



# April 2022 Conference Virtual Agenda

Day 1 • Monday, April 11, 2022

This is a draft agenda and is subject to change.

ALL SESSION TIMES ARE IN PACIFIC TIME

9:00–9:05 AM

## Welcome & Introduction

**Stephen W. Kett**  
Senior Program Director  
*The Governance Institute*

9:05–10:00 AM  
*Keynote Address*

## Health Assurance in 2032: From COVID to Consumerism

**Stephen K. Klasko, M.D., M.B.A.**  
Executive in Residence, *General Catalyst*  
Chief Global Innovation Officer & North American Ambassador, *Sheba Medical Center*  
Distinguished Fellow, *World Economic Forum*  
Former President & CEO, *Thomas Jefferson University & Jefferson Health*

It's February 2, 2030. A mutant strain of an RNA encapsulated virus has been afflicting people in Australia. Of course, people old enough to remember, especially healthcare workers, the dark days of early 2020 and the COVID-19 crisis immediately panicked...for a second...and then they smiled. Because they knew healthcare had evolved from a broken, fragmented, expensive, inequitable "sick care" system to a "health assurance" system where most of their care happens at home.

We are witnessing healthcare's "Amazon moment." If you are a provider and think you're going back to a business model solely based on hospital revenue and not relevant to people who want care at home, you will be out of business. If you are an insurer and think you can just be the middleman between the hospital and the patient, you'll be irrelevant. If hospitals believe that innovation can just be this cute little thing that they do in the background, but the real business is getting "heads in beds" they will never recover from the pandemic of 2020–2022 losses.

This keynote will highlight several post pandemic strategies, including:

- New creative partnerships between community partners, health systems, and payers as we move from "sick care" to "health assurance"
- How the combination of increased data gathering and artificial intelligence will make the society more resilient to disease spread
- Why how providers handle data today will make or break patient trust in the future
- How technology can start to address health disparities when applied strategically
- Why the most prized skills for physicians will be empathy, communication, and self-awareness in the digital age
- How population health, predictive analytics, and social determinants will move from philosophy to the mainstream of clinical care, payment models and medical education

### Learning Objectives

At the conclusion of this session, attendees will be able to:

- Define how we move from the "iron triangle of healthcare" to the "patient diamond of healthcare"
- Describe how hospitals and health systems move from a "sick care" to a "health assurance" model

10:00–10:15 AM

**Break**

**10:15–11:00 AM**  
*General Session*

## **Why Ending Disparities in Healthcare Must Start at the Top**

**Kimberlydawn Wisdom, M.D., M.S.**

Senior Vice President, Community Health & Equity  
Chief Wellness & Diversity Officer  
Henry Ford Health System

Effective leadership is more essential now than ever. In an environment of navigating the twin pandemics of COVID-19 and health disparity exacerbation, it behooves us to develop new leadership approaches and evolved leadership skills. The challenges we face today will require different thinking and approaches at the grassstops as well as a sharpening of their ability to engage diverse individuals in leadership roles at the grassroots.

Thousands of books have been written and podcasts recorded about effective leadership styles, skills, characteristics, and competencies. Yet each year more and more publications outline better ways to lead organizations and teams, and how to lead during these unprecedented times. While the anatomy (structure) of leadership may be fairly static, the physiology (function) of leadership is dynamic in order to address the plethora of new and emerging issues related to diversity, inclusion, equity, and social justice.

This presentation will highlight the anatomy and physiology of leadership, especially related to addressing diversity, equity, inclusion, and social justice (DEIJ). It will feature a few leaders who have driven change in DEIJ and embody key leadership traits. Also, effective strategies will be shared that can be incorporated immediately as well as others that can be implemented in the long term.

### **Learning Objectives**

At the conclusion of this session, attendees will be able to:

- Describe the anatomy and physiology of leadership skills necessary in the era of increased focus on diversity, equity, inclusion, and social justice
- Describe examples of key leaders who demonstrate the leadership characteristics that have been effective in yielding transformative change
- Identify key strategies that can be implemented in the short and long term as well as elements that can be incorporated in current ongoing efforts

**11:00–11:15 AM**

**Break**

**11:15 AM–12:00 PM**  
*General Session*

## **Board Oversight of the Hospital Professional Community: A Challenge More Critical Than Ever**

**Todd Sagin, M.D., J.D.**

National Medical Director  
*Sagin Healthcare Consulting, LLC*

For a hospital or health system to succeed it needs an adequate and appropriately qualified professional community. Providing for such a community is becoming increasingly challenging for hospital boards and management. The recruitment and retention of practitioners in a time of widespread burnout and increasing provider scarcity will require hospitals to take bolder action. Creating a rewarding professional home for practitioners & motivating them to engage in care transformation will require effective physician leadership. However, many health systems have expanded physician leadership without due care to define and integrate the roles adequately. The board appoints practitioners to medical staff membership and privileges, but numerous factors are making this a much more demanding activity than most boards recognize. An explosion of lawsuits against hospitals and medical staffs are alleging negligence in the credentialing and peer review activities. Yet most boards do not provide robust oversight of their organized medical staff(s).

This session will specifically address how the hospital board should focus on each of the following:

- Recruitment and retention of needed practitioners
- Development and appropriate deployment of a sufficient cohort of physician leaders
- The provision of adequate oversight of the hospital or health system's organized medical staff(s).

### **Learning Objectives**

At the conclusion of this session, attendees will be able to:

- Describe tactics to promote practitioner recruitment and retention and the importance of creating an attractive professional home for this community of providers
- Articulate the importance of deploying an expanding cohort of physician leaders with due care to role definitions, accountabilities, and coordination and integration of activities
- Explain how inadequate board oversight of the organized medical staff leads to institutional liability, poor quality patient care, and potential for serious reputational damage.
- Enumerate best practices for robust oversight of the organized medical staff.

**12:00–1:00 PM**

**Lunch Break**

This will be a one-hour break. Please return at 1:00 PM for the next session.

**1:00–2:00 PM**  
*General Session*

**The Board Chair–CEO Partnership**

**Kimberly A. Russel, FACHE**  
Chief Executive Officer  
*Russel Advisors*

The relationship between the CEO and the board chair became even more significant with the challenges of the pandemic. This session will explore how the board chair–CEO relationship is changing as the pandemic moves to the endemic stage. Vital characteristics of effective board chair–CEO pairings will be analyzed. Board chair selection criteria and the pathway to success for new board chair–CEO relationships will be discussed. The session will conclude with observations, recommendations, and tips to maximize the effectiveness of this critical partnership.

**Learning Objectives**

At the conclusion of this session, attendees will be able to:

- Define the essential characteristics of highly effective and productive board chair–CEO partnerships
- Describe the impact on the board and the organization when the board chair and CEO are operating as partners
- Propose considerations and observations related to board chair selection
- Recommend actions to advance existing CEO–board chair relationships to the partnership level

**Day 2 • Tuesday, April 12, 2022**

ALL SESSION TIMES ARE IN PACIFIC TIME

**9:00–10:00 AM**  
*General Session*

**Perspectives on Capital Markets & Credit (or What I Always Wanted to Tell You)**

**Lisa Goldstein**  
Senior Vice President  
*Kaufman, Hall & Associates, LLC*

Lisa Goldstein, Senior Vice President, Kaufman Hall & Associates, will present three unique perspectives on ratings and the capital markets. Lisa will focus on how lessons learned from past strategies and the clear articulation by hospital leadership of future strategies are as important as financial metrics when rating agencies assess a hospital's creditworthiness. She will speak to the dynamic relationship between credit and funding capital needs and growth strategies to maintain a not-for-profit hospital's long-term viability. Finally, Lisa will speak on why governance matters more than ever in the hospital industry with five key questions every board member should be able to address.

**Learning Objectives**

At the conclusion of this session, attendees will be able to:

- Define why the articulation of strategy is as important as the financial metrics
- Discuss five questions boards need to be ready to answer when ratings are evaluated

**10:00–10:15 AM**

**Break**

**10:15–11:00 AM**  
*General Session*

**Scarce Healthcare: Analyzing the Eroding Advantages of Traditional Healthcare**

**Ryan Donohue**  
Strategic Advisor  
*NRC Health*

The spotlight on healthcare has been bright for years but COVID-19 turned it white hot. Unflattering media coverage, dissatisfied patients, and a painfully deep politicization of the industry. Despite myriad challenges, including an unprecedented and unceasing virus, healthcare retains many of its unique advantages: a scarce but sacred resource of unparalleled necessity and steadfast profitability. Will anything truly alter healthcare at its core?

The answer might already be yes. As traditional healthcare organizations attempt to catch their breath and retool for a post-pandemic environment, evidence suggest the industry has already been fundamentally altered. It appears healthcare may no longer fully enjoy its most powerful attribute: scarcity. Join as we examine the powerful forces pulling healthcare away from conventional settings and into every home and onto every screen in the community, and the implications for the traditional business model of healthcare delivery. Will more abundant healthcare benefit patients? Will invasive entrants finally succeed? What will happen to a healthcare workforce teetering on the brink? We will debate if traditional healthcare delivery returns to prominence or joins the dust heap of history. As we do, we'll attempt to carve out a future that benefits both those who provide care—and those who receive it.

***Learning Objectives***

At the conclusion of this session, attendees will be able to:

- Describe the natural advantage of scarcity enjoyed by all traditional healthcare organizations
- Define what consumers want from abundant healthcare and what's already in motion
- Identify a framework to assess current organizational offerings and possible growth areas
- Discern the board's role in adopting a broader view of healthcare services and experiences

**11:00–11:15 AM**

**Break**

**11:15 AM–12:00 PM**  
*General Session*

**The Business of Disease, Illness, & Wellness**

**Brian J. Silverstein, M.D.**  
Chief Population Health Officer  
*Innovaccer*

Diseases move through a life cycle that includes illness and wellness. Our current system is based upon the treatment of illness rather than the promotion of wellness. In addition, the current stress of COVID-19 has also caused staffing challenges, volume swings, and stress on patient outcomes and health system finances. This pandemic has exposed the risks of our current business model and presents senior leadership and boards of healthcare organizations with an opportunity to reframe by allocating resources towards strategies that will result in improved clinical and financial performance.

The business models around wellness are dramatically different than the current illness-based models. This session will explore the specific local market factors that can impact strategy and lead to re-framing your own realistic market opportunity. We will also outline key operational elements of wellness-based models and how you can learn from them to improve clinical quality and financial performance. We will also explore the challenges for an illness-based healthcare system to adopt these practices and discuss a realistic path forward.

### **Learning Objectives**

At the conclusion of this session, attendees will be able to:

- Describe the clinical and business factors of disease and illness-based medicine
- Discuss wellness and describe the models to support this type of system
- Identify key operational factors that are important for each model to work
- Review factors to consider as you transition from illness to wellness

**12:00–1:00 PM**

### **Lunch Break**

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**1:00–2:00 PM**  
*General Session*

### **A Passive Governance Approach Will No Longer Work**

**Anne M. Murphy, J.D.**

Partner

*Arent Fox Schiff, LLP*

This presentation will discuss the appropriate dynamic between the board and senior leadership team, and the expectation that the board maintain a working partnership with the CEO and management, subject to the board's exercise of constructive skepticism and appropriate deference.

The presentation will review the law's core expectations concerning the board's active, independent oversight role and break them down into understandable concepts. It will also review recent court decisions that set forth specific board liability exposure for failing to exercise oversight with respect to mission critical risks. The presentation will share examples of board conduct that may prompt regulatory and judicial concern with board passivity and excessive deference as it relates to executive management. It will also provide concrete examples of conduct that is supportive of effective board oversight.

Through these and other points, the presentation will seek to clarify how the law expects the board and management to interact with each other in pursuit of the best interests of the health system.

### **Learning Objectives**

At the conclusion of this session, attendees will be able to:

- Describe what the law expects in terms of a board/management partnership
- Review the critical nature of the board's oversight role
- Define the "new legal reality" in terms of board interaction with senior leadership

**2:00 PM**

### **Adjourn Virtual**