Welcome Providers and Sponsors
Glenn Van Ekeren
President, Vetter Health Services
Regional Multifacility Council Co-Chair
WE WOULD LIKE TO RECOGNIZE AND THANK OUR SPONSORS
Sector Remains Unified
Sector Remains Unified
Sector Remains Unified
Issues on the Hill

- Repeal and Replace
- Value-based purchasing
- Payment reform / therapy caps
Issues at CMS

- 2018 Payment Rule
Regulatory Issues at CMS

- Survey / Civil Monetary Penalties
- Requirements of Participation
- Observation Days
Litigation Updates

- Arbitration case
- Illinois Pendings case
DC Update
Clifton J. Porter II, AHCA Government Relations
Honorable Haley Barbour, BGR
Dan McFaul, Ballard Partners
Bob Russell, The Simmons & Russell Group
What is the future of Medicaid Reform in Repeal and Replace?
States Receive Per Capita Amounts for Each Person in Each Category Beginning in 2020

- Elderly
- Blind & Disabled
- Children
- Expansion Adults
- Other Populations
Enhanced Funding for our Beneficiaries

CPI-Medical +1%

- Elderly
- Blind & Disabled
- Children
- Expansion Adults
- Other Populations
Block Grants Exclude Us

- Elderly
- Blind & Disabled

Optional Block Grant

- Children
- Expansion Adults
- Other Populations
Discussion

- Will Repeal and Replace come back?
- Will it pass?
- Can we make additional changes?
- What did we learn in our lobbying efforts on Medicaid reform?
Other Challenges on the Hill

- Value-Based Purchasing
- Payment Reform / Therapy Caps
What’s Happening at CMS

- How will the Administration use the waiver process?
- Can we get regulatory relief?
- What should we be doing?
Discussion

- What are the early lessons from the Trump Administration?
- Who is running policy on the Hill?
- How does this impact our lobbying strategy?
- What will they accomplish this year?
IMPROVING LIVES by DELIVERING SOLUTIONS for QUALITY CARE

WWW.AHCANCAL.ORG
WELCOME PROVIDERS & SPONSORS
Thursday, April 27, 2017
Fred Benjamin
President, LTC Division, Lexington Health Network
Regional Multifacility Council Co-Chair
Creating an Advantageous ACO-SNF Partnership

AHCA/NCAL Spring CEO Conference

Shawn Matheson, LNHA
Shawn Matheson, MBA, LNHA, FACHCA

9 Years LTC – Salt Lake City, San Diego
6 Years Primary Care – Associate Director, UofU School of Medicine
2 Years Medical Group – COO of AMG Senior Medical Group
1.5 years Leavitt Partners – PAC, Primary Care, Bundles

LNHA – since 1998
FACHCA – since 2008
STRATEGY

Little Roundtop

- General Warren
  - Topographer

- Col. Chamberlain
  - Swinging Gate Maneuver
1. Market Trends of Value-Based Payments

2. Competencies for PAC Providers in Value-Based Care

3. Strategies for ACO/Value-based Partnerships
Market Trends & Diffusion of Value-based Care
Estimated ACO Penetration by Hospital Referral Region
2016

Source: Leavitt Partners Center for Accountable Care Intelligence
HOSPITALS IN ACOS OVER TIME

Source: Leavitt Partners Center for Accountable Care Intelligence
ACO GROWTH BY PAYER

Payment Arrangement Growth by Payer Type

ACO Lives Per Payer (in Millions)

Source: Leavitt Partners Center for Accountable Care Intelligence
We always overestimate the change that will occur in the next two years and underestimate the change that will occur in the next ten. Don't let yourself be lulled into inaction.

- Bill Gates
ACO-COVERED LIVES TO DATE

Source: Leavitt Partners Center for Accountable Care Intelligence

28.3 million, or 8.8% of US Lives
ACOS ARE NOW TARGETING PAC

PAC Provides Opportunity:

- Already Implemented: 31.82%
- Partially Implemented: 42.24%
- Plan to Implement: 22.73%
- No Current Plans: 1.52%

Source: Leavitt Partners Landscape Survey
Competencies for PAC Providers in Value-Based Care
Learning From Trailblazers

Louisiana Purchase
- Purchased from France in 1803
- $15 million
- Nearly doubles the size of the United States

Thomas Jefferson
Learning From Trailblazers

Lewis and Clark Expedition

- 7,000 miles
- 2.5 years
- Party of 33
  (+ Seaman the dog)
Learning From Trailblazers

- 47 Tribes Encountered
- Regional knowledge & help
- Guides including Sacagawea
- 87 maps
- 207 manuscripts
Compiling & Trailblazing

• Co-chaired by:
  – Mike Leavitt: former HHS Secretary
  – Mark McClellan: Medicare Learning Network (MLN)

• 72 cross-sector member organizations, inc. MHA
• Organized as Non-Profit
Multi-Domain Competencies

A Framework of Multi-Domain Competencies for Success in Value-Based Care has been Developed by ACLC

- ACLC: 150 Competencies in 7 Domains
  1. Governance & Culture
  2. Financial Readiness
  3. Health IT
  4. Patient Risk Assessment
  5. Care Coordination
  6. Quality
  7. Patient Centeredness

- Whitepapers Published in JAMA, NAM, Modern Healthcare, etc.
PAC Focus

MHA Leadership

- Refined 150+ general competencies into competencies specific to PAC

AHCA

- Membership Input & Feedback is needed
- PAC-focused Workgroup?
PAC Strategies for Value-based Partnerships
STRATEGY
Leavitt Landscape Surveys

Research & Papers
• ACO
• MACRA
• CJR
• CHW Programs
• PAC Optimization
• PAC Value Networks, etc.

www.leavittpartners.com
STRATEGIES FOR PAC PROVIDERS

1. **Medical Group**: embedding with hospitalists & community medical groups
2. **Partner with ACOs** for population health program
3. **Post-SNF Program**: telehealth outreach to 90th day post-hospital, Community Health Workers, RNs, Social Workers, etc.
4. **Partner with CJR Hospitals**: pre-op education, post-op clinical pathways
5. **Partner with BPCI Model 2 Awardees**, including orthopedics
6. **OCM Hospital** partnerships, also with acute hospital palliative teams
7. **Partner with Cardiac Programs**: new mandatory Episode Payment Model
8. **Behavioral Health** Partnership
9. **ED Divergence** Partnership
10. **Direct-SNF Admit** program with MA plans and county EMS for hospital avoidance
11. **Medicare Advantage** plans for Case Rates
12. **CPC+** clinics partnership
13. **Model 3 BPCI**
14. **Partner with BPCI Conveners**: Remedy, naviHealth, Signature Medical Group, etc.
15. **Work with local charities** for a targeted purpose
16. **Home Health** partnership to take in their exacerbating patient, vs hospital readmit
17. **Stop-Loss Indemnity** partnerships
### Medicare Programs & Legislation Affecting Hospital Revenue

<table>
<thead>
<tr>
<th>Medicare Program</th>
<th>% of Revenue Risk/Opportunity</th>
<th>Begin</th>
<th>Full Effect</th>
<th>Revenue Affected</th>
<th>Diffusion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value-Based Purchasing Programs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Acquired Conditions (HAC)</td>
<td>+0%/-6–8%</td>
<td>2008</td>
<td>2008</td>
<td>Hospital DRGs from IPPS. Just downside risk, no upside</td>
<td>nationwide</td>
</tr>
<tr>
<td>Hospital Readmissions Reduction Program (HRRP)</td>
<td>+0%/-6–8%</td>
<td>2012</td>
<td>2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital-Based Value Purchasing (HBVP)</td>
<td>+0%/-6–8%</td>
<td>2013</td>
<td>2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hybrid</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive Primary Care Plus (CPC+)</td>
<td>Partial FFS w/PBIP</td>
<td>2017</td>
<td>2019</td>
<td>Primary Care Medicare Professional Fees</td>
<td>5,000 practices 14 regions</td>
</tr>
<tr>
<td><strong>Bundles</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive Joint Replacement (CJR)</td>
<td>+/- 20%</td>
<td>2016</td>
<td>2019</td>
<td>Hospital Medicare LEJR Revenue</td>
<td>67 MSAs*</td>
</tr>
<tr>
<td>Episode Payment Models (EPMs), including Cardiac Oncology Care Management (OCM)</td>
<td>+/- 20%</td>
<td>2017</td>
<td>2021</td>
<td>Medicare AMI and CABG Revenue</td>
<td>98 MSAs*</td>
</tr>
<tr>
<td></td>
<td>+/- 4%</td>
<td>2018</td>
<td>2019</td>
<td>Medicare Chemotherapy Revenue</td>
<td>196 practices</td>
</tr>
<tr>
<td><strong>Legislation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare Access &amp; CHIP Reauthorization Act (MACRA)</td>
<td>+/- 4–9%</td>
<td>2017</td>
<td>2023</td>
<td>MD Professional Fees</td>
<td>nationwide</td>
</tr>
</tbody>
</table>

*Metro Statistical Areas (MSAs)*
PAC OPPORTUNITY & RISK FROM HOSPITAL EYES

Surgeon, Hospital

Inpatient Rehab Facility, Long-term Acute Care, Skilled Nursing Facility

Home Health
Hospitals are Increasingly Responsible for the Financial & Quality Outcomes for a Patient’s Entire Episode of Care
Many value-based payment models place hospitals at the center of financial responsibility for the patient’s total cost of care (TCOC) or episode of care.

Examples:
- 30-day hospital readmission reduction program (HRRP)
- CJR
- BPCI Model 2 if the hospital is the Episode Initiator
- Hospital-based ACOs
ACO STRATEGIES FOR PAC

1. PARTNER with PAC
   - Narrow Network
   - Hospitalists are also the SNF’ists

2. SKIP the SNF

3. ACQUIRE or BUILD a SNF

4. SKIP the SNF & Home Health
## WHAT DO ACOS WANT FROM AN IDEAL PAC PARTNER?

<table>
<thead>
<tr>
<th>Domains</th>
<th>Adaptable &amp; Capable PAC Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Financial</td>
<td>• Decrease Length of Stay</td>
</tr>
<tr>
<td></td>
<td>• Decrease Cost of Total Episode</td>
</tr>
<tr>
<td></td>
<td>• Shared risk; Aligned Incentives</td>
</tr>
<tr>
<td>2. Clinical</td>
<td>• Manage Complex Patients</td>
</tr>
<tr>
<td></td>
<td>• Advanced Care Planning</td>
</tr>
<tr>
<td></td>
<td>• Disease-Specific Programs</td>
</tr>
<tr>
<td></td>
<td>• Good Outcomes</td>
</tr>
<tr>
<td>3. Quality</td>
<td>• 4-5 STAR Rating</td>
</tr>
<tr>
<td></td>
<td>• Shared Quality Metrics</td>
</tr>
<tr>
<td></td>
<td>• Patient Experience</td>
</tr>
<tr>
<td>4. Market</td>
<td>• Narrow Network</td>
</tr>
<tr>
<td>5. Data</td>
<td>• Aggregation</td>
</tr>
<tr>
<td></td>
<td>• Analytics</td>
</tr>
<tr>
<td>6. Coordination</td>
<td>• Embedded Resources</td>
</tr>
<tr>
<td></td>
<td>• Transition Coordinators</td>
</tr>
<tr>
<td></td>
<td>• Community Programs</td>
</tr>
</tbody>
</table>
SIX CHARACTERISTICS OF HIGH-VALUE PAC NETWORKS

- A Partnership Approach
- Right Site of Care
- Analytics to Measure PAC Performance
- Engaging Patients & Family/Caregivers
- Effective Communication & Technology Tools
- High-Performing PAC Network

Leavitt Partners Framework
Strategies to Optimize SNFs in Value-Based Networks

Roles of SNFs in a Value Network
1. Create Equitable Partnerships

**What SNFs Can Give**
- Decrease revenues by running a lower length of stay
- Decrease revenues by coding lower when needed
- Increase expenses from more admits & discharges

**What SNFs Can Receive**
- Have a seat at the (narrowing) value network table
- Reasonably stabilize Medicare Average Daily Census (MADC) from increased referral volume
2. Analyze all SNF Quality Data (not just 5-star ratings)

Scored on a Curve

May artificially skew perceptions of quality differences.

Bottom 20%
Middle 70%
Top 10%
## OPTIMIZING SNFs IN VALUE-BASED NETWORKS

### Average Deficiencies per Nursing Home Survey\(^{11}\)

<table>
<thead>
<tr>
<th>State</th>
<th>Deficiencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermont</td>
<td>2.9</td>
</tr>
<tr>
<td>California</td>
<td>11.2</td>
</tr>
</tbody>
</table>

### Percent of SNFs with Deficiency-Free Surveys\(^{12}\)

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nevada</td>
<td>0%</td>
</tr>
<tr>
<td>Virginia</td>
<td>33.5%</td>
</tr>
</tbody>
</table>

### Civil Money Penalties Collected from Nursing Homes\(^{13}\)

<table>
<thead>
<tr>
<th>State Group</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK, CT, ID, MT, PA, SD, WV, WY</td>
<td>$0.00</td>
</tr>
<tr>
<td>IL</td>
<td>$1,732,585</td>
</tr>
<tr>
<td>WI</td>
<td>$1,857,638</td>
</tr>
<tr>
<td>SC</td>
<td>$3,097,736</td>
</tr>
</tbody>
</table>

---

\(^{11}\) [https://oig.hhs.gov/oei/reports/oei-02-01-00600.pdf](https://oig.hhs.gov/oei/reports/oei-02-01-00600.pdf)  
\(^{12}\) [https://oig.hhs.gov/oei/reports/oei-02-01-00600.pdf](https://oig.hhs.gov/oei/reports/oei-02-01-00600.pdf)  
\(^{13}\) [http://gerontologist.oxfordjournals.org/content/46/6/759/T1.expansion.html](http://gerontologist.oxfordjournals.org/content/46/6/759/T1.expansion.html)
3. Allow Appropriate Readmissions

Two Recent Studies

• The Highest Rates of Readmissions are More Likely to Show Higher Mortality Scores

• CMS’ financial penalties for readmissions are 10 times greater than financial penalties for patient deaths


Hospital Readmissions are Not the Enemy | hospital, treatment, physician, leadership, care continuum | HealthLeaders Media [Internet]. [cited 2017 Apr 25]. Available from: http://www.healthleadersmedia.com/quality/hospital-readmissions-are-not-enemy#
OPTIMIZING SNFs IN VALUE-BASED NETWORKS

4. Embed Hospitalists/Physician Resources into SNFs Partner Facilities


ROLES OF SNFs IN A VALUE NETWORK

1. Increase a Patient’s Quality

Features of Advanced SNFs that Improve Patient Quality

- Therapy
- Medication Management
- Nutrition
- Specialized Clinical Services
- Social support
ROLES OF SNFs IN A VALUE NETWORK

2. Improve a Patient’s Experience

Coordinate with:

- Surgeons
- Hospitals
- Bundle Awardee Conveners
- Home Health
- Hospice
- Quarterback all PAC coordination

Diagram:

- Advanced SNF
  - Hospital
  - Surgeon
  - Physician
  - MA Case Managers
  - Hospice
  - Home Health
3. Reduce **Episode Costs**

a. Decrease LOS

b. Optimize RUG Coding

c. Transition Patients to Part B

d. Serve as Readmission Site from HHH
### Average Medicare Fee For Service (FFS) Payment Per Day and Episode

<table>
<thead>
<tr>
<th></th>
<th>Acute Care Hospitals</th>
<th>LTAC</th>
<th>IRF</th>
<th>SNF</th>
<th>HHA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Per Day</strong></td>
<td>$2,457 - 3,406</td>
<td>$1,512 per day</td>
<td>$1,415 per day</td>
<td>$450 per day</td>
<td>$2,674 x 1.9 episodes = $5,081 per patient</td>
</tr>
<tr>
<td><strong>Per Episode</strong></td>
<td>$11,327 - 15,243</td>
<td>$40,070</td>
<td>$18,258</td>
<td>$10,571 – 12,420</td>
<td></td>
</tr>
</tbody>
</table>

**3. Reduce Episode Costs**
Further SNF Strategies...
RATIONALE BEHIND FRAUD & ABUSE WAIVERS

“Section 1115A(d)(1) of the Social Security Act (the Act) authorizes the Secretary of Health and Human Services to waive certain fraud and abuse laws as necessary solely for purposes of testing payment and service delivery models developed by the Center for Medicare and Medicaid Innovation (the Innovation Center).”

“Several waivers contain language specifying that an arrangement be ‘reasonably related to the purposes of the Shared Savings Program’... we continue to define the purposes of the Shared Savings Program in accordance with the statutory purposes, namely, promoting accountability for the quality, cost, and overall care for a Medicare population as described in the Shared Savings Program; managing and coordinating care for Medicare fee-for-service beneficiaries through an ACO; and encouraging investment in infrastructure and redesigned care processes for high quality and efficient service delivery for patients, including Medicare beneficiaries.”

- 42 CFR Chapter V

## COMPARISON OF ANTI-KICKBACK AND STARK LAWS

<table>
<thead>
<tr>
<th></th>
<th>Anti-Kickback Statute</th>
<th>The Stark Law</th>
</tr>
</thead>
</table>
| **Prohibition**| Offering, paying, soliciting or receiving anything of value to induce or reward referrals or generate Federal health care program business | 1) Referring Medicare patients for designated health services to an entity with which the physician has a financial relationship  
2) Medicare claims from the entity for services resulting from a prohibited referral |
| **Referrals**   | Referrals from anyone                                                                  | Referrals from a physician                                                   |
| **Intent**      | Intent must be proven (knowing and willful)                                           | No intent standard for overpayment (strict liability)  
Intent required for civil monetary penalties for knowing violations |
| **Penalties**   | **Criminal**  
- Fines up to $25K per violation  
- Up to 5 year prison term per violation  
**Civil/Administrative**  
- False Claims Act liability  
- Program exclusion  
- Potential civil monetary penalty $50,000 per violation  
- Civil assessment up to three times amount of kickback | **Civil**  
- Overpayment/refund obligation  
- False Claims Act liability  
- Potential civil monetary penalty up to $15K per service  
- Civil assessment up to three times the amount claimed  
- Program exclusion |
| **Federal Health Care Programs** | All                                                                                  | Medicare/Medicaid                                                             |
**FRAUD & ABUSE WAIVER TYPES**

**ACOs**

1. **Pre-Participation** – related to the start-up activities and relationships formed at the inception of the ACO
2. **Participation** – applies broadly to ACO-related arrangements during participation in the Shared Savings Program and for a limited time thereafter
3. **Shared Savings Distribution** – uses of shared savings payments
4. **Physician Self-Referral Compliance** – services that implicate self-referral law and satisfy requirements of existing exception
5. **Patient Engagement Incentives** – related to incentives provided to patients to encourage preventive care and adherence to treatment regimes

**Bundled Payments**

1. **Payment Alignment** – related to the ability to make payments between participants based on criteria for selection into the agreement (i.e. quality ratings, cost efficiency, etc.)
2. **Gainsharing Arrangements** – related to the distribution of any payments to providers resulting from cost savings to the hospital
3. **Patient Engagement Incentives** - related to incentives provided to patients to encourage preventive care and adherence to treatment regimes
## 48 BPCI Episodes

<table>
<thead>
<tr>
<th>Category</th>
<th>Episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute myocardial infarction</td>
<td>48</td>
</tr>
<tr>
<td>Amputation</td>
<td>48</td>
</tr>
<tr>
<td>Atherosclerosis</td>
<td>48</td>
</tr>
<tr>
<td>Automatic implantable cardiac defibrillator generator or lead</td>
<td>48</td>
</tr>
<tr>
<td>Back and neck except spinal fusion</td>
<td>48</td>
</tr>
<tr>
<td>Cardiac arrhythmia</td>
<td>48</td>
</tr>
<tr>
<td>Cardiac defibrillator</td>
<td>48</td>
</tr>
<tr>
<td>Cardiac valve</td>
<td>48</td>
</tr>
<tr>
<td>Cellulitis</td>
<td>48</td>
</tr>
<tr>
<td>Cervical spinal fusion</td>
<td>48</td>
</tr>
<tr>
<td>Chest pain</td>
<td>48</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease, bronchitis/asthma</td>
<td>48</td>
</tr>
<tr>
<td>Combined anterior posterior spinal fusion</td>
<td>48</td>
</tr>
<tr>
<td>Complex non-Cervical spinal fusion</td>
<td>48</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>48</td>
</tr>
<tr>
<td>Coronary artery bypass graft surgery</td>
<td>48</td>
</tr>
<tr>
<td>Diabetes</td>
<td>48</td>
</tr>
<tr>
<td>Esophagitis, gastroenteritis and other digestive disorders</td>
<td>48</td>
</tr>
<tr>
<td>Double joint replacement of the lower extremity</td>
<td>48</td>
</tr>
<tr>
<td>Fractures femur and hip/pelvis</td>
<td>48</td>
</tr>
<tr>
<td>Gastrointestinal hemorrhage</td>
<td>48</td>
</tr>
<tr>
<td>Gastrointestinal obstruction</td>
<td>48</td>
</tr>
<tr>
<td>Hip and femur procedures except major joint</td>
<td>48</td>
</tr>
<tr>
<td>Lower extremity and humerus procedure except hip, foot, femur</td>
<td>48</td>
</tr>
<tr>
<td>Major bowel</td>
<td>48</td>
</tr>
<tr>
<td>Major cardiovascular procedure</td>
<td>48</td>
</tr>
<tr>
<td>Major joint replacement of the lower extremity</td>
<td>48</td>
</tr>
<tr>
<td>Major joint replacement of upper extremity</td>
<td>48</td>
</tr>
<tr>
<td>Medical non-infectious orthopedic</td>
<td>48</td>
</tr>
<tr>
<td>Medical peripheral vascular disorders</td>
<td>48</td>
</tr>
<tr>
<td>Nutritional and metabolic disorders</td>
<td>48</td>
</tr>
<tr>
<td>Other knee procedures</td>
<td>48</td>
</tr>
<tr>
<td>Other respiratory</td>
<td>48</td>
</tr>
<tr>
<td>Other vascular surgery</td>
<td>48</td>
</tr>
<tr>
<td>Pacemaker</td>
<td>48</td>
</tr>
<tr>
<td>Pacemaker Device replacement or revision</td>
<td>48</td>
</tr>
<tr>
<td>Percutaneous coronary intervention</td>
<td>48</td>
</tr>
<tr>
<td>Red blood cell disorders</td>
<td>48</td>
</tr>
<tr>
<td>Removal of orthopedic devices</td>
<td>48</td>
</tr>
<tr>
<td>Renal failure</td>
<td>48</td>
</tr>
<tr>
<td>Revision of the hip or knee</td>
<td>48</td>
</tr>
<tr>
<td>Sepsis</td>
<td>48</td>
</tr>
<tr>
<td>Simple pneumonia and respiratory infections</td>
<td>48</td>
</tr>
<tr>
<td>Spinal fusion (non-Cervical)</td>
<td>48</td>
</tr>
<tr>
<td>Stroke</td>
<td>48</td>
</tr>
<tr>
<td>Syncope and collapse</td>
<td>48</td>
</tr>
<tr>
<td>Transient ischemia</td>
<td>48</td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>48</td>
</tr>
</tbody>
</table>

### SNFs can target any BCI Model 2 Awardees with a specific rehab program

Ortho

Cardiac
SNFs can target BPCI Model 2 Ortho Practices & CJR Hospitals
SNFs can target Bundle Conveners

Top Model 2 Conveners
- Remedy Partners
- naviHealth
- Signature Medical Group
- Premier
- Liberty Health Partners
HOW TO UTILIZE TECHNOLOGY TO SOLVE YOUR WORKFORCE HEADACHE

MULTIFACILITY CEO PANEL DISCUSSION

Moderated by John Reinhart
President & COO Academic Platforms
MBA, CPA, CNA
Panel Members

Steve Ackerson
President and CEO
Iowa Health Care Association

Steve is the President/CEO of the Iowa Health Care Association and advocates to identify solutions for provider members. The Association serves 863 nursing facilities, assisted living, home health agencies, senior living communities and associate business members.

Jeanne Boschert
RN, BS, MCC
Author “How to be Nurse Assistant”

In 2010, AHCA selected Jeanne as the author of How To Be a Nurse Assistant. Previously as the Director of Clinical Education for LTC healthcare organizations, Jeanne was responsible for the development of clinical education and professional development programs for facilities throughout seven states.

Todd Mehaffey
COO
Consulate Health Care

Todd has more than 20 years of experience in the long term/post-acute sector. Prior to his appointment as the COO, he joined Consulate Health Care in 2016 as the President of the Florida Division where he oversaw the day to day operations of 61 care centers throughout the state.

Gary Marsh
President and CEO
Masonic Homes of Kentucky

Gary is an innovative leader of a Not for Profit Provider with 3 campuses. Since joining Masonic Homes in 2003, he has led the organization through its most significant period of growth since its founding in 1867.
Americans aged 65 will nearly double to **88 million** between now and 2050. It is estimated that **70 percent** will require some form of long term care. Because of this surge, the Bureau of Labor Statistics estimates that the country will need an additional **1.1 MILLION** paid caregivers to care for this population.
REACHING TODAY’S WORKFORCE

WORKFORCE DEVELOPMENT

WORKFORCE RETENTION

CAPTURING DATA FOR COMPLIANCE
WE WOULD LIKE TO RECOGNIZE AND THANK OUR SPONSORS