# PROGRAM AGENDA

(Subject to Change. All Times Eastern)

10:45am – 11:00am          Welcome
**Michael Pattwell**, Chair, WEDI Payment Models
Workgroup, Principal Consultant, Value Based
Care, Edifecs

11:00am – 11:45am          Opening Session: Plan Involvement and Successes
in Value-Based Care
**Mollie Gelburd**, Senior Director, Delivery System
and Payment Transformation, AHIP

11:45am – 12:15pm          Turning Data into Action to Support Value-Based
Care
**Marc Mundt**, Senior Sales Engineer, InterSystems
and **Lynda Rowe,** Senior Advisor, Value Based
Markets, Intersystems, Co-Chair, WEDI Health
Equity Workgroup
*Tech Showcase Presented by* InterSystems

12:15pm – 12:45pm          **The Key Role Health Information Exchanges (HIEs)
Can Play in Value-Based Care**
**Tim Pletcher**, Executive Director, Michigan Health
Information Network Shared Services (MiHIN)

Health information exchanges (HIEs) are well-situated to help healthcare organizations achieve the triple aim of value-based care—improving population health management strategies, providing better care for individuals, and reducing healthcare costs. A more complete picture of the patient population can help providers better coordinate care. Identifying gaps in care and working to close them can help hospitals improve the quality of care they deliver— staple in value-based care. We welcome Tim Pletcher from MiHIN to discuss the general benefits HIE possess when addressing value-based care as well as the unique services at MiHIN that help providers reach their value-based goals.

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| 12:45pm – 1:15pm | **Break** |

1:15pm – 1:45pm **Driving Innovation; Collaborative Value Based Care Models, Robert Groves, MD,** Executive Vice President and Chief Medical Officer, Banner|Aetna

In 2016, Banner Health and Aetna formed a provider-partnered health plan. This collaborative value-based care models with risk sharing between payers and providers have the potential to drive innovation, improve outcomes, reduce costs and enhance patient experience. We welcome Dr. Groves who will offer an update on the partnership.

1:45pm – 2:30pm **Blazing the Technical Pathway to Value Based Care,** Presentation by the Da Vinci Project
**Viet Nguyen, MD,** Chief Standards Implementation Officer, HL7

**Semira Singh,** Product Manager, Population Health Informatics, Providence

2:30pm – 3:15pm **An Immersion into the Capacity of SDOH on Value Based Care**

To propel value based care to higher standards, the need of the hour is to compose a comprehensive

portrayal of health outcomes - which means the inclusion of social determinants of health (SDoH). Our research highlights that SDoH are driving medical expense and poor health outcomes. To further this point, our predictive models, that are optimized against value based care, have shown very strong sensitivity to SDoH factors. Please join us as we look to immerse ourselves with you into our process of quantifying SDoH information and the interpretation of our results as it relates to VBC.

**Samir Faroog**, Senior Data Scientist and **Arjun Gosain**, Senior Data Analyst, Arcadia

3:15pm – 4:00pm

**Healthcare at the Crossroads; Value Based Care and Interoperability**

**Michael Pattwell**, Chair, WEDI Payment Models Workgroup, Principal Consultant, Value Based Care, Edifecs

**Erin Weber**, Vice President, CAQH CORE

**Michael Phillips,** Manager, CAQH CORE

**Lynda Rowe,** Senior Advisor, Value Based Markets, Intersystems, Co-Chair, WEDI Health Equity Workgroup

This session will elaborate on the work that WEDI, CAQH, CARIN and Da Vinci are driving to bring us to the crossroads of Value-Based Care and Interoperability.  Starting with a brief overview of Interoperability and VBC success.  Discussing the required quality framework for successful value-based care transformation.  Highlighting the organizations and the work being done to facilitate changes to existing EDI Standards along with FHIR adoption.  Finishing with a real-life example of how these two forces are bringing us to the crossroad to address the past struggles and ongoing health disparities for the vulnerable.