Welcome to the ACHE Premier Corporate Partner E-Newsletter. This quarterly publication is designed to educate ACHE Members and Fellows on up-and-coming trends in healthcare, offer solutions to executives and share information about complimentary education opportunities being offered by ACHE's Premier Corporate Partners.

ACHE would like to thank our Premier Corporate Partners for their support of ACHE programs and for playing a critical role in helping ACHE advance its members and healthcare management excellence.

BE PART OF SOMETHING BIGGER!

2018 Congress on Healthcare Leadership
Be Part of Something Bigger
March 26–29, 2018, at the Hyatt Regency Chicago
Learn More at www.ache.org/CONGRESS
ACHE's Premier Corporate Partners look forward to meeting and talking with you!

Please note that reference to any specific commercial products, processes or services by a Premier Corporate Partner in this newsletter and featured educational content does not constitute or imply an approval, endorsement, recommendation or referral by ACHE. In addition, the views and opinions expressed in the featured educational content do not necessarily state or reflect those of ACHE.

The articles in this newsletter were submitted by Premier Corporate Partners and are generally published as submitted.

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Aramark

Aramark has a relentless focus on decreasing the risk of healthcare-associated infections, increasing nurse and patient engagement, and adopting innovative technologies and programs to drive value, productivity and quality assurance. Below are three guides to help you improve your healthcare operations:

- The risk of lethal infections spreading within hospitals remains high. Your healthcare system can drive down infection rates by implementing a reputable, scalable process. The key to a robust and successful infraction prevention process is a standardized model with on-site instructors who provide comprehensive training. Learn how in this must-read article.
- Hospitals can either lose or gain up to 2 percent of Medicare payments based on patient feedback. This is why your patients’ answers to HCAHPS survey questions are paramount to the financial health of your healthcare system. This crucial guide shows you how to create a best-in-class environmental services program and receive consistently high marks.
- With healthcare technology advancing faster than ever, many clinical engineering programs have room for improvement and most certainly room to drive additional value. Here, we look at three delivery models to determine which is right for your organization.

Aramark is proud to sponsor the Monday Congress Networking Reception at the 2018 Congress on Healthcare Leadership. Come and get to know your colleagues while enjoying specialty menu items from Aramark’s Treat Yourself menu!

Baxter Healthcare Corporation

Baxter and Mayo Clinic recently announced a research and development collaboration focused on developing transformative healthcare technologies. Our initial target is addressing unmet patient needs in treating kidney disease, with more to follow. For Baxter, it’s a first-of-its-kind agreement. To learn more, click here.

Baxter is proud to sponsor the High-Reliability Healthcare Boot Camp and the Wednesday Congress Networking Reception at the 2018 Congress on Healthcare Leadership. On Wednesday, meet and greet with ACHE and Baxter leadership during this grand networking event!

BD

During a recent United Nations General Assembly in New York, world leaders signaled an unprecedented level of attention to curbing the spread of infections that are resistant to antimicrobial medicines by devoting a full day to a high-level meeting on antimicrobial resistance (AMR).

Partners for this event included UNAIDS, the Office of the UN Secretary-General’s Special Envoy for Health in Agenda 2030 and for Malaria, the UN Special Envoy on TB, the United Kingdom-based Review on Antimicrobial Resistance, and the UK Mission to the United Nations. This event was organized by BD's recently formed, cross-company AMR team, working together with these partner organizations.

The recently published final report of the Review on Antimicrobial Resistance, chaired by Lord Jim O'Neill, projects a massive increase in mortality across the world due to this public health threat, with up to 10 million people dying every year by 2050 if no actions are taken. This could be accompanied by a huge $100 trillion in lost global economic productivity between now and 2050. This is a major health risk affecting both the global south and north and one of the leading development challenges for the entire world.

Find out how BD is leading a global effort, helping convene a group of AMR experts.

BD is proud to sponsor the Arthur C. Bachmeyer Memorial Address and Luncheon on Monday at the 2018 Congress on Healthcare Leadership, featuring keynote speaker David Blumenthal, MD, president, The Commonwealth Fund.
**Cardinal Health**

Is your organization taking the time to understand the differences among generations? Millennials now account for more than one-quarter of the population, with the oldest among them just turning 35. Most Gen Xers are in their 40s and early 50s and are influencing the healthcare industry with their increasing call for services. Not to be forgotten, the “silver tsunami” of baby boomers includes; nearly 75 million people currently between the ages of 53 and 71.

Read the three-part series on Cardinal Health’s *Essential Insights*, including downloadable infographics, to learn about different generations of patients and how to tailor patient experiences to meet their unique characteristics: [Part 1—Millennials](#) / [Part 2—Gen Xers](#) / [Part 3—Boomers](#).

Cardinal Health is proud to sponsor the Opening Session and Parker B. Francis Distinguished Lecture on Monday with incoming ACHE Chairman David A. Olson, FACHE, and Mara Liasson, political analyst, *Fox News*, and national political correspondent, *NPR*, at the 2018 Congress on Healthcare Leadership, as well as the CEO Circle Session on Tuesday and the CEO and COO Special Interest Area Networking Breakfasts on Wednesday.

**Cerner Corporation**

The advent of the smartphone has changed everything from the way we do business to the way we communicate with one another. Thanks to the ubiquity of mobile phones and apps, easy access to information is now the law of the land: Consumers expect it, and businesses require it.

The healthcare industry is not isolated from this trend, but adopting mobile technology in a hospital setting is no easy feat. It has taken a long time for health IT to catch up. Today, however, we’re seeing more and more applications being written to support smartphone operating systems. Today, infrastructure and application technology are more aligned than ever to enable a mobile experience.

In [this blog post](#) from John Gresham, Cerner’s vice president of interoperability, we explore what this shift means for the nursing profession and care team coordination. There’s a lot to consider on the path to achieving patient-centered communication, and this post helps break down specific recommendations for hospitals and healthcare systems.

Cerner is proud to sponsor the Leon I. Gintzig Commemorative Lecture and Luncheon on Wednesday at the 2018 Congress on Healthcare Leadership, featuring keynote speaker Bonnie St. John, a medal-winning Olympic skier with a physical disability, noted author, former White House official and successful businesswoman, as well as the CEO Boot Camp on Sunday.

**Change Healthcare**

According to a new [national study](#) commissioned by Change Healthcare, a review of the 50 states’ payment reform initiatives (plus Puerto Rico and the District of Columbia) reveals a range of approaches and significant variation in levels of sophistication, leadership commitment and resources devoted to the transition from fee-for-service to value-based reimbursement.

Six states, many with federal support, have well-developed, value-based payment strategies that have been implemented for four years or longer. In addition, 23 states have initiatives that have been in implementation for two or more years, and 10 states have programs that are in the early stages of development. Only seven states have little to no activity on value-based payment.

Read the full report and download the infographic [here](#).
Change Healthcare is looking forward to supporting the ACHE Phoenix Cluster, held Feb. 12–15, and welcomes attendees and local ACHE chapter members to complimentary educational panels and networking receptions held during the cluster.

Change Healthcare is also proud to sponsor Tuesday’s Hot Topic Session 1 at the 2018 Congress on Healthcare Leadership, featuring a policy and legislative update from the American Hospital Association.

IBM Watson Health™

Does pharmacy have a seat at the table in your population health strategy? Like individual patient care, population health management is a complex and diverse challenge that is best managed by interdisciplinary teams, each bringing a unique perspective and expertise. From collaborative medication management to clinical decision support to patient engagement, pharmacists play a key role in a multidisciplinary approach to achieving improved clinical outcomes and cost-efficient care delivery.

Learn more during a webinar presented by Tina Moen, PharmD, deputy chief health officer at IBM Watson Health, who shared insights with attendees on:

- The benefits of including pharmacy in your population health management strategy
- How collaborative medication management can positively affect outcomes
- How cognitive computing is positioned to support pharmacists and patients with issues such as medication adherence

IBM Watson Health is proud to sponsor Sunday’s COO Boot Camp and the Women Healthcare Executives Breakfast on Tuesday at the 2018 Congress on Healthcare Leadership.

Optum

For years, Premier Medical Associates has been among the leading multispecialty clinics in western Pennsylvania. But it wasn’t satisfied with excellence in fee-for-service quality and cost measures. It knew it needed to position itself to lead in fee-for-value, and that meant achieving excellence in managing populations. By focusing on multidisciplinary care management and using population health tools from Optum, Premier made the leap from simply providing care to actively managing health.

In 2013, Premier participated in the Centers for Disease Control and Prevention’s Screen for Life campaign, which focused on colon cancer identification. Premier’s baseline for colon cancer screenings was 57.5 percent. Using available data and clinical best practices, 80 percent of qualifying patients had been screened by the end of 2015. Premier was only one of five organizations recognized by the National Colorectal Cancer Roundtable for its efforts. Premier leaders credit their focus on data and analytics for their organization’s success with colon cancer screenings, as well as improvements in identifying and treating high blood pressure and caring for their patients with diabetes.

Using Optum One, a data and analytics platform, Premier Medical Associates is building sophisticated population health strategies that improve patient outcomes and maintain the clinic’s position as a market leader.

This case study outlines how Premier Medical Associates:

- Uses Optum One analytics to build a data-driven culture
- Reduces readmissions by pinpointing patients in need
- Improves care management using comparative clinical analytics

Optum is proud to sponsor Master Series Session 1: Healthcare Innovation, and Master Series Session 2: Executive Leadership, both on Monday, and the Wednesday Hot Topic Session 2 on opioid misuse and addiction at the 2018 Congress on Healthcare Leadership.
Most studies support that on average, 40 percent of all physicians suffer from burnout, with residents suffering at an even higher percentage. This burnout threatens the safe and effective delivery of healthcare if it is not proactively approached. Literature supports that patient satisfaction and patient-reported recovery time are affected negatively the more burned out a physician becomes. Burned out physicians also report more medical errors than their non-burned-out colleagues. Another great concern for organizations is the fact that the resulting medical errors and decreased patient satisfaction increase the threat of malpractice litigation, posing a financial risk to healthcare organizations and individual providers.

In this white paper, The Risk Authority Stanford addresses and summarizes the extensive research focused on physician burnout and well-being with an eye toward identifying those physicians who are at risk or currently in crisis. We explore the current model of physician wellness programs that are already in place in different healthcare organizations and what, if any, effect they have had on improving burnout and reducing medical errors.

Clearly, this is a problem of epidemic proportion that healthcare organizations must identify and mitigate using a structured prevention strategy. Connect with us at info@theriskauthority.com for more information on how The Risk Authority Stanford can address physician wellness at your organization.

The Risk Authority Stanford is proud to sponsor Tuesday’s Malcolm T. MacEachern Memorial Lecture and Luncheon at the 2018 Congress on Healthcare Leadership, featuring keynote speaker Peter J. Pronovost, MD, PhD, FCCM, senior vice president, Johns Hopkins Medicine, and director, Armstrong Institute for Patient Safety and Quality, Johns Hopkins.
Aramark
Improve the Hospital Experience With a Data-Driven Approach

Baxter Healthcare Corporation
Implementing IV Workflow Automation

BD
Targeting Key Gaps Across the Medication Management Process

Cardinal Health
Do No Harm: 4 Keys to Implementing and Sustaining a Culture of Safety

Cerner Corporation
Getting Physicians Involved in the Business of Care and Revenue Management

Change Healthcare
Change Healthcare Releases 8th Annual Industry Pulse Report

IBM Watson Health™
Engaging Healthcare Consumers in an Evolving Ecosystem

Optum
NYUPN Leverages Advanced Analytics for Better Care, Cost Outcomes

The Risk Authority Stanford
What Risks Do Your Physician Offices Bring?

Roche Diagnostics
Navigating PAMA: What You Should Know

Aramark
Aramark’s healthcare insights elevate the hospital experience for patients, caregivers and staff in hospitals across the country. Our insights-driven approach fills our menus with on-trend recipes that keep staff engaged while providing patients and caregivers the nourishment needed to heal. Innovative approaches to integrated service solutions deliver disease prevention, and asset management delivers environments that promote healing. And, our data-driven approach to healthcare technology management optimizes the performance of your equipment for increased patient and physician satisfaction, while extending the lifecycle of equipment for lower total cost of ownership.

Click here to learn more about how our data-driven approach improves performance at hospitals across the country.

Baxter Healthcare Corporation
Ensuring drugs are prepared safely and accurately is at the core of a pharmacist’s responsibilities. Despite best efforts, however, data suggests that errors in the IV compounding room are not uncommon. A study published in the American Journal of Health-System Pharmacy, evaluating IV admixture error rates for five hospitals, reported that 9 percent contained errors.

In an effort to increase safety in the IV process, an increasing number of organizations are considering the adoption of IV automation. Learn more.
HIMSS Analytics conducted research on behalf of BD Medical to understand the state of the medication management market and identify the challenges that exist within it. The 2017 Medication Management and Safety Survey found that more than 75 percent of physicians, nurses and pharmacists surveyed described the medication management process as "flawed," "fragmented," "disjointed" and "primitive." Additional results revealed:

- Nearly half of healthcare professionals surveyed cited better integration with EHRs as an opportunity for improvement.
- More than 70 percent of organizations surveyed see the value in moving to a single vendor for medication management.
- Over 25 percent of clinicians polled stated that data from medication management devices do not integrate well with EHRs at their facilities.

"BD is partnering with IT industry leaders and collaborating with customers to help address these evolving medication management challenges," says Ranjeet Banerjee, worldwide president, Medication Management Solutions, BD. "By leveraging these partnerships, we will improve interoperability across the medication management process, enhance cybersecurity and develop advanced analytics to drive sustained customer outcomes."

The BD HealthSight™ platform for enterprise medication management supports health systems as they address these challenges by helping to create a seamless ecosystem between the BD Pyxis™ and BD Alaris™ portfolios from pharmacy to bedside—with the goal of improving efficiency, reducing waste and enabling healthcare workers to spend more time on patient care.

To learn more about the HIMSS Analytics/BD study, watch the on-demand webinar.

Cardinal Health

According to the World Health Organization, as many as one in 10 patients in developed countries are harmed while receiving hospital care, making patient safety a serious global public health issue. While hospital safety culture is constantly evolving, there are specific steps all hospitals can take to improve overall safety and reduce harm. Read the four keys to implementing and sustaining a culture of safety.

Cerner Corporation

When we think of the business of healthcare, many of us automatically think of the administrative and finance departments in hospitals and healthcare systems. That is where the business is accounted for—away from where the care is taking place. At least, that is how it used to be.
Today, the healthcare landscape is shifting rapidly, and a fundamental redesign of the approach to the business of care and revenue cycle management is critical for healthcare organizations’ financial solvency.

In this blog post from Tinu Tadese, MD, a senior physician executive at Cerner and a Healthcare Financial Management Association-certified healthcare finance professional, details why engaged physicians are critical to a hospital's bottom line. She explores why some physicians are disengaged from the business of care and revenue-cycle management and offers strategies for gaining physician buy-in.

Cerner is proud to host the ACHE San Francisco Cluster May 21–24. It will host complimentary lectures, where attendees can earn ACHE Qualified Education credit, and networking receptions for Cluster registrants and local ACHE members Monday, May 21, and Wednesday, May 23.

Cerner Corporation

Change Healthcare

For the past eight years, Change Healthcare has commissioned an online survey of leading health plans and other healthcare stakeholders in an effort to determine and report on the “pulse” of the healthcare industry. This latest Industry Pulse surveyâ€”fielded online in late 2017 and published in the first quarter of 2018 in partnership with the Healthcare Executive Group—looks at marketplace challenges, trends, opportunities and the investments payers report, and contrasts those findings with what was reported in past surveys.

This edition’s survey was open to more than 2,000 Change Healthcare customers, which includes leading national and regional payers of all sizes, members of the HCEG and members of the Health Plan Alliance. Additionally, Change Healthcare received survey responses from healthcare leaders across provider, vendor, government and academic areas. In all, 52 percent of respondents were at the president, vice president and C-suite levels.

Read the full report here.

Change Healthcare

IBM Watson Health™

As the consumerization of healthcare continues, individuals expect their care experience to resemble their interactions with other frequently used services. The third webinar in a three-part series with David Nash, MD, dean of the Jefferson College of Population Health, covered important topics in consumer engagement from the perspectives of payers and health systems. Nash was joined by Bobbi Coluni, vice president, offering management, IBM Watson Health, for this recorded discussion on:

- Market trends and environmental factors driving healthcare consumerism
- Potential approaches for engaging patients and members
- How user experience and technology can help move the needle

IBM Watson Health is proud to sponsor the ACHE Amelia Island Cluster April 23–26. It will host a complimentary lecture on Monday, April 23, from 4 p.m. to 5 p.m., at the Omni Amelia Island Plantation Resort focused on “Sustainable Quality Improvement: Using Data and Analytics to Support Successful Quality
Improvement Initiatives.” Attendees will earn 1 hour of ACHE Qualified Education credit. IBM Watson Health also will host complimentary networking receptions on Monday, April 23, and Wednesday, April 25, from 5 p.m. to 6 p.m., for all Cluster registrants and local ACHE members.

IBM Watson Health™

Optum

Patients go out of their healthcare care insurance plan network for a variety of reasons. When patients receive their care ‘la carte—choosing primary care from one organization, then specialty or acute care from unaffiliated care providers—it can create serious challenges for healthcare provider organizations and patients.

What can care provider organizations do to prevent patients from seeking care outside their system? Organizations like NYUPN—a collaboration between the University Physician Network and NYU Langone Medical Center—increased in-network utilization by patients who were previously seeing nonparticipating physicians by 5 percent. Discover how NYUPN is keeping patients in network using predictive data and analytics and creating a foundation for actionable insights in this topic spotlight. And, for more on this topic, watch this video.

Optum is proud to host the ACHE Santa Fe Cluster June 4–7. It will be hosting complimentary lectures, where attendees can earn ACHE Qualified Education credit, and networking receptions for Cluster registrants and local ACHE members Monday, June 4, and Wednesday, June 6.

Optum

The Risk Authority Stanford

While maintaining a formal risk management program within the hospital setting has been common practice for many years, historically, physician practices have had fewer resources and less expertise in managing risk. As healthcare systems increase their ownership of private physician practices and employ more providers, they must ask themselves, “Are we identifying, mitigating and managing the unique risks inherent to our physician practices?”

One key tool for identifying physician risks is an on-site, individualized assessment that focuses on areas unique to the physician and physician’s practice setting. These assessments incorporate questionnaires, environmental walk-throughs, interactive tracers with staff and reviews of medical records and practice policies.

Physician-practice assessments should be followed by both numeric and narrative summaries of findings provided to the practice and health system. It then becomes important to review these findings and recommendations, identify high-risk focal points by using strategies, such as risk-vulnerability scoring, and providing resources to mitigate identified areas of risk.

Software tools also can assist in proactively identifying risks in physician practice settings. One such tool is The Risk Authority Stanford’s Innovence™ Pulse, which uses risk coding to analyze complaints, incidents and claims to pinpoint responsible service areas and categorize the factors involved. This allows users to address issues and prevent future losses.
Learn more about the unique physician practice risks in our overview, *What Can Happen in the Office?* And learn how The Risk Authority Stanford’s consulting services can assist you in managing your physician practice risks.

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**The Risk Authority Stanford**

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**Roche Diagnostics**

Multiple legislative changes are affecting the healthcare industry. One of the most significant reforms is the Protecting Access to Medicare Act, which was passed by Congress in 2014 and implemented new reimbursement rates for some clinical laboratory tests on Jan. 1, 2018. PAMA is intended to reduce spending on diagnostic testing by the Centers for Medicare & Medicaid Services by revising how clinical lab reimbursement rates are calculated under the Clinical Laboratory Fee Schedule. While PAMA brings industry changes and challenges, it also offers opportunities to those who are informed and prepared. *Is your organization ready?*

What you should know about PAMA:

- **Timeline**: CMS reimbursement rate reductions have already begun and will continue during the next six years.
- **Scope**: PAMA reduces CMS reimbursement amounts for most outpatient Medicare diagnostic testing.
- **Payer mix**: Knowing your Medicare and private payer mix is important.
- **Decoupling contracts**: Experts are recommending that laboratories review their contracting methodologies and take action as needed. [Attend this webinar for more information](#).
- **Workflow and efficiency**: Operational improvements can help mitigate the effects of reduced reimbursement.
- **ATP billing**: Automated testing profiles are now unbundled.

As your strategic partner, Roche is committed to helping you successfully navigate PAMA and its impact to your organization. We provide tools and resources along with industry-leading diagnostic solutions that enable you to maximize efficiency, increase the value of your laboratory and improve patient outcomes.

Learn more about PAMA and gain insights on addressing its challenges at [LabLeaders.com](#).

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**Roche Diagnostics**

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