

Navigating Healthcare's Transformation:

NEW TOOLS

for New Rules

Report on the SHSMD Thought Leader Forum

September 29, 2013 Chicago, IL

In association with Kaufman, Hall & Associates, Inc

About the Society for Healthcare Strategy & Market Development

The Society for Healthcare Strategy & Market Development (SHSMD), a personal membership group of the American Hospital Association, is the largest and most prominent voice and resource for healthcare planners, marketers, and communications/public relations professionals nationwide. SHSMD is committed to helping its members meet the future with greater knowledge and opportunity as their organizations work to improve health status and quality of life in their communities. For more information, visit shsmd.org.

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Kaufman Hall is an independent consulting firm that offers integrated management solutions to healthcare organizations of all types and sizes nationwide. Solutions encompass strategic, capital, mergers/acquisitions and partnerships, physician integration, and financial advisory services and software tools. Through the provision of high-value, financially centered services and software, the firm's goal is to help hospitals and health systems reach their full business potential, with tangible, measurable, and improved financial results. Kaufman Hall is committed to contributing to healthcare's thought leadership and the advancement of business practices in the healthcare industry. For more information, visit www.kaufmanhall.com.

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Foreword

The Society for Healthcare Strategy & Market Development held its second Thought Leader Forum on September 29, 2013, at its annual conference in Chicago. The event originated in 2012 as the result of a brief survey in which SHSMD asked its strategic planning members to identify their most pressing concerns. The results revealed that planners' biggest challenge is addressing current financial realities while preparing for future financial models. SHSMD convened its first Thought Leader Forum in September 2012, with the goal of exploring the issue through a dialogue of members and other healthcare leaders. Ryan Gish, senior vice president of Kaufman, Hall & Associates, Inc., moderated the session. The Forum and its summary report were well-received by attendees and SHSMD's membership as a whole.

The theme of the 2013 Thought Leader Forum was "New Rules, New Tools: A Discussion of How Planners, Marketers, and Communications Professionals Can Lead Their Organizations Through a Changing Environment." A diverse panel of professionals in healthcare strategy, planning, and business development were invited to share their perspectives, and Ryan Gish again moderated the discussion. It centered on the following topics:



Rethinking brand, customer loyalty, and the stakeholder landscape



Adapting strategies for new payment models



Emerging partnership arrangements



Leveraging technology and data



Driving organizational transformation

This report provides a brief summary of the insights shared during the forum. It offers an overview of the strategic and financial implications of healthcare change, and shares perspectives on how key players in the field are addressing the transition.

Introduction: A System in Flux

A major transformation is under way in the healthcare industry as it moves from a *sick* care, “wholesale” model to a *health* care, “retail” model. All stakeholder groups, including patients, payers, physicians, hospitals, health systems, and other healthcare providers, already are feeling the impacts. Sidebar 1 outlines key drivers of change.

The goals of the new business model are to reshape care delivery and lower costs, while improving quality, outcomes, and access for consumers. Hospitals and health systems are determining how best to navigate this transition to position themselves for success in a new market environment.

To ensure longevity and market essentiality, organizations must develop a new tool set to address different but not yet fully defined “rules of engagement.” Important issues for consideration by healthcare leaders include:

- The value of the organization’s brand and market essentiality
- Where, when, and how best to partner with industry innovators that offer new care models
- The scale and organizational structure required in a consolidating industry
- The integration of new technology to meet the ultimate goal of providing high-value, low-cost care at the right time and the right place
- Opportunities, challenges, and results experienced by “frontrunners” of health coverage expansion through new care models and how best to apply the lessons learned

“The challenges of moving from a wholesale business to a retail business are significant, presenting new points of competition for hospitals and health systems related to brand, access, quality, IT connectivity, ‘service,’ and price,” comments Ryan Gish. “Tomorrow’s healthcare industry likely will be comprised of larger organizations that can compete more effectively with new entrants to meet patients’ prevention and care needs.”

Speakers at the 2013 Thought Leader Forum have been working hard on the front lines to define the required change in these areas. We offer their perspectives here as early guidance for navigating healthcare’s transformation.

Sidebar 1

DRIVERS OF HEALTHCARE CHANGE

A convergence of trends is driving healthcare’s transformation, including:

- | Unsustainable healthcare costs
- | Dramatic shifts in the private employer and insurance market
- | The Affordable Care Act and other government initiatives, such as Medicare Advantage and Managed Medicaid
- | Rapid and widespread consolidation of the industry
- | The advent of public and private healthcare exchanges, which likely will significantly alter payer mix for many hospitals and health systems
- | Declining inpatient utilization
- | Rising demand for price and quality transparency
- | An increasingly technology-enabled, informed, and involved healthcare consumer

The Importance of Brand

There is considerable debate in the field over the role that brand will play in influencing “market essentiality” as defined by employers, health plans, and patients in the emerging retail model for healthcare delivery. Some argue that brand will be less important moving forward, others that it will be more important.

Several factors could contribute to the decreasing importance of brand. For example, many markets are seeing a co-mingling of brands due to a rising number of mergers and acquisitions and affiliations among hospitals, health systems, and other healthcare providers. In addition, numerous organizations are introducing new brands into their communities by expanding or supplementing their services through partnerships or contracts with specialists in specific service lines. For example, one major health system began contracting with a commercial vendor in 2012 to offer online appointment scheduling for its hospitals’ emergency departments. Patients now see the name of that service whenever they schedule an ED visit online, in addition to that of the health system. Trends such as the co-mingling of brands and the influx of new brand names raise concerns among many in the field that their current brands are being diluted, and therefore will be less influential in patient decisions.

Perhaps the biggest challenge facing healthcare marketers in the future, and another argument for the decreasing importance of brand, is that regulatory and other forces are pushing the field closer to commoditization. The changes brought about by intense competition are one example of this. Whereas organizations once raced one another to implement the latest and greatest surgical robot, magnetic resonance imaging (MRI) machine, or other technological advancement, such offerings have become commonplace in many markets. So the question becomes: How can organizations distinguish themselves? Some worry that brand will not be enough, and that price will become a defining competitive force within the industry.

The panel concluded that while such issues have merit, it is likely that having a strong brand will become more important in the new business environment. At the core of the issue is the changing role of patients to more informed consumers along both cost and quality dimensions.

In the fee-for-service, “wholesale” business model, insured patients have not paid directly for care, and have been responsible for a relatively small share of costs. Most people have little concept of true healthcare costs as a result. With the advent of public health insurance exchanges and continued growth of private exchanges, coupled with an expansion of enrollment in high-deductible health plans, individuals are assuming more responsibility in paying for their care. With that responsibility comes greater awareness of cost versus quality—that is, the value—of that care.

Whereas consumers once relied primarily on their physician, a family member, or friend for healthcare recommendations, they now can turn to online sites for comparative information with which to make treatment and care site decisions. “What we’re seeing now is the online world acting as surrogate for family and friends. Friends are no longer limited to one’s immediate family, neighbors, and maybe some co-workers. Now there is Angie’s List, and other websites, so people have lots of ‘friends,’” said Peter Brumleve, chief marketing officer with University Hospitals of Cleveland.

“I’m the chief marketing officer of a relatively large system, and at the end of the day, my job is basically two-fold: the first is to help grow the organization and the second is to protect and grow the equity of the brand.”

— Peter Brumleve,
Chief Marketing Officer,
University Hospitals
of Cleveland

These changing dynamics likely will increase reliance on brands, as patients and employers try to navigate conflicting and perhaps confusing information from proliferating sources. Consumers confronted with complex healthcare decisions will be looking to trusted sources for quality care in their communities. Likewise, employers will be looking for inclusion of known quality providers in the health plans they offer employees. But while having a strong brand will be critical, hospitals and health systems also should be mindful of the role of price, which is certain to be a major driver of patient and employer choice moving forward.

The challenge for providers will be to integrate the focus on aggregate patient populations that is required for population health management with the individualism associated with patient choice and utilization decisions in a retail environment. Organizations no longer can rely solely on the standard marketing metrics of “brand awareness” and “brand loyalty.” It is essential that healthcare marketers and finance officials work together to evaluate the actual economic value of their brand within their communities, not just to consumers, but to employers, potential partners, new market entrants, licensees, and rating agencies. Having that information will empower healthcare leaders to be better stewards of brand, and help bolster their approach with employers and direct-to-consumer strategies that enhance their organizations’ market essentiality. Likewise, healthcare marketers must shift from trying to increase utilization to trying to decrease utilization. Their role is transitioning from one of promoter to educator.



The program begins with an introduction from Christine Gallery, vice president of planning and market development, Emerson Hospital, and chairperson of the SHSMD Executive Strategies Committee responsible for planning Thought Leader Forum.

Partnering with Industry Innovators

As entities seek to increase quality, access, and efficiency of care delivery under a value-based business model, new entrants are emerging in many markets. Additionally, well-known retail businesses, such as Walgreens and CVS, are expanding into the clinical arena. To position themselves for the future, hospitals and health systems may consider partnering with such organizations to help enhance performance, build upon their existing services, and improve care outcomes for patients pre- and post-discharge.

For example, Walgreens is expanding its offerings, and is one of the companies to watch as healthcare leaders evaluate the future course of the industry and consider their role in that system. In recent years, the Deerfield, Ill.-based company has been building a comprehensive array of clinical services to complement its core retail business. An estimated 75 percent of the U.S. population lives within five miles of one of Walgreens' 8,000 locations nationwide, so its market penetration and brand recognition are strong.

Ed Cohen, PharmD, Walgreens senior director for clinical solutions, indicates that the company wants to align with innovative and progressive healthcare providers and other stakeholders to develop services that will contribute to long-term cost reductions, both for the overall healthcare system and for patients. The company is actively seeking to collaborate with hospitals and health systems.

To bring the pharmacy footprint to the care delivery site, Walgreens has 170 pharmacies inside hospitals or medical office buildings. The company also offers hospitals specialty pharmacy services for the treatment of complex, genetic, rare, and chronic health conditions.

On the clinical side, Walgreens has more than 400 Healthcare Clinics staffed by nurse practitioners and physician assistants who provide a variety of services, including Medicare wellness exams and disease management. The company also partners with hospitals to offer discharge solutions through its transitions of care program, called WellTransitions, which is described in Sidebar 2.

“Over the past few years, we’ve embarked on a very ambitious mission. We want to be the most trusted, convenient, multi-channel provider and advisor of innovative pharmacy and health and wellness solutions — a destination where health and happiness come together to help people get well, stay well, and live well.”

— Ed Cohen, PharmD, Senior Director for Clinical Solutions, Walgreens

WellTransitions is just over a year old, and Walgreens has 15 hospitals with fully integrated WellTransitions programs. DeKalb Medical, which includes three hospitals in the Atlanta area, represents one of the program's early success stories. A comparative study of patients who participated in a Collaborative Care Transitions Program with Walgreens and those who did not participate indicates that non-participants had a 60 percent greater likelihood for readmission than those in the intervention cohort.

Hospital and health system leaders should consider how innovators like Walgreens will affect their respective markets, and how and when to partner with new players in the health delivery space.



Sidebar 2

THE WALGREENS WELLTRANSITIONS PROGRAM

Studies show that only seven of every 10 prescriptions are taken to a pharmacy by patients or their families. Of those seven prescriptions taken to a pharmacy, three or four are picked up, and only two of these are taken properly. Only one of the prescriptions is refilled after the first 30 days, as recommended by the prescriber.

The WellTransitions program is built around such statistics. Services include:

- | Medication review
- | Bedside medication delivery
- | Patient counseling
- | Patient follow up
- | Round-the-clock pharmacy support

Endorsed by the American Hospital Association, the multi-step service spans pre- and post-discharge activities. Walgreens team members collaborate with a hospital's clinical team to support patient recovery and provide continuing care necessary to reduce readmissions and improve patient health.

The Scale and Organizational Structure Required in an Evolving Industry: Lessons from the Auto Industry

Many parallels can be drawn between what is happening in healthcare today and the auto industry's metamorphosis during the past three decades. Hospitals and health systems can learn from the experiences of U.S. automakers that successfully adapted their businesses to emerge stronger organizations for the long term. Companies such as Saab and Pontiac may not have weathered the storm, but others like Ford and Chrysler did.

One parallel is that both the auto industry and healthcare field are highly regulated. The auto industry faced tightening rules related to air admissions, safety, and other factors starting in the 1970s. The auto industry also experienced hyper competition that led to "negative pricing." These trends can be compared to the increasing regulation and declining margins currently found in healthcare.

The auto industry also experienced increased demand for quality, value, and better outcomes. New information sources for consumers, such as Edmunds.com, emerged as a result. Demand for new technology was influential, as auto companies increased their reliance on robotics and computer-aided manufacturing. Likewise, healthcare is experiencing technological expansion, with rising use of health information technology, electronic health record systems, robotics, and other tools.

Additionally, most U.S. auto sellers were independent businesses, with the exception of Honda and Toyota dealers, who were employed by the car manufacturers. Over time, the latter model proved stronger. This can be compared to rising physician employment in hospitals and health systems today.

The panel discussed how the auto industry had an overcapacity problem and ultimately closed many plants. Healthcare may experience a similar problem, with many communities having more hospitals and more hospital beds than required in an era of declining inpatient utilization.

Some key considerations for hospitals noted by the panel are as follows:

- Most hospitals likely will need to reduce inpatient capacity, and streamline their services and sites with a focus on outpatient care delivery
- Healthcare will continue to consolidate, resulting in fewer independent hospitals
- Scale will be critical to success
- Strong leadership is essential, and healthcare organizations must have solid clinician/physician leadership
- Hospitals and health systems must be nimble and open to new ideas, listening to the evolving needs and expectations of customers
- A heightened awareness of organizational culture and values will be important as Baby Boomers retire and Millennials play a larger, more prominent role in our delivery systems

Kathy Oswald, chief human resources officer at Henry Ford Health System, also cautions that healthcare leaders should not underestimate the potential impact of globalization. She spent 30 years working in the auto industry before joining the Detroit health system.

“I know as I listen to executives in the healthcare field that many don’t think about the whole global perspective. Neither did we in the auto industry. We didn’t think Toyota and Honda had a chance in the ‘70s and look what they’ve done,” she said.

Ultimately, healthcare leaders must be equipped to implement change management. Henry Ford is using change management strategies to ensure that its investment in technology is integrated into routine clinical practice. As the field transitions to the new model, healthcare leaders will need to develop and implement change management strategies across organizational functions and sites.

“If you look at what happened in the auto industry: Where is AMC or Pontiac or Mercury or Plymouth or Saab? Healthcare is going to consolidate. Scale will be critical to reduce overhead.”

– Kathy Oswald, Chief Human Resources Officer, Henry Ford Health System

Using Technology as a Change Driver: The Need to Get from Meaningful Use to Meaningful Usage

Transparency and the efficient flow of information between various stakeholders are critical to healthcare's evolutionary success. In recent years, hospitals and health systems have been implementing new technology to meet federal meaningful use requirements. But in many cases, large capital investments have yet to realize the goals of improved performance and better patient care through enhanced connectivity.

The technology exists to meet those goals, but the field faces barriers in instituting the capabilities. A key challenge is reconciling the competing priorities of ensuring privacy for individuals, and allowing for transparency to enable portability. Healthcare leaders must find a way to reconcile the two.

Another inherent problem with the current system versus the vision of a more connected system is that medical records are tethered to hospitals, physician offices, or other healthcare providers. Records should be tied to the patient and go where he or she goes, notes Diane Bradley, M.D., senior vice president and chief outcomes officer with AllScripts.

Federal regulations are designed to increase connectivity, but hospitals and health systems need to look beyond meaningful use requirements to effectively achieving meaningful usage through performance improvement. Having connectivity is intended to ensure that accurate and complete patient records are readily available to providers at the time of care, which enhances their upfront knowledge of a patient's medical history and raises the value of care they are able to offer.

"If you've had a stroke or an amputation, it's easy for me to see, as your new doctor, what's going on. But if you're not sharing with me that you are HIV positive or that you've been depressed, the care that I deliver is going to be different, and perhaps not the best care that could be provided," Dr. Bradley said.

So instead of merely installing the technology to meet a requirement, organizations should ensure that it is used in a way that achieves that transparency for physicians, nurses, and other providers. Initiatives at the public and private levels will help move hospitals and health systems closer to where they need to be. For example, the federal government is requiring that patients be able to download a summary of their care at any provider through the regional health insurance exchanges.

"It is not technology that's stopping us now as much as it is the bigger issues of privacy and transparency."

– Diane Bradley, M.D., Senior Vice President and Chief Outcomes Officer, AllScripts

Watching the Frontrunners of Coverage Expansion under a Unified New Care Model

OneCare Vermont is an accountable care organization (ACO) that the field is watching as a model for complete coordination between payers and providers, and the partnering of traditional provider rivals to achieve such coordination. This state-wide ACO is a collaboration between Burlington, Vermont-based Fletcher Allen Healthcare and Lebanon, New Hampshire-based Dartmouth-Hitchcock healthcare system, under the Medicare Shared Savings Program (MSSP). Although Vermont is a unique place and OneCare Vermont is a unique program, efforts there will yield valuable lessons about new care models for healthcare providers nationwide.

As a whole, Vermont has been proactive in its healthcare initiatives. State legislators enacted a law (Act 48) in 2011 that mandates implementation of a set level of benefits as a right of Vermont citizenship by 2017. The state's common benefit insurance plan, known as Green Mountain Care, will provide supplemental coverage for anyone whose existing coverage falls below those levels.

OneCare Vermont was formed in May 2012 by former rivals Fletcher Allen and Dartmouth-Hitchcock, for the purpose of applying for the MSSP. The two academic medical centers competed aggressively for referrals for more than 30 years. Their main campuses are located about an hour and 40-minute drive apart. Dartmouth-Hitchcock is near the Vermont state border, and draws about 40 percent of its business from Vermont. Fletcher Allen is in northeast Vermont.

OneCare Vermont's participant network is a clinically integrated network. With the support of the region's two major tertiary care centers, OneCare Vermont was able to enlist all hospitals in the state, and because there is high physician employment by hospitals there, the ACO also includes half of Vermont's primary care physicians. OneCare Vermont's clinical model is being developed in coordination with the Clinical Advisory Board. It is structured around three key elements: case management/care coordination, clinical data sharing, and quality measure management. In collaboration with the Green Mountain Care Board, the ACO will expand healthcare coverage to an additional 100,000 residents through a new shared savings program and a Medicaid shared savings program.

With the alignment of providers in place, the question for OneCare Vermont is: Can the program redesign healthcare delivery under the "one-care" model? Key factors for success will be where services are offered, costs of care delivery, and improved quality outcomes.

“Everyone recognized that if we don't stick together, we'll have to compromise. Even if we do stick together, there will have to be some things that providers will have to 'give on.' The question is how to keep the coalition together.”

— Todd Moore, Senior Vice President of Accountable Care and Revenue Strategy, Fletcher Allen Partners, and Chief Executive Officer, OneCare Vermont

Considerations for Strategic Planners

1. Know the economic value of your organization's brand. Hospital and health system marketing and financial experts must work together to evaluate the true value of their brand and how it compares to the brands of current and potential competitors.
2. Stay abreast of new players in your market. The healthcare industry is quickly evolving, and organizations should stay informed of emerging competitors, as well as new care models being tested by innovative companies looking to increase the value of prevention and care services to patients.
3. Learn from other industries that have weathered periods of great change. The auto industry has taught the importance of being nimble, and having strong leadership, organizational culture, and scale. Healthcare leaders can evaluate how lessons learned best apply to their organizations.
4. Assess how IT investments are being used and can be used to further improve performance. To maximize large capital expenditures aimed at meeting meaningful use requirements, hospitals and health systems need to think beyond the federal mandates to ensure that new technologies and technology-enabled capabilities are integrated into clinical processes.
5. Be open to partnering with other area providers under new models of care. Organizations around the country are experimenting with new models of care. Hospitals and health systems need to pay attention to these efforts, and consider engaging in potentially beneficial opportunities with competitors. Meeting the demands of improving population health will likely require a great degree of collaboration among traditional providers, insurers, and newcomers in the market, such as retailers, IT firms, and other healthcare innovators.



Summing Up

The healthcare system is transitioning to a new model of care. To be prepared and ensure their long-term success, hospitals and health systems must be alert to what is happening both locally, as well as in other markets across the country. Innovators and numerous new entrants are expanding into the healthcare arena to provide new services aimed at improving care access and quality, and to test new models of care.

Hospitals and health systems must evaluate their role in the emerging era and take a comprehensive, strategic approach to assessing the value of their brand, and the forces at work in their individual markets. Organizations should evaluate new market entrants and consider when to partner with such entities. Integral with these efforts, healthcare leaders must be open to learning from the experiences of other industries and frontrunners in healthcare change.

Thought Leader Forum Participants



Moderator

Ryan Gish
Senior Vice President
Kaufman, Hall & Associates
Skokie, IL

Ryan Gish is a senior vice president in the Strategy practice of Kaufman Hall, a leading management consulting firm in the healthcare industry. Mr. Gish provides strategy-related counsel to executive leadership teams and boards across the country, ranging from independent hospitals to large health systems. His work is focused on helping organizations address the most pressing industry challenges through defining and implementing resilient strategies for the changing healthcare landscape. The result for clients is a platform for their ongoing strategic and financial success.

Mr. Gish was a contributing author for *Health Care Strategy for Uncertain Times*, published by AHA Press/Jossey Bass. He is a frequent presenter at national conferences of the American College of Healthcare Executives, The Governance Institute, Healthcare Financial Management Association, and SHSMD. Additionally, he has served as guest faculty at Harvard University, Washington University in St. Louis, and University of Southern California.

Mr. Gish received an M.B.A. with honors from the John M. Olin School of Business at Washington University in St. Louis and received a B.S., cum laude, also from Washington University.



Panelists

Diane Bradley, M.D.
Senior Vice President, Chief Quality and Outcomes Officer
Allscripts
Chicago, IL

Dr. Diane Bradley, Allscripts' senior vice president of quality and outcomes, has been recently appointed general manager of the company's Sunrise business unit. The unit focuses on U.S. and global integrated delivery systems that are a critical part of the firm's strategy. In her role as senior vice president of quality and outcomes, Dr. Bradley also leads a team of seasoned experts focused on helping clients achieve better outcomes through the optimization of their Allscripts solutions. She and her team work with clients and Allscripts staff to capture and share best practices for improving the full range of outcomes, including clinical quality, patient and clinician safety, efficiency, and cost-effectiveness, and organizational performance through optimal coding and documentation.

Dr. Bradley earned her Doctor of Medicine in Physical Medicine and Rehabilitation from the University of Texas Health Science Center at San Antonio, where she also served as resident physician and chief resident. She also holds a Bachelor of Chemistry Magna Cum Laude from the University of Texas at San Antonio.



Peter Brumleve
Chief Marketing Officer
University Hospitals
Cleveland, OH

Peter Brumleve is chief marketing officer of University Hospitals, a comprehensive health system with \$2.3 billion in annual revenues, 16,000 physicians and employees, and a national reputation for providing the highest-quality healthcare. In his leadership role, Mr. Brumleve is responsible for developing strategies to grow market share across the UH system while strengthening physician relationships. He brings to UH more than 30 years of senior-level leadership in health-care and interactive marketing and has extensive experience in brand management, strategic planning, and business development.

Prior to joining UH in July 2012, Mr. Brumleve was chief strategy and marketing officer at Scott & White Healthcare in Temple, Texas. He also has held chief marketing positions at Massachusetts General Hospital/Partners HealthCare, Cleveland Clinic, and other health systems and businesses.

A graduate of the University of Cincinnati, Mr. Brumleve received his MBA from the University of Washington in Seattle. He is a former instructor of the American College of Physician Executives and guest lecturer at the Sloan Business School at MIT and McCombs Business School at the University of Texas.



Ed Cohen, PharmD, FAPhA
Senior Director, Clinical Solutions
Walgreens
Deerfield, IL

Ed Cohen joined Walgreens in 2005 and has served the company in the development, implementation, and clinical support of its many pharmacy-based programs. In his current position, he is the clinical liaison for the Health System and Integrated Delivery Segments and serves as a member of Walgreens' CMO office.

Prior to joining Walgreens, he owned an independent pharmacy for many years. He then transitioned into corporate pharmacy practice as director of pharmacy for Dominick's Finer Foods (a division of Safeway), where he implemented many patient care programs and initiatives.

Mr. Cohen is a pharmacist, having received a B.S. in pharmacy from the University of Illinois at Chicago and his PharmD from Midwestern University – Chicago College of Pharmacy. He is a Fellow of the American Pharmacists Association and has been recognized nationally for his role in bringing pharmacy care to the forefront of community pharmacy.



Todd Moore
Senior Vice President of Accountable Care and Revenue Strategy
Fletcher Allen Partners
Burlington, VT

Todd Moore is senior vice president of accountable care and revenue strategy for Fletcher Allen Partners, a two-state \$1.5 billion multi-hospital system in Vermont and upstate New York. He also serves as chief executive officer of OneCare Vermont, a statewide ACO founded by Fletcher Allen Health Care and Dartmouth-Hitchcock, which includes every hospital in Vermont and their employed physicians, plus federally qualified health centers and private practices from across the state.

OneCare is poised to be a major feature in Vermont's profound vision for state-based health reform with a common statewide benefit plan by 2017, value-based provider revenue models, and a coordinated healthcare delivery system. Mr. Moore also is working with providers and payers in the Adirondacks region of New York to design an ACO for that region that builds upon a highly successful patient-centered medical home program.

Prior to his role with Fletcher Allen, Mr. Moore served for fourteen years as an executive consultant to healthcare providers and insurers as a principal at the Mercer Consulting Group, a co-founder and partner of his own firm, and as a consulting executive for Cerner Corporation, a health information technology company.

Mr. Moore holds a Master of Business Administration in Finance from the University of Chicago and Bachelor of Science in Industrial Engineering from the University of Illinois.



Kathy Oswald
Senior Vice President and Chief Human Resources Officer
Henry Ford Health System
Detroit, MI

Kathy Oswald began her career as a secretary at the Chrysler Corporation's Jefferson Assembly Plant in 1972. During her 28 years with Chrysler, she grew to become Chrysler's top female executive before retiring in 2000. At the time of her retirement, Ms. Oswald was Chrysler's chief administrative officer responsible for Human Resources, Labor Relations, Community Relations, Public Relations, and Communications.

Following a successful tenure as president, Great Lakes Region, for Right Management, Ms. Oswald joined Henry Ford Health System in July 2008 as senior vice president and chief human resources officer. The two greatest challenges in this recent career move are improving the quality of HR services at Henry Ford Health System during tough economic times and recruiting quality healthcare professionals, especially qualified nurses, when so many of them are joining smaller companies and organizations caring for the rapidly growing number of aging Americans.

Throughout her career, Ms. Oswald has received numerous awards and recognition for her professional achievements. These honors include inclusion in Human Resource World's "Top 50 HR Executives in the World" (2000); Automotive News' "100 Leading Women in North America's Auto Industry" (2000); Crain's Detroit Business' "Top 100 Women in Michigan" (1997); Crain's "100 Most Influential Women" (2007); and American Society of Employers' "Michigan Human Resources Executive of the Year" (2011).

Ms. Oswald holds both Bachelor and Master of Science degrees in Personnel Management from Central Michigan University. She also has completed Duke University's Advanced Management Program as well as the University of Michigan's Advanced Human Resources Executive Program.

