The **Next Era of Health Care Reform**

Adapting Provider Strategy to the Reality of Medicare Risk and the Rise of the Health Care Consumer
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Beyond the ACA

While hospitals and health systems have responded to a barrage of health care reforms for the past six years, the 2016 election will bring a change of leadership to Washington and statehouses across the country. As the Obama administration comes to a close, the health care industry is entering the next era of health care reform, which will center on hospital and health system leaders transforming the delivery system to meet two profound and lasting market evolutions: population health and consumerism. While on the surface, these might seem like two different destinations, at their core, both population health and consumerism demand a more reliable, accessible, and affordable health system. This is our charge.

Charting a Course Toward Medicare Risk

Central to this transformation, hospital and health system leaders are confronting major Medicare contracting decisions as they evaluate CMS’s growing menu of alternative payment models. Leaders are increasingly questioning the financial returns of ACO models and eyeing the Medicare Advantage program. And the stakes are only increasing as CMS implements MACRA. How do hospitals and health systems craft a clear and compelling risk-based contracting strategy for Medicare?

The New Frontier of Physician Partnership

Hospital and health system leaders cannot respond to the demands of either population health or consumerism without forging effective physician partnerships. And as practice economics deteriorate and MACRA looms, more physicians are proactively seeking formal relationships with health systems. But leaders cannot rely on the traditional playbook for physician alignment. Increasingly, organizations need to revamp contractual, compensation, and care delivery models to improve network performance. Ultimately, how should hospitals and health systems design the high-performance physician network?

Building the Consumer-Centered Health System

Patients are rapidly becoming active consumers as they navigate a new world of insurance exchanges and high deductibles. Further, nontraditional competitors are offering consumers unprecedented service, access, and affordability. Unfortunately, incumbent health systems are poorly positioned to deliver the value consumers seek. Hospital and health system leaders need to restructure operations to better engage and support consumers—and then develop and communicate a consumer-oriented value proposition. How will health systems successfully attract and retain consumers in an increasingly crowded and competitive marketplace?

The Next Era of Health Care Reform

The 2016–2017 Health Care Advisory Board national meeting series will help provider executives identify and prioritize the no-regrets investments that meet the shared demands of population health and consumerism. We look forward to seeing you at these sessions.

Featured Presenters

Bradford Koles, Jr.
Executive Director

Michael Hubble
Managing Director

Christopher Kerns
Executive Director
2016–2017 National Meeting Series Agenda

DAY 1

12:30 p.m. Guest Arrival and Registration
Light Lunch Provided

1:00 p.m. State of the Union—Health Care Reform Beyond the ACA
The Next Generation of Medicare Risk, High Deductibles, and Physician Integration

• Election 2016: How will federal and state elections impact the future of coverage expansion, payment transformation, and delivery system reform?
• Pulse check on the ACA: How effectively has the law accomplished its goals of reforming both insurance markets and delivery systems?
• Decoding MACRA: Will the overhaul of the physician payment system accelerate the transition to risk, provider consolidation, or both?
• The new consumer imperative: How are changes in health insurance markets and benefit design, combined with unprecedented transparency, transforming health care into a real marketplace?

3:00 p.m. Medicare Risk Strategy
Navigating ACO Programs, Medicare Advantage, and the Future of Risk-Based Payment

• The business case for risk: Examining the economics of risk-based payment amid declining fee-for-service reimbursement
• Analyzing the contracting options: Assessing the performance needed to win in the Medicare Shared Savings Program, Next Generation ACO Model, and Medicare Advantage program
• Competing in the MA market: Exploring the keys to success as a provider-sponsored Medicare Advantage plan
• Plotting a sustainable transition path: Setting the pace for long-term change that delivers near-term returns

5:30 p.m. Adjournment

DAY 2

7:30 a.m. Continental Breakfast

8:00 a.m. Beyond Clinical Integration
Building the High-Performance Physician Network to Exceed the Emerging Standards of Value-Based Care

• Responding to MACRA: Engaging with providers to succeed under the new physician payment system
• Structuring sustainable relationships: Exploring the future viability of employment, clinical integration, and the broad menu of hospital-physician integration models
• Realigning provider incentives: Revamping physician compensation models to support new business imperatives
• Redesigning care delivery models: Deploying the right set of clinical delivery models to win under both population health and consumerism

10:00 a.m. The Consumer-Focused Health System
Restructuring Health System Operations to Build a Best-in-Class Consumer Brand

• Unpacking the drivers of consumerism: Analyzing how cost exposure, transparency, and disruptive innovators are increasing the intensity of competition
• Investing in smart analytics and platforms: Understanding consumers and driving loyalty—while also avoiding distractions
• Designing a consumer-facing brand: Positioning the health system to attract and retain empowered consumers
• Pricing for an active marketplace: Exploring what prices to cut, what to defend, and how to justify a premium

12:30 p.m. Adjournment

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Health Care Advisory Board

2016–2017 National Meeting Series

» Who Should Attend
  • C-suite executives: CEOs, COOs, CFOs, CSOs, CTOs, CMOs, and CNOs
  • Strategists and planning leaders: VPs and directors of strategy, planning, and business development
  • Frontline leaders: Director-and-above leaders in administrative and clinical functions

» What You’ll Take Away
  • Guidance on the no-regrets investments that support success under both population health and consumerism
  • Framework for evaluating CMS’s alternative payment models and the Medicare Advantage program
  • Strategies for developing a consumer value proposition and building a consumer-focused delivery system
  • Tactics for building a reliable, convenient, and sustainable physician network

» Meeting Dates and Locations

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<td>October 17–18, 2016</td>
<td>The Advisory Board Company</td>
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<td>November 17–18, 2016</td>
<td>Fairmont Copley Plaza, Boston</td>
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<td>December 1–2, 2016</td>
<td>The Ritz-Carlton, Laguna Niguel</td>
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