Emerging Healthcare Trends: 2019
October 25, 2018, Congressional Country Club, Bethesda, Maryland

Join other healthcare leaders. Learn from C-Suite Executives. Explore what’s driving change. Discover leading innovative initiatives from other organizations. Hear about practical solutions. This annual conference is a leading resource event that brings together healthcare leaders from various disciplines to collaborate, learn, and analyze best practices on a range of issues. Practical tips and ideas for leading through, complexity, chaos and uncertainty will be explored. The Annual Fall Conference is organized and presented by the Healthcare Council of the National Capital Area (an affiliate of the American Hospital Association and member of the Conference of Metro Healthcare Associations) and Premier. The conference presents innovative strategies, cutting-edge ideas, and plug-and-play implementation plans to help hospitals and other healthcare provider organizations and facilities meet the growing challenges of healthcare, free of charge. (See page 4 for the schedule of presentations)

Panel Moderator,
Grady (Skip) Philips, III, Senior VP at Valley Health System, President of Winchester Medical Center
Panelist, Neil Carpenter, Chief Strategy Officer, LifeBridge Health
Panelist, Brendan Jacobson, Senior Strategic Partner Manager, Health for Google
Panelist, Marshall Ruffin, MD, Proknwone, Inc.
Speaker, Theo Gilbert-Jamison, CEO, Performance Solutions by Design

Panelist, Wande Kotun, MBA, MHA, Program Manager, Johns Hopkins, Bayview Medical Center
Panelist, David R. Baker, DrPH, Director, Ambulatory Quality, LifeBridge Health
Panelist, Nicolas C. Restrepo, MD, MBA, VP Med. Affairs Quality, Winchester Med. Center, Northern Shenandoah Valley Addiction Coalition
Speaker, Bernadette Loftus, MD, Associate Executive Director, Mid-Atlantic States, The Permanente Medical Group

Inside this Issue:
- New Divisional Group Formed & New Chair Named
- Area News & Current Events
- HR Divisional Group Update
- New Associate Member & What’s Popping
- Meet HCNCA’s Newest Employee
- Board Corner by BoardSource
- Fall Conf. Agenda & Loudon Rummage Sale
- Brother’s Brother Thanks Donors
New Divisional Group to be Established

Chair of the Newly Formed Patient Experience Division Starting in Early 2019

Enhancing the experience of patients and their loved ones is crucial in today’s health care environment. Competition in the health care market has led patients and insurers to become more informed consumers who expect higher quality, more value and better outcomes. Patient satisfaction is viewed as an important indicator of quality of care and assists in understanding patients’ perceptions of their care. Because partnering with patients enhances patient loyalty most healthcare institutions now have patient experience leaders. It’s because of this increased focus that a patient experience group will be established in 2019.

Takiya Reavis-Benjamin, the Director of Office of Patient Experience at Mary Washington Healthcare has volunteered to serve as chair of this new group. Prior to her current role, Takiya served as a manager in the Office of Patient Experience as well as in a clinical leadership capacity both at Johns Hopkins Bayview Medical Center. Her passion for doing what’s right for the patient, and her servant approach to leadership, makes her a natural fit for the world of patient- and family-centered care and a perfect leader of this new group. As the Director of Patient Experience, Takiya has the honor and privilege to interact with patients, leaders, and hospital staff at all levels; playing a key role in strategic planning and execution of strategies to enhance the experience of patients and their loved ones. Greatly influenced by the Maya Angelou’s quote, “…people will forget what you said, people will forget what you did, but will never forget how you made them feel,” Takiya strives to ensure that all patients and their families receive care that are reflective of exceptional safety, quality and service, all the while feeling a sense of compassion, dignity and respect with each encounter. It’s this passion that leaders responsible for patient experience can share together and learn from each other in quarterly meetings that will be planned in 2019. While her “professional title” is that of Director, Takiya is equally proud of her “personal titles”-daughter, wife, mother, and household project coordinator.

Those interested in being a part of the Patient Experience Divisional Group should contact Chris Howard, HCNCA, Divisional & Account Services Director at 301-731-4700 or cnhoward@healthcare-council.org or Takiya Reavis-Benjamin at 540-741-2705 or Takiya.Reavis-Benjamin@mwhc.com.

Did You Know?

Virginia has launched a single, statewide platform to connect 129 hospital emergency departments across the state, allowing physicians to access patient records and tap into the state’s prescription monitoring program. In doing so, the state may have discovered one way to smooth over what has become an increasingly combative relationship between emergency physicians and payers over ED utilization.
Parker Gilkesson joins HCNCA/NCASS as Department Assistant. A recent graduate of Liberty University’s Helms School of Government with her Masters in Public Policy: Public Administration. Parker hails from the small yet urban city of Peoria, Illinois. She moved to the Washington, DC area to begin her studies at the illustrious Howard University, where she obtained her Bachelor of Science in Health Education and Human Development and was initiated into Alpha Kappa Alpha Sorority, Inc.

Throughout her short, yet vibrant career, Parker has completed Cancer Research with the National Institute of Health, helped to write legislation for maternal and child public health concerns for the State of Illinois, worked closely with human services policies and recently published her graduate thesis, “Social Security Act of 1935 to TANF: A Comprehensive Look at the History and Current State of Welfare in America.” She is a creative innovator, seeking to enhance the processes of her current and future endeavors. In her spare time, she hosts a Podcast, tends to her entrepreneurial endeavors and volunteers within her community. Parker currently serves as the Department Assistant for National Capital Area Shared Services. Please welcome Parker to this new position at the Healthcare Council and National Capital Area Shared Services.
Be a part of the Mid-Atlantic’s biggest rummage sale, named BEST CHARITY EVENT IN NORTHERN VIRGINIA for three years in a row by Virginia Living Magazine.

Bargain shopping abounds on Saturday and Sunday, October 20 & 21, 2018, at the 80th Annual Ladies Board Rummage Sale located at Morven Park Equestrian Center, 41580 Sunday Morning Lane, along Route 15 just north of Leesburg. For GPS directions please use the Sunday Morning Lane address as searching “Morven Park” will lead you to the wrong entrance. The Sale benefits INOVA Loudoun Hospital and The Ladies Board Nursing Scholarship Fund. Admission is FREE during general sale hours 9:00 a.m. to 4:00 p.m. on Saturday and 9:00 a.m. to 3:00 p.m. on Sunday.

It’s never too early to sign up as a volunteer on Donation Days at the collection sites OR as a volunteer at Morven Park Equestrian Center during The Sale set up and public sale days. We are always collecting donations (clothing, furniture, household items, décor, antiques...) new and gently used items in good condition. Click here for details on Volunteering or here to Donate.

The Largest Rummage Sale in the Mid-Atlantic is a two-day event spanning more than 50,000 square feet all under cover! Stock up on gently used and new items—furniture, clothing for the family, household items and décor, linens and draperies, a jam packed holiday and craft shop, toys, sporting equipment, tools and electronics, antiques and collectibles, books, gift items, and jewelry.

Refreshments are available at the Food Trucks where you can sit and refresh or you can “grab and go” right back to the shopping. Please use the courtesy bag check in the main barn to make shopping easier. All departments accept cash, credit cards or checks with name, address and phone imprinted.

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<tr>
<th>Agenda Time</th>
<th>Topic</th>
<th>Presenter</th>
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<tr>
<td>9:00am - 9:45am</td>
<td>Registration &amp; Breakfast</td>
<td>All</td>
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<td>9:45am - 10:00am</td>
<td>Welcome and Introductions</td>
<td>Les Pitton and Kevin DeBryune</td>
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<td>11:00am - 12:00am</td>
<td>“Customer Relationship Management and Creating Customer Loyalty/ Stickiness”</td>
<td>Theo Gilbert-Jamison, CEO, Performance Solutions by Design</td>
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<td>12:00 - 1:00pm</td>
<td>Invocation &amp; Networking Lunch</td>
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<td>1:00pm - 2:00pm</td>
<td>“Practiced Ways to Combat the Opioid Crisis”</td>
<td>Nathaniel Beers, MD, Panel Moderator, The HSC Foundation – Moderator Nicolas Restrepo, MD, Winchester Medical Center Wande Kotun, Johns Hopkins Bayview Medical Center David Baker, DrPH, LifeBridge Health</td>
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<td>2:00pm - 3:00pm</td>
<td>“Kaiser’s Coordinated &amp; Connected Approach to Healthcare”</td>
<td>Bernadette Loftus, MD, Associate Executive Director for the Mid-Atlantic States, The Permanente Medical Group</td>
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<td>3:00 - 3:10pm</td>
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Ben Frank, COO and Chief of Staff of Inova Health System: Ben Frank joined Inova Health System as Chief Operating Officer and Chief of Staff in early August 2018. Ben coordinates day-to-day system operations and serves as a key strategic advisor to the Inova CEO. Prior to joining Inova, Ben served as System Executive Director of Clinical Operations at the Cleveland Clinic. He came to that role after serving as CEO of Sheikh Khalifa Medical City, the Cleveland Clinic managed flagship institution for SEHA, the health system for the United Arab Emirates. Prior to joining Cleveland Clinic, Ben served as President of Ochsner Physician Partners and System Vice President of the Accountable Care Network at the Ochsner Health System in New Orleans. Ben holds a Master of Health Administration from Tulane University, and a BS in Commerce and Business Administration from the University of Alabama.

Sherry B. Perkins, PhD, RN, FAAN, President & CEO, University of Maryland Capital Region Health: Sherry B. Perkins, PhD, RN, FAAN, was named President and Chief Executive Officer of University of Maryland Capital Region Health, in early August 2018. Dr. Perkins has most recently served as Executive Vice President and Chief Operating Officer of UM Capital Region Health, a role she began in 2016. During these two years, she has been a catalyst for collaborative clinical, workforce, operational and financial performance improvements. Dr. Perkins earned a Bachelor of Science in Nursing from Baylor University, a Master of Science in Nursing from Texas Woman’s University, and a PhD in Nursing from the University of Kansas. She also completed the Johnson & Johnson Wharton Fellows Program in Management at the University of Pennsylvania.

Stephen M. Smith, MD, President & CEO, Prince William Medical Center and Haymarket Medical Center: Novant Health UVA Health System has named a new leader for two of its local hospitals. Steve Smith, the health system’s former vice president of medical affairs, has been promoted to serve as president and chief operating officer for both Prince William Medical Center and Haymarket Medical Center. The facilities are run by a joint venture between Winston-Salem, North Carolina-based Novant Health and the Charlottesville-based University of Virginia Health System, formed in 2016. Smith earned his medical degree from Howard University and completed specialty training at Los Angeles County King Drew Medical Center. He’s part of the American Board of Emergency Medicine and a fellow of the American College of Emergency Physicians.

Tom Koutsoumpas, Capital Caring Board Chair and Interim CEO: After the departure of Malene Davis as CEO of Capital Caring, Tom Koutsoumpas, Board Chair assumed the interim CEO position. Tom is a leading expert in the health care arena, and principal of healthspiren, offering clients strategic advice on issues relating to Medicare, health care reform, and the evolving delivery system. He has particular expertise in long-term care, hospice care and advanced illness, and provides clients with essential guidance in those areas. He helps organizations engage effectively with a broad set of stakeholders and audiences in the post-reform environment and designs initiatives to effectively position them for the future. Additionally, his timely analysis and perspectives related to ongoing legislative efforts can help clients - ranging from health plans to providers to financial sector firms - pursue their objectives in an informed manner.

Terri Feely, Chief People Officer, Inova: Terri Feely joined Inova as Chief People Officer on September 4, 2018, leading and overseeing all aspects of the organization’s Human Resources function. With more than a quarter century of experience. Prior to joining Inova, Terri served as a Human Resources consultant, focused on advising and supporting both start-up and high-growth companies as they worked to achieve their strategic goals. In addition, she coached and mentored HR professionals and leadership teams across a wide-variety of industry sectors. For eight years prior to that, Terri was the SVP for Human Resources at Asurion, a privately held global company with more than $6 billion in annual revenue. Terri received her Bachelor of Science degree in Business Administration & Management from West Liberty University and her Master of Science in Human Resources Management from Marymount University.

Patrick Christiansen, PhD, Senior Vice President, Inova Health System and Chief Executive Officer of Inova Fairfax Medical Campus to RETIRE: Patrick has announced that he will retire from Inova Fairfax Medical Campus after what is considered a remarkable career with Inova, having helped build IFMC into the premier quaternary medical center in the region. We are grateful for his business acumen, strategic-thinking and commitment to Inova, says, Dr. Stephen Jones, Inova Health Systems CEO. The search for Patrick’s replacement has already begun, which will include both internal and external candidates. Patrick will continue with IFMC through the transition to the new CEO. During his leadership at IMFC, Patrick also served a time as board member of the Healthcare Council of the National Capital Area. His support of HCNCA will be missed.

Did You Know?
Heart attack, stroke & other cardiovascular events were responsible for more than 2.2 million hospital stays & 415,000 deaths involving adults in 2016, according to the Center for Disease Control & Prevention.
New Name for HealthSouth Rehabilitation Hospital of Northern Virginia: In June, HealthSouth Rehabilitation Hospital of Northern Virginia unveiled its new name and brand as part of its company’s name change and rebranding initiative. As of July 1, the inpatient rehabilitation hospital is now known as Encompass Health Rehabilitation Hospital of Northern Virginia and will continue to provide the same high-quality post-acute care for patients overcoming a variety of debilitating illnesses and injuries. “Our new Encompass Health brand reflects more than the change of our name. It reinforces our commitment to working together to continuously improve the care we provide our patients,” said Al Santos, CEO of HealthSouth Northern Virginia. “With a focus on clinical collaboration and strengthening relationships, we will continue to play an important role in making a difference in the lives of our patients.”

Mary Washington Healthcare Enhancing Patient Care and Satisfaction with Launch of New Epic Electronic Health Record: In June 2018 Mary Washington Healthcare in Fredericksburg, VA went live with its Epic electronic health record (EHR). This technological transformation affects nearly every aspect of MWHC’s care delivery system and promises significant benefits for both the organizations Associates and customers. The new system replaces and consolidates multiple platforms into one EHR built to meet the specific needs of the greater MWHC community. Mike McDermott, MD, President and CEO, MWHC says, “This system will position us for the future by streamlining and enhancing our services while providing our customers with the ability to have a greater role in managing their own healthcare.”

MedStar Georgetown University Hospital Facility Expansion: The new state-of-the-art Medical/Surgical Pavilion at MedStar Georgetown University Hospital will meet current needs and address future healthcare demands. This approximately 477,000-square-foot facility will house 156 private patient rooms, a new Emergency Department, larger operating rooms, a rooftop helipad with direct access to the Emergency Room and three levels of underground parking. The plans will double green space, providing a more open and attractive campus.

White Oak Medical Center Progress: Construction moves forward on Adventist HealthCare’s new Silver Spring hospital. Gaithersburg-based Adventist is about a year out from opening White Oak Medical Center, a 472,000-square-foot, $404 million hospital built to replace its existing – and more than 100-year-old – Takoma Park campus.

FutureCare Capital Region, by FutureCare Health & Management, Opened Last Spring: FutureCare Capital Region, a $30M state-of-the-art rehabilitation facility, is the first of its kind in the local area and is representative of a strong push for improved medical care throughout the D.C. area. This flagship facility is the first new rehabilitation and wellness center for Prince George’s County in over 20 years. The facility features 82 private rooms and a 4,500 square foot Rehabilitation Services Center and a 9 seat dialysis center.

Did You Know?
Cyber Security Statistics report 3.6 billion breaches occurred in healthcare from 2005 through May 1, 2018. The majority of these breaches occurred through Phishing, Network Intrusion, Inadvertent Disclosure, Stolen/Lost Devices and Systems Misconfiguration.

Did You Know?
Researchers are warning that social isolation and loneliness could be more detrimental to health than obesity or smoking. The warning comes at a time when census data has indicated that more Americans are living alone (approximately 25%) and staying single (approximately 50%). Many communities are responding with organized programs through community and senior-focused fitness and other centers.
Legacy Consulting Group has recently joined the Healthcare Council as an Associate Member. Established in 1996, Legacy provides independent management counsel in the areas of strategy, market and service line development, clinical integration, and master facility planning. Legacy’s managing principal, Ray Brown, has served clients throughout the country including multi-hospital health systems, not-for-profit and investor-owned hospitals, academic medical centers, community hospitals, and large physician practices.

In recent years, Legacy has focused on healthcare reform driving value-based care and CIN development. As part of ACA requirements, Legacy has served many 501(c)(3) hospitals in the development of Community Health Needs Assessments (CHNA) and implementation plans.

More information can be found at www.legacyconsulting.com. Ray can be reached at raybrown@legacyconsulting.com or 404-847-0100.

WHAT’S POPPING?

Population Health News and Events

HOW DOES POPULATION HEALTH IMPACT HEALTH CARE COSTS?

The concept of population health is an increasingly important topic to consider when discussing the cost of health care. One theme running through these reflections on population health is the Triple Aim, which suggests improving the US health care system requires (1) improving patient experience of health care, (2) improving the health of populations, and (3) reducing the per capita cost of health care. Research supports the notion that improving population health can have an impact on health care costs. For example, a recent study of workplace wellness conducted by the RAND Corporation found that participation in a workplace wellness program continuously over a seven-year period was associated with an average reduction of $30 in monthly health care costs per employee. Further, the researchers estimated that much of the cost savings was attributed to a 29% reduction in hospital admissions associated with disease management. What’s more, investing in programs that reach larger populations may yield a greater return on investment in terms of influencing positive health outcomes in many people.

However, many health care leaders point out that important questions still remain about population health that should be considered; in particular, the notion of responsibility for health outcomes in a population. Are health care providers solely responsible for a population’s health or should the accountability lie primarily with the behavior of those within the population? Moreover, how does the conceptualization of responsibility affect the association between population health and health care costs? While investing in population-level health interventions has the potential for great returns in public health, such programs may also come at a greater cost to health care consumers. Thus, it is increasingly important to ensure professionals in health care at all levels – direct service providers, health administrators, public health professionals, etc. – engage in a conversation about how population health can effectively improve health care costs for consumers.

THE BOARD CORNER:

Board self-assessments can help identify your board’s strengths and areas in need of improvement. Considering the important role the board has within a nonprofit, why would any organization be content with a sub-standard board — a board with inadequate performance and fulfillment of its responsibilities — and not be open and willing to improve its members’ individual and collective performance? The best way to make the case for board improvement is to conduct periodic board self-assessments.

Why assess performance?

• Board self-assessment provides you with the opportunity to look internally at the board itself
• reflect on your board members’ individual and shared responsibilities
• identify different perceptions and opinions among board members
• determine areas of responsibility that need attention
• use the results as a springboard for board improvement
• increase the level of board teamwork
• clarify mutual board/staff expectations
• clarify common objectives as well as check that everyone is speaking the same language, i.e. ensuring that everyone abides by a shared vision
• demonstrate accountability as a serious organizational value
• display credibility to funders and other external audiences

Preparation

Planning well is half the battle. Here are some tips that help board members get excited about the assessment process and prepare for it.

Include periodic self-assessment among your bylaws clauses. It is the surest method to make the case for assessment if your bylaws include it as one of the principle policies for the board.

Task the governance committee (not your chief executive or the chair) to ensure that assessment takes place regularly and is well organized. This committee is the permanent structure of your board; officers and chief executives change. Also self-assessment is a board commitment; when the call for action comes from within the team, the “voice” is different.

Plan to conduct a self-assessment every two to three years. It is not necessary to conduct one every year — you need time to implement any potential changes and learn new ways to function as a board.

Your auditing firm, as an outside monitor, should also make sure that the processes in the bylaws get respected.

Keep in mind that it is not going to be an organizational assessment. The entire focus is on the board, on its work, structure, and dynamics.

Did You Know?

Tennessee’s largest health insurer will stop covering OxyContin prescriptions as part of several measures to combat opioid addiction. BlueCross BlueShield of Tennessee will encourage doctors to recommend two alternative opioid pain relievers, Xtampza and Morphabond, which are designed to be more difficult to abuse. The insurer will cease paying for OxyContin on Jan. 1, vice president for pharmacy Natalie Tate told The Tennessean.
Brother’s Brother Foundation Says Thank You to Donors
By David Holdsworth

In August BBF’s team for Virginia, D.C. and Maryland picked up a record 53 donations totaling 50,761 pounds. Those donating in 2018:

- AVID
- Carilion
- Children’s
- Doctors Community Hospital
- Geisinger
- Hyatt House
- Individual
- Inova Alexandria
- Inova Ashburn
- Inova Fairfax
- Inova Fairfax #2
- Inova Fairfax #3
- Inova Loudon
- Inova Reston Urgent Care
- JH BayView
- JH Main Campus
- JH Warehouse
- LifeBridge Sinai
- Mary Washington
- MedStar AMB Care Brandywine
- MedStar Franklin Square
- MedStar Georgetown
- MedStar Good Samaritan
- MedStar Southern MD
- MedStar St. Mary’s
- MedStar Union Memorial
- O & M Ashland
- O & M Hanover
- Ortho VA
- Pinnacle Health
- Prince William Free Clinic
- Providence
- ServiSource
- Share
- St/Agnes
- Suburban
- Trinity Sterile
- UMMC
- Valley Health
- VHC Medical Brigade
- Wayne Memorial
- Western State Hospital

2018 year-to-date 264,408 lbs of donated equipment have been sent in 28 international shipments of 20 containers and 526 sorted pallets. Equipment goes to Puerto Rico, Guatemala, Haiti, Nicaragua, El Salvador, Guyana, or wherever the need. One million pounds of donated equipment has been shared with those in need in the five years BBF has been operating in this region.

Davis Center students volunteer from the Fairfax County School System as sorters at the Brother’s Brother Merrifield, VA warehouse. They represent only a handful of the 200+ volunteers and 8 on-site staff that make sure items donated are sorted and placed on pallets for shipment.

Nurses at Hospital Universitario, Centro Medico de Puerto Rico’s maternity ward display the medical equipment donated by DC’s Providence Hospital.

Did You Know?

Over the next decade it is projected there will be a 6% increase per year in the US health care costs, bringing health care’s share of our GNP from 19% to 25% - when for the rest of the industrialized world it is only 6-10%. And, despite this massive spend, US still ranks as the unhealthiest nation in the industrialized world.
Council Vision: “To meet the healthcare challenges of tomorrow by working together today.”

Mission Statement: “The Council (HCNCA) is a membership organization dedicated to helping members reduce costs, encouraging cooperative working relationships, and promoting quality healthcare in our region.”

“The Council”: The Healthcare Council of the National Capital Area, Inc. (HCNCA) is an organization of Providers of Care consisting of hospitals and allied health care facilities located in Maryland, Virginia and Washington, DC. The purpose of the Council is to provide for members "strategic and business advantages" that no single institution or system can efficiently or economically develop alone. Divisions of specific activity have been formed to carry on the ever changing tasks at hand. These divisions develop information and improve performance using cooperative networking meetings, surveys, group discussion and analysis and continuing education programs. The aim of the Council’s wholly-owned subsidiary, National Capital Area Shared Services, Inc. (NCASS) is to serve its membership in the promotion of programs and services that will enhance the members’ ability to operate their organizations successfully and cost effectively with integrity and competency.

Healthcare Council is a not-for-profit 501(c)(3) corporation
The Council has opportunities for Associates: For membership information, call 301-731-4700