Prepping for CCJR: Lessons Learned in Physician Alignment and Bundled Payments

August 27, 2015
Today’s Agenda

• Identify Alignment Models with Bundled Payments
• Understand their Applicability to your Organization
• Analytic Capabilities Required to Succeed in Bundled Payments
• Outline Opportunities and Strategies for Cost Reduction and Quality Improvement
Physician Alignment Solutions OVERVIEW

**Physician Alignment Models**
- Employment
- PSA
- Co-Management
- Gainsharing
- Joint Ventures
- Shared Savings
- Fair Market Value Guidance
- Service Line Strategic Planning
- Bundled Payments

**Bundled Payments**
- CCJR - CMS
- BPCI - CMS
- Commercial BP
- Informed Analytics
- Bundle Construction
- Care Redesign
- ICS Gainsharing
- Infrastructure Guidance
- Proposal and Payer Sales

Key Focus is Physician-Hospital Alignment
- Higher Quality
- Lower Cost
- Better Patient Experience and Outcome
Volume to Value: CMS Announces Goals

<table>
<thead>
<tr>
<th>Medicare move towards Alternate Payment Models (ACO and Bundles)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>2016</td>
</tr>
<tr>
<td>50%</td>
<td>2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare payments tied to quality or value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>85%</td>
<td>2016</td>
</tr>
<tr>
<td>90%</td>
<td>2018</td>
</tr>
</tbody>
</table>
Expansion of CMMI Bundle Activity

ACE = Acute Care Episode; BPCI = Bundled Payment for Care Improvement; CMMI = Center for Medicare & Medicaid Innovation.

Variation in Mean Episode payment for MS-DRG 470
$19,149 – $31,041

Mean Episode Payment (+ SD)

- Acute IP (MS-DRG)
- Acute Physician
- Post-Acute
- Max
- MIN

$31,041
$19,149

MedAssets
Variation Post Acute Service Types

Post-acute Payment Breakdown by Service type

- Readmission
- LTCH/IRF
- SNF
- HHA
- OP
- ER
- Physician
- DME
Drivers for Physician Alignment Solutions

Simple Truths:

1. The most expensive piece of healthcare equipment in a hospital is a Physician’s pen (or Click…)

2. Physicians can influence up to 80% of the nation’s healthcare spend

3. Majority of physicians (including employed physicians) are reimbursed fee for service

“Our nation cannot control runaway medical spending without fundamentally changing how physicians are paid”

Commission on Payment Reform
March 2013
Chair Bill Frist, MD
Former Senator and Heart Surgeon
What Is CCJR
Who is Impacted?

- Mandatory for hospitals located in **75 geographies**
  - MSAs – Metropolitan Statistical Areas across the US.
- Exceptions:
  - Providers in the selected geographies already participating in:
    - Model 1 or
    - Phase II of Models 2 or 4 of the BPCI
- Hospitals selected to participate in CCJR may also participate in an ACO
  - Medicare savings accrued during the CCJR time period will be accrued to CCJR
Key Elements of CCJR – As Currently Proposed

• All providers paid in traditional FFS model – no actual ‘bundling’
• MS-DRGs 469 & 470
• Targets set for acute care +90 days episode of care
• Reconciliation model - target price to beat
• Reconciliation at end of the year, IF:
  – Actual price is above target = pay Medicare back
  – Actual price is below target = receive payment, meet minimum quality thresholds

1. Hospital Level Risk Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
2. Hospital Level 30 day, All Cause Risk Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
Proposed Financial Arrangements

Financial Arrangements: Gainsharing

- Consistent with applicable law, participant hospitals might have certain financial arrangements with Collaborators to support their efforts to improve quality and reduce costs.
- Collaborators may include the following provider and supplier types:
  - Physician and nonphysician practitioners
  - Home health agencies
  - Skilled nursing facilities
  - Long term care hospitals
  - Physician Group Practices
  - Inpatient rehabilitation facilities
  - Inpatient and outpatient physical and occupational therapists

Financial Arrangements: Waivers

- Some financial arrangements may implicate the federal fraud and abuse laws
- The Secretary may consider whether waivers of certain fraud and abuse laws are necessary to test the CCJR model.
  - No waivers needed for arrangements that comply with the law.
  - Waivers, if any, would be promulgated separately by OIG and CMS
Episode Definition

- DRG 469 and 470
  - Partial hip replacements are included
- Starts at acute care admission (only IP LEJR included)
- Related Part A and part B services for 90 days following discharge
  - Physicians’ services
  - Inpatient hospital services (including readmissions)
  - Hospital outpatient services
  - Post-acute services
    - Skilled nursing facility (SNF)
    - Inpatient rehabilitation facility (IRF)
    - Long-term care hospital (LTCH)
    - Home health agency (HHA)
    - Durable medical equipment (DME)
    - Outpatient therapy services
    - Clinical laboratory services
    - Part B drugs
- 2% discount off target price
  - 1.7% if submit outcomes measurement tool
Timeline for CCJR

- **July 9, 2015**: CMS announces CCJR proposal.
- **Sept 8, 2015**: Public comment period ends.
- **Oct 2015**: CMS releases historical data.
- **Jan 1, 2016**: Pilot begins.
- **2016**: Year 2 - Phase in of repayment penalties.
- **2016-2020**: Years 1 and 2 - Target price = 2/3 hospital-specific, 1/3 regional.
- **2017**: Year 3 - Target price = 1/3 hospital-specific, 2/3 regional.
- **2018-2019**: Years 4 and 5 - Target price = 100% regional.
Physician Alignment
Case Study
Signature Medical Group

Challenges

- Care redesign across a 90 day episode
- Creating optimal post acute care plan, resulting in reduction in Medicare spend
- Implementation of best practices across 60+ Ortho groups, 2,000+ surgeons, 50,000 TJR
- Performing analytics on CMS claims data
- Internal Costs Savings in Acute Setting

Results

- Post acute care cost reduction resulting in $2,000 – 2,500 per patient; early stages
- 60+ orthopedic groups as of July 1, 2015
- 36 hospital partnerships (Gainsharing) established to redesign care and lower cost in the hospital – Supply focus; $1,000 – $1,200 savings/case in Acute Episode to date
- All groups have adopted standardized report card of performance metrics
- Early patient feedback exceptionally positive

CLIENT PROFILE

<table>
<thead>
<tr>
<th>TYPE</th>
<th>For Profit Medical Group with practice locations in St. Louis and Kansas City</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION</td>
<td>Missouri</td>
</tr>
<tr>
<td>ORGANIZATION SIZE</td>
<td>Over 110 Board Certified Physicians</td>
</tr>
</tbody>
</table>
Critical Success Factors for Alignment

• Availability of Waivers via CCJR
  – Hospitals need to Provide Incentive to Physicians
  – CCJR Physicians can earn more
    ➢ Up to 50% of Part B Allowable
    ➢ Roughly $700/case for Orthopedic Surgeon

• Make the Case to Physicians as to Why
  – Better patient outcomes
  – Strategic positioning related to commercial market

• Report the Performance to Physicians
  – Use Transparent, Relevant Data
  – Be Clear About Expectations

• Hospitals Must Engage in Skill Building
  – Help Doctors Help You
Incentive Payments Must be Earned

• In addition to hospitals receiving reconciliation payments
  ➢ Complication rates
  ➢ HCAHPS scores
  ➢ Readmission rates

• Individual physician payments
  ➢ Capped – 50% Part B Allowable
  ➢ Tied to individual quality metrics
  ➢ Expect CCJR will require ‘implementation protocols’ to detail gainsharing design and money flow

• Different from Co-Management program popular at many hospitals
  ➢ Pays for time and attendance regardless if goals are met
  ➢ FMV based typically on service line revenue
  ➢ Broader than just episode in CCJR
  ➢ Expect CCJR will require ‘implementation protocols’ to detail gainsharing design and money flow
Internal Cost Savings Program Design

1. Identified Hospital ICS for Targeted Episodes

2. Calculate Phys Cap @ 150% Part B Allowable

3. Measure Quality Metrics Achieved at Individual Physician Level

4. Hospital Savings

5. Calculate Individual Payments and Submit to Committee for Approval

6. Payments Made to BPCI Savings Pool

ICS Above Physician Cap & Non-BPCI Patient Cost Reduction Retained

- 0-1 Metric Achieved = No Gainsharing
- 2 Metrics Achieved = 25% of Part B allowable
- 3 Metrics Achieved = 50% of Part B allowable

Notes:
- Physician Gainsharers must be on CMS approved screening list
- Funds must be sent electronically to Savings Pool
Sample Gainsharng Reports

1. Establishment of baseline cost and quality
2. Tracking by month for hospital
3. Tracking by month for physician

<table>
<thead>
<tr>
<th>Baseline Costs (1/1/14 – 12/31/14)</th>
<th>Medicare FFS - Implant Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS DRG 469</td>
<td>$3,753</td>
</tr>
<tr>
<td>MS DRG 470</td>
<td>$4,553</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality ICS Metric</th>
<th>Target Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Site Completion of Preop Education Program</td>
<td>100%</td>
</tr>
<tr>
<td>Achieve Targeted Rate of Utilization of DVT Prophylactic Protocols</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Major Joint Replacement of the Lower Extremity</th>
<th>Baseline Supply Cost per case</th>
<th>Actual Supply Cost per case</th>
<th>Total Supply Cost per Episode (Baseline + Actual)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Joint Repl. or Repair of Lower Extremity</td>
<td>$3,753</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Joint Repl. or Repair of Lower Extremity w/ MISC</td>
<td>$4,553</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$8,308</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** EPISODES ONLY, GAINSHARING PHYSICIANS ONLY

**Procedure Trend Report:**

<table>
<thead>
<tr>
<th>Baseline Supply</th>
<th>Actual Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost per case</td>
<td>Cost per case</td>
</tr>
</tbody>
</table>

Total Knee Replacement

<table>
<thead>
<tr>
<th>DRG</th>
<th>Baseline Supply</th>
<th>Actual Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost per case</td>
<td>Cost per case</td>
</tr>
</tbody>
</table>

| Total Knee - All Gainsharing Physicians | $4,489 |

[Image of tables and graphs related to gainsharing reports]
Data Analytics
Establish Key Performance Indicators (KPIs)

Key Performance Indicators
470 Major Joint Replacement or Reattachment of Lower Extremity w/o MCC

Readmission Rate
- Baseline: 14%
- Current: 6%

SNF ALOS
- Baseline: 19.6
- Current: 23.0

SNF Rate
- Baseline: 36%
- Current: 18%

IRF Rate
- Baseline: 10%
- Current: 3%
Hospital Scorecards

Scorecard
470 Major Joint Replacement or Reattachment of Lower Extremity w/o MCC
Most Recent Quarter: Q3-14 (Jul-14 to Sep-14)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Q1-14</th>
<th>Q2-14</th>
<th>Q3-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume</td>
<td>1,724</td>
<td>212</td>
<td>200</td>
<td>194</td>
</tr>
<tr>
<td>Anchor LOS</td>
<td>3.7</td>
<td>3.2</td>
<td>3.2</td>
<td>3.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures</th>
<th>Baseline</th>
<th>Q1-14</th>
<th>Q2-14</th>
<th>Q3-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>4%</td>
<td>3%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Total Hip-CPT 27130</td>
<td>21%</td>
<td>22%</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>Trauma Hemi-CPT 27236</td>
<td>14%</td>
<td>7%</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>Partial Knee-CPT 27446</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Total Knee-CPT 27447</td>
<td>60%</td>
<td>68%</td>
<td>64%</td>
<td>69%</td>
</tr>
</tbody>
</table>

Make Scorecards Physician Friendly
Physician Scorecards
Complications and Comorbidities

### Complications

- **% Complication:** 51%
- **Average Number of Complications:** 1.18

<table>
<thead>
<tr>
<th></th>
<th>Average Anchor LOS</th>
<th>Average Total Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Episodes w/o Complication</td>
<td>3.0</td>
<td>$18,862</td>
</tr>
<tr>
<td>Episodes with Complication</td>
<td>3.3</td>
<td>$22,435</td>
</tr>
</tbody>
</table>

### Comorbidities

- **% Comorbid:** 19%
- **Average Number of Comorbidities:** 1.39

<table>
<thead>
<tr>
<th></th>
<th>Average Anchor LOS</th>
<th>Average Total Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Episodes w/o Comorbidities</td>
<td>3.0</td>
<td>$18,846</td>
</tr>
<tr>
<td>Episodes with Comorbidities</td>
<td>4.0</td>
<td>$28,661</td>
</tr>
</tbody>
</table>

### Top 5 Complications

1. 2851 Acute Posthemorrhag Anemia 87
2. 2761 Hyposmolality 7
3. V8541 Body Mass Index 40.0-44.9, adult 6
4. 5180 Pulmonary Collapse 4
5. 5849 Acute Renal Failure NOS 2

### Top 5 Comorbidities

1. 8208 Fx Neck of Femur NOS-Closed 7
2. 82009 Fx Femur Intracapsular NEC-Closed 5
3. 2851 Acute Posthemorrhag Anemia 4
4. 73314 Pathological Fx Neck of Femur 4
5. 73342 Aseptic Necrosis Femur 4
## SNF and HH Reports

### SNF Report

470 Major Joint Replacement or Reattachment of Lower Extremity w/o MCC
Period: Q3-14 (Jul-14 to Sep-14)

<table>
<thead>
<tr>
<th>Summary</th>
<th>Δ from Baseline</th>
<th>Δ from Previous Quarter</th>
<th>Top Quartile</th>
<th>Top Decile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg SNF $ Per Episode</td>
<td>$2,415</td>
<td>($1,402)</td>
<td>($949)</td>
<td></td>
</tr>
<tr>
<td>Avg SNF $ Per SNF Claim</td>
<td>$13,389</td>
<td>$2,653</td>
<td>$195</td>
<td></td>
</tr>
<tr>
<td>SNF Rate</td>
<td>18%</td>
<td>(18%)</td>
<td>(7%)</td>
<td></td>
</tr>
<tr>
<td>SNF LOS</td>
<td>23.0</td>
<td>3.4</td>
<td>1.3</td>
<td></td>
</tr>
<tr>
<td>SNF Cost Per Day</td>
<td>$522</td>
<td>$43</td>
<td>$22</td>
<td></td>
</tr>
<tr>
<td># of SNFs Used</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Home Health Report

470 Major Joint Replacement or Reattachment of Lower Extremity w/o MCC
Period: Q3-14 (Jul-14 to Sep-14)

<table>
<thead>
<tr>
<th>Summary</th>
<th>Δ from Baseline</th>
<th>Δ from Previous Quarter</th>
<th>Top Quartile</th>
<th>Top Decile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg HH $ Per Episode</td>
<td>$2,578</td>
<td>($271)</td>
<td>($214)</td>
<td></td>
</tr>
<tr>
<td>Avg HH $ per HH Claim</td>
<td>$3,031</td>
<td>($179)</td>
<td>($106)</td>
<td></td>
</tr>
<tr>
<td>HH Rate</td>
<td>85%</td>
<td>(4%)</td>
<td>(4%)</td>
<td></td>
</tr>
<tr>
<td># HHAs Used</td>
<td>26</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Identification of Network

Hospital - SNF Detail
Major Joint Replacement of the Lower Extremity
MS-DRG 469-470

<table>
<thead>
<tr>
<th>MS-DRG</th>
<th>Episode Volume</th>
<th>SNF Volume</th>
<th>SNF Incidence Rate</th>
<th>Cost</th>
<th>ALOS</th>
<th>Cost per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>469</td>
<td>13</td>
<td>10</td>
<td>56%</td>
<td>$18,887</td>
<td>8.6</td>
<td>$2,226</td>
</tr>
<tr>
<td>470</td>
<td>291</td>
<td>65</td>
<td>24%</td>
<td>$215,061</td>
<td>22.6</td>
<td>$9,566</td>
</tr>
<tr>
<td>Total</td>
<td>304</td>
<td>75</td>
<td></td>
<td>$233,948</td>
<td>31.2</td>
<td>$7,405</td>
</tr>
</tbody>
</table>

SNF Detail by Facility

<table>
<thead>
<tr>
<th>SNF-DRG 469</th>
<th>SNF $</th>
<th>% of Total SNF $</th>
<th># of Episodes*</th>
<th>ALOS</th>
<th>Cost per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNF Name 1</td>
<td>$67,378</td>
<td>36%</td>
<td>5</td>
<td>20.6</td>
<td>$656</td>
</tr>
<tr>
<td>SNF Name 2</td>
<td>$49,569</td>
<td>26%</td>
<td>1</td>
<td>95.0</td>
<td>$520</td>
</tr>
<tr>
<td>SNF Name 3</td>
<td>$45,712</td>
<td>24%</td>
<td>1</td>
<td>87.0</td>
<td>$523</td>
</tr>
<tr>
<td>SNF Name 4</td>
<td>$10,071</td>
<td>5%</td>
<td>1</td>
<td>18.0</td>
<td>$629</td>
</tr>
<tr>
<td>SNF Name 5</td>
<td>$11,346</td>
<td>6%</td>
<td>1</td>
<td>20.0</td>
<td>$592</td>
</tr>
<tr>
<td>SNF Name 6</td>
<td>$2,402</td>
<td>2%</td>
<td>1</td>
<td>9.0</td>
<td>$470</td>
</tr>
<tr>
<td>Total</td>
<td>$188,963</td>
<td>100%</td>
<td>10</td>
<td>33.0</td>
<td>$572</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SNF-DRG 470</th>
<th>SNF $</th>
<th>% of Total SNF $</th>
<th># of Episodes*</th>
<th>ALOS</th>
<th>Cost per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNF Name 1</td>
<td>$57,007</td>
<td>50%</td>
<td>91</td>
<td>22.8</td>
<td>$620</td>
</tr>
<tr>
<td>SNF Name 2</td>
<td>$92,305</td>
<td>9%</td>
<td>7</td>
<td>20.0</td>
<td>$597</td>
</tr>
<tr>
<td>SNF Name 3</td>
<td>$11,346</td>
<td>6%</td>
<td>1</td>
<td>9.0</td>
<td>$470</td>
</tr>
<tr>
<td>SNF Name 4</td>
<td>$8,000</td>
<td>4%</td>
<td>1</td>
<td>9.0</td>
<td>$470</td>
</tr>
<tr>
<td>SNF Name 5</td>
<td>$11,346</td>
<td>6%</td>
<td>1</td>
<td>9.0</td>
<td>$470</td>
</tr>
<tr>
<td>SNF Name 9</td>
<td>$11,346</td>
<td>6%</td>
<td>1</td>
<td>9.0</td>
<td>$470</td>
</tr>
<tr>
<td>SNF Name 10</td>
<td>$11,346</td>
<td>6%</td>
<td>1</td>
<td>9.0</td>
<td>$470</td>
</tr>
<tr>
<td>SNF Name 11</td>
<td>$11,346</td>
<td>6%</td>
<td>1</td>
<td>9.0</td>
<td>$470</td>
</tr>
<tr>
<td>SNF Name 12</td>
<td>$11,346</td>
<td>6%</td>
<td>1</td>
<td>9.0</td>
<td>$470</td>
</tr>
<tr>
<td>SNF Name 13</td>
<td>$11,346</td>
<td>6%</td>
<td>1</td>
<td>9.0</td>
<td>$470</td>
</tr>
<tr>
<td>SNF Name 14</td>
<td>$11,346</td>
<td>6%</td>
<td>1</td>
<td>9.0</td>
<td>$470</td>
</tr>
<tr>
<td>Total</td>
<td>$188,963</td>
<td>100%</td>
<td>10</td>
<td>33.0</td>
<td>$572</td>
</tr>
</tbody>
</table>

SNF Payment and Readmission comparison

SNF Payment

Mean Episode Payment

Readmission %

$0  $10,000  $20,000  $30,000  $40,000  $50,000  $60,000
Strategies for Success
What Are the Drivers of Success?

*Indicators that have been proven to achieve full savings*

<table>
<thead>
<tr>
<th>DRIVERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Executives engaged in entire process</td>
</tr>
<tr>
<td>2. Physicians engaged in the process</td>
</tr>
<tr>
<td>3. Physicians incented to participate</td>
</tr>
<tr>
<td>4. Full set of clinical, financial and cost data shared with stakeholders</td>
</tr>
<tr>
<td>5. Hospital willingness to remove non compliant vendors / make tough decisions</td>
</tr>
</tbody>
</table>

Other contributing factors: adhering to an aggressive timeline, communication with physicians throughout process, history of project implementation, culture

![Drivers Implemented Diagram](chart.png)

- **Savings Achieved**
  - 5: 150%
  - 4: 100%
  - 3: 50%
  - <3: 0%
Next Steps for Hospitals and Health Systems

- Develop gainsharing model and begin design with Orthopedic surgeons
- Understand your costs and key performance metrics for the episode of care
- Maximize efficacy of pre-admission processes and patient education
- Expand quality and financial scorecards
  - Transparency is Key
- Invest in appropriate post-acute care
  - Ownership
  - Partnerships
  - Collaboration
Questions

klieb@medassets.com
Streamlining Orthopedic Episodes of Care

Wellbe’s Connected Care Delivery

Wellbe helps service line leaders to manage growing programs by leveraging digital patient navigation to increase the capacity of existing resources. The cloud-based platform combines vital tools for patient engagement and care coordination across the continuum to manage the performance of value-based reimbursement programs. This patient-centric approach using actionable feedback results in reduced risks, optimal costs and a better patient experience.

Wellbe’s solution includes:

Guided Patient Journeys for Better Engagement and Experiences
Easy-to-follow CarePaths™ are designed around your facility’s existing content and aligned to your current program’s clinical pathways to help your patients on their journeys to better health.

Coordinated Care with Connected Teams
Each member of the care team can leverage CarePath Automation™ to help them complete their “to-dos” while ensuring collaboration on patient progress.

Real-time Insight from Patient Generated Data
On-demand reports give administrators the quick data they need to report to the C-Suite on program performance.

www.wellbe.me
Upcoming Live Event

Musculoskeletal Leadership Summit
Sept 10-11, 2015 – Las Vegas, NV

http://www.orthoserviceline.com/summit

Speakers include:

• Jane Keller, CEO of OrthoIndy
• Bill Munley, VP of Professional Services and Orthopedics at Bon Secours St. Francis Health System
• Maureen Geary, Program Director for the Connecticut Joint Replacement Institute
• Dr. Corey Lieber, Orthopedic Surgeon at Newport Orthopedic Institute/Hoag Hospital
• Kimberly Meyers, Executive Director of Neurosciences and Spine at University of Colorado Hospital
• Kevin Cullinan, Executive Director, Orthopedics at Catholic Healthcare Initiatives St. Vincent’s – Little Rock
• …and more!