of the US Army. In the consumer domain, he consults with Fortune 500 companies on a range of categories, including fast-moving consumer goods, telecommunications, pharma, and Internet services and software.
Ed Prewitt, editorial director for HealthLeaders Media, oversees the company’s portfolio of publications and products for healthcare leaders, including HealthLeaders magazine, HealthLeadersMedia.com, 15 weekly e-newsletters, virtual events including executive Roundtables and expert webcasts, and the Intelligence Unit. HealthLeaders Media received 25 editorial and design awards this year, including Best Web News, E-Newsletter, Original Research, and Analysis/Commentary. Ed has been an editor and writer at a range of business publications for C-suite executives, including CIO magazine, Fortune magazine, and Harvard Management Update.

Christopher Cheney began his professional career three decades ago in medical research administration at Boston Children’s Hospital. He started his journalism career as a staff writer at a community newspaper in Massachusetts about 20 years ago, and he has worked in multiple newsroom capacities ever since. His experience not only includes print and online media but also producing content for radio and television. He has worked for several media organizations, including the Boston Herald, Cape Cod Times, and CBS. In January 2014, he joined HealthLeaders Media as an editor and health plan columnist. In March, he was promoted to senior finance editor, and he now covers a wide range of financial topics related to the healthcare industry for publication in HealthLeaders magazine and online.

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.
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.

About BLR

BLR®—Business & Legal Resources is the authority on employment, safety, and environmental compliance, providing trusted content and easy-to-use tools to help U.S. businesses meet state and federal regulatory requirements. Through our expert in-house editors and exclusive attorney network, we provide the most comprehensive, reliable state-specific information available—for all 50 states. Our award-winning information products—including training programs, events, Web portals, reports, and subscription services—give businesses of all sizes and across all industries the tools they need to mitigate risk and drive success.

For more information, please visit www.blr.com.
ATHENAHEALTH

ATHENAHEALTH is a leading provider of cloud-based services for electronic health records (EHR), revenue cycle management, patient communication, care coordination, and population health, helping healthcare providers improve quality of care, increase profitability, and thrive through change. Recognized as an industry leader, athenahealth earned multiple Best in KLAS #1 rankings for 2014.

Unlike conventional health IT systems, athenahealth combines cloud-based software, networked knowledge, and back-office services to keep our more than 64,000 providers on top of the rapid changes in healthcare—from meaningful use to value-based payment models. Our cloud-based software is continually updated, with a single version available to all providers at once, ensuring physician alignment across the care continuum. And athenahealth teams take on clients’ administrative burden, receiving and sorting faxes, tracking claims, managing pre-registration, and more, all with the goal of helping our clients achieve peak clinical and financial performance.

As physician advocates, athenahealth directly aligns its incentives with our clients’ performance. And joining the athenahealth network has low startup costs, with no licensing, server, or maintenance fees.

With athenahealth as a partner, independent practices, hospitals, and health systems are well equipped to connect care and thrive through change. To learn more, visit our website at www.athenahealth.com.
ABOUT OUR SPONSORS

Bank of America Merrill Lynch

Bank of America Merrill Lynch Healthcare Banking™ is a powerful ally to healthcare companies of every size. With over 30 years of industry experience, we seamlessly deliver an unrivaled range of advisory, capital raising, and treasury management solutions for hospitals, healthcare facilities, and institutions. To learn more, visit baml.com/healthcare.
Kronos

Across the continuum of care, Kronos® for Healthcare helps providers of all sizes develop their workforce into a competitive advantage to support the delivery of value-based healthcare. That’s why more than 10,000 healthcare providers use Kronos to control labor costs, minimize compliance risk, and improve productivity while supporting quality care with a quality workforce. Kronos addresses the challenges inherent to managing the workforce in healthcare. Our comprehensive, integrated suite of Web-based applications includes labor analytics, labor productivity management, staff scheduling, patient classification, absence management, talent management, HR, payroll, and time and attendance. The solution is supported by a focused team of healthcare professionals who deliver deep domain expertise and proven labor management best practices. Learn more at www.kronos.com/healthcare. Kronos: Workforce Innovation That Works™.
Parallon

Parallon is a leading provider of healthcare advisory and operational services. Headquartered in Franklin, Tennessee, a suburb of Nashville, we partner with hospitals and healthcare systems to improve their business performance through tested practices in revenue cycle management, information technology, workforce management, in addition to group purchasing and supply chain management through HealthTrust Purchasing Group.

Parallon partners with providers to help take care of business and operational needs so our healthcare partners can focus on what truly matters—providing quality patient care. Dedicated to bringing deep and evolving industry knowledge, a long track record of operational excellence, and a broad portfolio of services to all partnerships, Parallon is committed to helping our clients thrive in the communities they serve.

With a purpose to assist and enable those who care for and improve human life in their communities, we work together with organizations to identify and implement the right solutions that transform top challenges into opportunities.

Together with our affiliates, Parallon employs more than 26,000 professionals and serves more than 1,400 hospitals as well as 11,000 non-acute care providers, including ambulatory surgery centers, physician practices, and alternate care sites.

For additional information, visit www.parallon.com, call 855-478-7255, or email business.solutions@parallon.com.
Sheridan Healthcare

Sheridan Healthcare, Inc., is a leading provider of multi-specialty outsourced physician services to hospitals and ambulatory surgery centers (ASC). In terms of size, volume, and geographic coverage, Sheridan is #1 or #2 in anesthesia, neonatology, and radiology. Sheridan operates in 25 states and is often recognized as a benchmark in the anesthesia industry due to its size, operating history, and depth of infrastructure. Sheridan employs or contracts with more than 3,000 physicians and allied health professionals nationally.

About AMSURG

Founded in 1992, AMSURG is a publicly traded company (NASDAQ) operating an ambulatory services business that acquires, develops, and operates ASCs in partnership with physician practice groups throughout the country. AMSURG also operates a physician services business, Sheridan, which provides outsourced physician services in multiple specialties to hospitals, ASCs, and other healthcare facilities, primarily in the areas of anesthesiology, children’s services, emergency medicine, and radiology. As of March 31, 2015, AMSURG owned and operated 248 ASCs in 34 states and provided physician services to more than 330 healthcare facilities in 27 states, employing more than 2,900 physicians and other healthcare professionals. With an enterprise value of $5 billion and annual revenues exceeding $1.6 billion, AMSURG is the national ASC industry leader.
ABOUT OUR SPONSORS

TeleTracking Technologies

TeleTracking Technologies, Inc., is a privately held Pittsburgh-based company that serves over 850 U.S. health systems. For over 20 years, its solutions have addressed the needs of the U.S. healthcare landscape. Today, TeleTracking is the recognized industry leader in patient flow and capacity management, with a client retention rate of over 95%. The eight-time KLAS Patient Flow category leader and HFMA peer review designee provides real-time tracking and monitoring of beds, patients, staff, and assets, enabling hospitals to operate more efficiently through automation and process redesign.

For more information, visit www.teletracking.com, call 800-331-3603, or email info@teletracking.com.
VHA, Inc.

Effective April 1, 2015, VHA, the national healthcare network of not-for-profit hospitals, and UHC, the alliance of the nation’s leading academic medical centers, combined into a single organization. The combined organization includes Novation, the healthcare services company the two entities already jointly own. The new organization is the largest member-owned healthcare company in the country and is dedicated to leading healthcare innovation, creating knowledge, and fostering collaboration to help its members thrive. The company serves more than 5,200 health system members and affiliates as well as 118,000 non-acute healthcare customers. Members range from independent, community-based healthcare organizations to large, integrated systems and academic medical centers; together, they represent more than $50 billion in annual purchasing volume. Headquarters are in Irving, Texas, with locations in Chicago and other cities across the United States. A new name for the combined organization will be announced in January 2016.
Xtend Healthcare

As the premier company in revenue cycle management, Xtend Healthcare—Advanced Revenue Solutions can help you improve your financial performance and productivity for both the short term AND the long term.

Serving as a seamless extension of your business office, we can revolutionize the way you manage your revenue cycle, allowing you to capture and use data more efficiently while eliminating wasted time and backed-up workflow. We’ll help you reduce A/R days, lower collection costs and bad debt write-off, and enjoy stronger cash flow. We can even send a team of experienced professionals to your site to help you quickly resolve receivables backlogs or manage the transition to a new IT system or facility.

Our principals started the cash acceleration field. Over the past three decades, we have helped providers of all types and sizes meet the challenges of receivables management. We have established a long track record of making good on our promises and delivering superior results for our clients.

For more information, please contact Tammy Caballero, executive vice president, at 615-406-3847 or by email at tcaballero@xtendhealthcare.net.