The Business Case for Patient Experience

Thinking Beyond Value-Based Purchasing Dollars
Managing your audio

Use Telephone

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If you select the mic & speakers options please be sure that your speakers/headphones are connected.
Managing your screen

Questions panel

To ask the presenter, please type your question into the question panel and press send.

Minimizing and maximizing your screen

Use the orange and white arrow to minimize and maximize the GoToWebinar panel.

Use the blue and white square to maximize the presentation area.
Consumer Experience and the Growth Imperative

1. Eight Elements of the Business Case for Consumer Experience
2. Quantifying the Case for Investment
3. New Strategies for Evaluating and Improving Patient Experience
Before We Focus on the “Business Case”

Benefits of Improving Consumer Experience Multi-dimensional

**Quality**

Patient feedback a crucial component to understanding qualitative elements of care, such as pain management

**Safety**

Patient observations of elements such as cleanliness correlated with actual quality performance

**Staff Engagement**

Positive patient satisfaction surveys reinforce mission-orientation of staff

**Patient Engagement**

Inter-personal dimensions of patient experience measurement reinforce “whole person” nature of healing and caring
Options Narrowing for Profitable Growth

Attracting and Retaining Individual Patients Becoming Mission Critical

Sources of Profitable Growth

Pricing

- Commercial
  - Rate increases expected to drop by half – 6-7% to 3.5%

- Medicare
  - $155B expected in Medicare cuts due to ACA

- Medicaid
  - Significant uncertainty around Medicaid funding

Volume

- Demographics
  - Less profitable services “crowding out” profitable ones

- Utilization
  - Payment reforms expected to reduce (largely IP) utilization

Share Shift

Share shifting strategies still offer potential for hospitals
Limited Options to Shift Share

Improving Loyalty is Lower Cost, Higher Impact than Many Alternatives

<table>
<thead>
<tr>
<th>“Share Shifting” Strategy</th>
<th>ABC Opportunity Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capital Improvements</strong></td>
<td></td>
</tr>
<tr>
<td>- Growing unease in investing in fixed (acute care) assets</td>
<td></td>
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<tr>
<td>- Non-accretive investments reducing available spend</td>
<td></td>
</tr>
<tr>
<td><strong>Marketing and Advertising</strong></td>
<td></td>
</tr>
<tr>
<td>- Low institutional confidence in marketing ROI</td>
<td></td>
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<tr>
<td>- Fewer targets due to ongoing M&amp;A</td>
<td></td>
</tr>
<tr>
<td><strong>Acquisition and Partnership</strong></td>
<td></td>
</tr>
<tr>
<td>- Growing regulatory scrutiny on M&amp;A deals</td>
<td></td>
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<tr>
<td>- Formal affiliation not sufficient to influence behavior</td>
<td></td>
</tr>
<tr>
<td><strong>Network Integration</strong></td>
<td></td>
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<tr>
<td>- Streamline referrals to increase efficiency and drive volumes</td>
<td></td>
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<tr>
<td>- Support decision making to enhance quality, utilization</td>
<td></td>
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<tr>
<td><strong>Consumerism</strong></td>
<td></td>
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<tr>
<td>- Focus on convenience and access</td>
<td></td>
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<tr>
<td>- Strengthen relationships through patient experience and loyalty</td>
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</tbody>
</table>
“Doctor Knows Best”—A Thing of the Past?

Patients Demanding Greater Say

Consumer Viewpoint on Role in Care Decision Making

n=2,071

- 26% Patient is completely in charge of treatment decisions
- 38% Patient makes final decision with some input from doctor
- 29% Doctor and patient make a joint treatment decision
- 6% Doctor makes the decisions with some input from patient
- 0% Doctor is completely in charge of treatment decisions

Source: Altarum Institute, “Altarum Institute Survey of Consumer Health Care Opinions,” Fall 2012; NRC Market Insights Survey, 2010; and Advisory Board interviews and analysis.
## Toward a Consumer-Centric Health Care Economy

**Forces Within the Industry and Outside It Leading Change**

### Contributing Forces

<table>
<thead>
<tr>
<th>✔️</th>
<th>Shift to defined contribution and Health Insurance Exchanges</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
<td>Greater patient cost-sharing</td>
</tr>
<tr>
<td>✔️</td>
<td>Greater price and cost transparency</td>
</tr>
<tr>
<td>✔️</td>
<td>Emerging narrow networks of providers</td>
</tr>
<tr>
<td>✔️</td>
<td>Digital economy coming to health care</td>
</tr>
<tr>
<td>✔️</td>
<td>Shifting consumer attitudes, especially “Boomers”</td>
</tr>
</tbody>
</table>
Road Map

Consumer Experience and the Growth Imperative

Eight Elements of the Business Case for Consumer Experience

Quantifying the Case for Investment

New Strategies for Evaluating and Improving Patient Experience
Toward a Consumer-Centric Enterprise

The Business Case for Investing in Consumer Experience

Maximize Revenue

1. Maximize at-risk reimbursement
2. Capitalize on increasingly assertive patients
3. Maximize collections from patients with high-deductible plans

Earn Proprietary Access to Consumers

4. Gain market share in a narrow(ing) network world
5. Maximize population-under-management through growth of primary care practices

Attract and Retain “Free Agent” Consumers

6. Compete in a price-transparent world
7. Sustain loyalty and affinity between encounters

Drive Clinical Outcomes

8. Improve patient outcomes through better compliance and self-management
Explicitly Tying Consumer Experience and Finances

Internal and External Constituencies Demanding Greater Performance

1. Maximize At-risk Reimbursement

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Patient Experience a Key Component of Payment Reform

*Percentage of Risk Payment Determined by Patient Experience Scores*

<table>
<thead>
<tr>
<th>Program</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>20%</td>
</tr>
<tr>
<td>BCBSMA</td>
<td>25%</td>
</tr>
<tr>
<td>Medicare VBP</td>
<td>30%</td>
</tr>
</tbody>
</table>

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Executive Incentives Increasingly Tied to HCAHPS Performance

Organizations Incenting Executives on Metric

* n=262

- **Operating Margin**: 67%
- **Patient Satisfaction**: 60%
- **Clinical Quality**: 54%
- **Financial Efficiency**: 44%
- **Opex Reductions**: 29%
- **Physician Recruitment**: 18%
- **Admissions**: 16%
- **New Service Lines**: 15%
- **Capacity Utilization**: 12%
- **Facility Expansion**: 10%
- **Acquisitions**: 5%

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2. Capitalize on Increasingly Assertive Patients

Personal Experiences Driving Patient Choice

Prior Experience at Hospital Drives Likelihood to Return

Select Factors Influencing Patient Likelihood to Return to Hospital for Care

- High scores on pat sat report cards: 69%
- Previous experience with hospital: 83%
- Doctor recommendation: 88%

n=264,892 consumers

Source: Altarum Institute, “Altarum Institute Survey of Consumer Health Care Opinions,” Fall 2012; NRC Market Insights Survey, 2010; and Advisory Board interviews and analysis.
Satisfied Patients (Potentially) More Likely to Pay

High-Deductible Plans Proliferating On Exchanges and Off

Estimates of ACA\(^1\) “Silver” Plan Design

\textit{Deductible for Individual Policy}^2

\begin{tabular}{lcc}
Actuarial Research Corporation & $4,200 & \\
Aon Hewitt & $2,050 & \\
Towers Watson & $1,850 & \\
\end{tabular}

Growing Out-of-Pocket Expenses

\textit{Employees Choosing Consumer-Directed Health Plans}

\begin{tabular}{lc}
2012 & 12\% & \\
2013 & 39\% & \\
\end{tabular}

---

1) Affordable Care Act.
2) Assumes 20% coinsurance after deductible, coverage of benefits equivalent to typical employer plan and preventive services under ACA, and estimated premium growth of 7%, 2009-2014.
Forcing Patients to Accept Choice-Cost Trade-offs

Non-preferred Providers Lose Access to Patients Due to Narrow Networks

2013 Health Insurance Offerings at Sears, Darden Restaurants

1. Employer offers employees fixed credit to select health care coverage

2. Employee selects coverage from menu of plans in online marketplace

3. If selected plan cost exceeds credit, employee pays balance

Handing Over the Reins

“It puts the choice in the employee’s hands to buy up or buy down.”

SVP, Darden Restaurants

Case in Brief: Sears, Darden Restaurants

• Self-insured large employers redesigning employee benefits to reduce employee health spend
• Offering employees lump sum credit to choose coverage from online marketplace

Primary Care Market Share: New Metric of Success

Success Requires Winning at the Most “Retail” Site of Care

Representative Example: Relationship Between Primary Care Market Share and Success Under ACO Payment

**Growth Lever: Utilization**

**Growth Lever: Managed Lives**

Panel growth likely achieved through primary care network development

<table>
<thead>
<tr>
<th>Metric Before Growth</th>
<th>Metric After Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per-Beneficiary Utilization</td>
<td>Per-Beneficiary Utilization</td>
</tr>
<tr>
<td>Total FFS Revenue</td>
<td>Total FFS Revenue</td>
</tr>
<tr>
<td>Shared Savings Bonus</td>
<td>Shared Savings Bonus</td>
</tr>
</tbody>
</table>
6. Compete in a Price-Transparent World

Price Not Only Basis of Competition

Quality and Experience Still Major Determinants of Market Share Gains

Case in Brief: CalPERS Value-Based Purchasing Design Initiative

- Provides retirement and health benefits to millions
- Implemented “reference-based pricing” in 2011, requiring beneficiaries to pay entire difference for cost of hip and knee procedures above $30,000
- Reduced costs by over 19%
- Non-participating hospitals lost 16% “market share” between 2010 and 2012

Hospital Participation

<table>
<thead>
<tr>
<th></th>
<th>Non-Participating</th>
<th>Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>72</td>
<td>41</td>
</tr>
</tbody>
</table>

Reference-Based Pricing Patient Cost Differential

<table>
<thead>
<tr>
<th></th>
<th>At Non-Participating Hospital</th>
<th>At Participating Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Cost Differential</td>
<td>$13,308</td>
<td>$0</td>
</tr>
</tbody>
</table>
Diversifying Consumer Touch Points

Innovation Multiplying Number of Opportunities to “Wow”—or Disappoint

Potential Interaction Points

“Traditional”
- Hospital
- Physician office
- Outpatient departments

Administrative and Financial
- Online bill pay
- Appointment scheduling, call centers
- Online physician search
- Online insurance search

Clinical
- Phone-based triage systems
- Online consultations
- Online health information search
- Electronic health information management
- Care management programs

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Measuring Clinical Process, Not Just “Hospitality”

Leveraging All Available Data to Assess Quality of Care Systems

HCAHPS Clinical Measures and Relevance to Outcomes

HCAHPS Composite Measures

• Communication with Nurses
• Communication with Doctors
• Responsiveness of Hospital Staff
• Pain Management
• Communication About Medicines
• Discharge Information
• Care Transitions

Value-Based Care Outcomes

- Avoidable ED visits
- Avoidable Admissions
- Medication complications

1) http://www.hcahpsonline.org/Files/HCAHPS%20QAG%20V8.0%2190315%202013.pdf
## Staging the Move to a Consumer-Centric Enterprise

### Evaluating the Effect of Consumer Experience on Future Performance

<table>
<thead>
<tr>
<th>Here and Now</th>
<th>Emerging</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Imperative</strong></td>
<td></td>
</tr>
<tr>
<td>1. Maximize at-risk reimbursement</td>
<td></td>
</tr>
<tr>
<td>2. Capitalize on increasingly assertive patients</td>
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<tr>
<td>3. Maximize collections from patients with high-deductible plans</td>
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<tr>
<td>4. Gain market share in a narrowing network world</td>
<td>7. Sustain loyalty and affinity between encounters</td>
</tr>
<tr>
<td>8. Improve patient outcomes through better compliance and self-management</td>
<td></td>
</tr>
</tbody>
</table>

| **Assessment** | | |
| Only growing in prevalence, importance for payment reform | Major opportunity with even a small improvement in experience |
| “No regrets” move in FFS, essential in population management | Lagging indicator for patient engagement, but important measure of performance |
| An early, but certain issue as health care interactions move increasingly online | Dependent on growth of “defined contribution,” but game-changer if it really takes off |
| Technical issues still need to be overcome for true “market” to develop | Reasonable link to assume, but still only a hypothesis at this point |

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Net Promoter Score: A New Measure of Success

Instructive Correlation Between Leadership on Loyalty and Growth

NPS Leaders Grow Twice as Fast

Organic Growth Rate Segmented by Bain & Company’s Net Promoter Score

Ascension Utilizes NPS

NPS Performance vs. Goal Published in 2012 Annual Report

Case in Brief: Ascension Health

- One of the largest U.S. Catholic and not-for-profit health systems
- Assesses performance on Net Promoter Score – a metric that quantifies a patient’s willingness to recommend facilities to friends and family – in the acute setting (2012 Annual Report)

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Source: Bain & Company (www.netpromotersystem.com); Ascension Health Alliance Annual Report, 2012; and Advisory Board interviews and analysis.
A Stand-In for NPS that Hospitals Already Measure

HCAHPS Surveys Track “Likelihood to Recommend”

Research Shows Being Proactive and Responsive to Patient Requests is Key to Securing Loyalty

<table>
<thead>
<tr>
<th>Rank</th>
<th>Driver of Likelihood to Recommend</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>How well staff worked together to care for you</td>
</tr>
<tr>
<td>2</td>
<td>Response to concerns/complaints made during your stay</td>
</tr>
<tr>
<td>3</td>
<td>Amount of attention paid to your special or personal needs</td>
</tr>
<tr>
<td>4</td>
<td>How well the nurses kept you informed</td>
</tr>
<tr>
<td>5</td>
<td>Nurses’ attitude toward requests¹ Degree to which hospital staff addressed your emotional needs¹</td>
</tr>
</tbody>
</table>


¹ Drivers tied for number five ranking
What is the Value of “Likelihood to Recommend?”

Creating More “Advocates” a Potentially Lucrative Source of Growth

Select Factors Influencing Patient Likelihood to Return to Hospital for Care

- Doctor recommendation: 88%
- Previous experience with hospital: 83%
- High scores on patient sat report cards: 69%

Consistent Focus on Patient Loyalty Delivers Meaningful Impact and Value

- $2-3M
  Additional reimbursement from converting 5% of detractors to loyal patients for follow-up care

- 5
  Self-referrals that result from word-of-mouth advertising by strongest promoters

Keeping Patients for Life

“Becoming truly person-centered would uniquely position Ascension Health and its Health Ministries to be people’s primary trusted health partner for optimizing their health status for life.”

Ascension Health Alliance, Annual Report 2012
Getting at the True Meaning of Quality

For Patients, the Experience is a Key Outcome

“Broadening Our Ambition

Quality is more than just whether you live or die or not. Quality has to be the clinical experience, the physical experience and the emotional experience.

Delos “Toby” Cosgrove
CEO & President, Cleveland Clinic

Road Map

1. Consumer Experience and the Growth Imperative
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Many Ways to Invest in Patient Experience

Some Approaches More Costly than Others

- **Investment in Social Media and Patient Communication**
  - Annual Expense $500k+

- **Luxury, VIP Amenities (Food, Linens, etc)**
  - Annual Expense $2M+

- **Major Construction Initiatives**
  - Capital Expense $100M+

- **Patient Satisfaction Campaigns**
  - Annual Expense $1M+
Extensive Research, Insights, and Technology in this Domain

**Commit to Patients as a Priority**
- Create consumer-focused strategy
- Set quality and service goals
- Set financial and growth goals

**Equip the Organization**
- Build bench of strong leaders
- Staff units appropriately and maximize frontline productivity
- Create internal communications infrastructure

**Cultivate Accountability**
- Surface patient concerns/needs
- Address needs in real-time
- Track quality and service performance
- Track financial and growth performance

**Engage Employees, Physicians**
- Identify engagement drivers
- Measure engagement and target gaps for improvement
- Foster empathy

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**15+** years researching service quality and patient experience

**70+** published best practices on patient experience

**10K** nursing leaders attended onsite Enhancing the Patient Experience

**$103K** average expected gain in VBP incentive from enhanced rounding

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Enhancing the Patient Experience

iRound® for Patient Experience
Real-time, actionable insights into the care experience of current patients, enabling house-wide coordination for service excellence.

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Research
Consulting & Talent Development
Technology
# Research Points toward a Systematic Approach

## Three Steps for a Holistic Patient Experience Strategy

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td><strong>Cultivating Caregiver Empathy</strong></td>
<td><strong>Overcoming Universal Process Barriers to a Patient- and Family-Centered Experience</strong></td>
<td><strong>Diagnosing Institution-Specific Process Barriers</strong></td>
</tr>
<tr>
<td>I. Sensitizing Nurses to the Broader Patient Experience</td>
<td>III. Minimizing Avoidable Patient Disruptions</td>
<td>VIII. Capturing Patient Perspectives to Drive Key Improvements</td>
</tr>
<tr>
<td>II. “Humanizing” Individual Patients</td>
<td>IV. Clarifying Next Steps for Patients and Families</td>
<td></td>
</tr>
<tr>
<td></td>
<td>V. Surfacing Real-Time Patient Needs</td>
<td></td>
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<td></td>
<td>VI. Translating Clinical Information Into Patient-Friendly Terms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>VII. Enfranchising Patients and Families in Care Processes</td>
<td></td>
</tr>
</tbody>
</table>

Source: Nursing Executive Center interviews and analysis.

To request an excerpt of the study, “Enhancing the Patient Experience,” please make a note in the exit survey.
Daily Rounding Lynchpin to High Performance
Crucial System for Surfacing and Addressing Individual Patient Needs

Rounding Has Rapid Impact, Absence Felt Immediately
% Patients Rating Care “Excellent”\(^1\)

- Month Prior: 52%
- Month Introduced: 71%
- Month Discontinued: 46%

Rounding More Efficacious Than Other Interventions
% Patients Rating Care “Excellent” After Specific Interventions Were Introduced Sequentially, in Isolation

- Discharge calls: 46%
- Teach-back: 50%
- Discharge packet: 56%
- Manager rounding: 71%

Translating Research Into Sustainable Practice

Capture the real-time “pulse” of the patient
- Reduce lag from 6-8 weeks → minutes
- More comprehensive, responsive surveying capability

Manage improvement initiatives
- Develop targeted initiatives to address identified trends
- Ensure that improvements address root causes

Create house-wide accountability
- Develop a closed-loop service recovery system
- Create ownership and engagement at staff level

Surface improvement opportunities
- Highlight problem units or systemic issues
- Compare performance to peers and best-in-class

Executive
From Manual Rounds to a Systematic Approach

Case Study: Ingalls Health System

**Gathers Perceptions of Every Patient, Every Stay**
- Feedback is captured at the bedside from each patient
- Tailored smart forms with quick-text and prompts uncover critical patient needs
- Detailed rounding data automatically uploads to back-end analytical system

**Hardwire Service Recovery and Recognition**
- Individual drivers of satisfaction addressed while patients are still in the hospital
- Responsible service department immediately notified of patient problems identified during rounds
- Issues tracked to completion through closed-loop platform

**Accessible Data Enables House-wide Accountability for Results**
- Overlays of HCAHPS scores and key rounding data help identify drivers
- Trends in key areas affecting performance are surfaced early
- Data enables ongoing root cause analysis of issues

---

**Case in Brief: Ingalls Health System**
- 563-bed hospital with a network of comprehensive outpatient centers based in Harvey, Illinois
- Only independent not-for-profit health care system in Chicago’s south suburbs
- After implementing a comprehensive care experience program, HCAHPS scores improved slightly, but Ingalls was not able to maintain the gains
- Began using iRound in 2012 to capture real-time drivers, act on pressing issues in the moment, and use trended data to improve systemic problems
Continued Focused Effort Yields Results

Dramatic Improvement After Years of Plateaued HCAHPS Scores

**Exemplary Financial Performance**

100% Of CMS Value Based Purchasing withholding returned

$250,000 Estimated FY2014 Additional VBP Incentive Payment

**Enhanced Quality and Safety Performance**

23-37% Increase in national HCAHPS ranking on Communication with Nurses, with Doctors, and About Medications

% of Patients Rating

<table>
<thead>
<tr>
<th>Overall Hospital Experience 9 or 10</th>
<th>Hospital Always Quiet, Always Clean</th>
</tr>
</thead>
<tbody>
<tr>
<td>63% Pre iRound</td>
<td>55% Pre iRound</td>
</tr>
<tr>
<td>72% 17 Months Post Implementation</td>
<td>66% 17 Months Post Implementation</td>
</tr>
</tbody>
</table>

National Ranking

39th → 70th → 23rd → 57th

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1) Rankings estimated using CMS national HCAHPS database with performance through Q1 2013—the most recent period available—and Ingalls survey data through Q3 2013
Patient Experience Initiative Advances Other Goals

Case Study: Chesapeake Regional Medical Center

Technology Coupled with Organizational Commitment Drive Myriad Improvements

**Patient Experience**
- More consistent, productive daily rounding helped improve HCAHPS Overall Hospital rating by a full quartile
- Units with the highest rounding rates\(^1\) achieved scores on average 9% points higher across all 10 HCAHPS categories

**Patient Safety**
- Automating daily rounding helped nurse managers ensure that hourly rounding needs were being met consistently
- Managers able to intervene with individual caregivers based on data, leading to **20% lower falls rate** after just four months

**Staff Engagement**
- iRound used to collect and disseminate **more rapid, meaningful staff recognition** based on real-time patient and peer feedback
- Newly automated employee rounds led to quicker implementation of staff improvement ideas, further supporting engagement level

---

**Case in Brief: Chesapeake Regional Medical Center**

- 300-bed independent hospital serving Southeastern Virginia and Northeastern North Carolina
- Regional acute care hospital with affiliated cancer center, diagnostic center, surgery center, and ambulatory network

---

\(^{1}\) Rounds conducted divided by patients available for rounding.
Ending Where We Always Begin

Remembering that Being Consumer-Centric is Really About Treating Patients as People

Benefits of Better Consumer Experience

Quality
Patient feedback crucial component to understanding qualitative elements of care, such as pain management

Safety
Patient observations of elements such as cleanliness correlated with actual quality performance

Staff Engagement
Positive patient satisfaction surveys reinforce mission-orientation of staff

Patient Engagement
Inter-personal dimensions of patient experience measurement reinforce “whole person” nature of healing and caring
How to Submit Questions to Our Panelists

Use the GoTo Webinar Question Panel to Ask a Question

Enter a Question in the Question Panel

Type your question and hit send

The presenter may answer the question here or respond verbally
A Special Event for Patient Experience Leaders

Patient Experience Summit
*May 28th in Washington, DC*

**Developing a Holistic Patient Experience Strategy**
A three-step framework for enhancing patient experience

**Toward Smarter Service Improvement**
Strategies and tools that help leaders effectively identify and focus service improvement efforts on the true drivers of patient satisfaction

**The Strong Link between Patient Satisfaction and Employee Engagement**
The latest Advisory Board findings on the correlation between employee engagement and patient satisfaction, as well as our analysis of which of engagement drivers impact patient satisfaction the most

**An Executive Panel**
Hear from a cross-section of executives pursuing innovative patient experience initiatives

Contact Lisa Hobart (hobartl@advisory.com)
to learn how to reserve a seat at this special event.
For More Information

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Senior Director

hobartl@advisory.com
(484) 690-0761