Melding Technology and Strategy:

Health and Payment Reform and Business Lines

Proceedings of the CAST Commission Meeting
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Indianapolis, IN

REPORT

LeadingAge® CAST
center for aging services technologies

MELDING TECHNOLOGY AND STRATEGY:
HEALTH AND PAYMENT REFORM AND BUSINESS LINES

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LeadingAge Center for Aging Services Technologies:

The LeadingAge Center for Aging Services Technologies (CAST) is focused on accelerating the development, evaluation and adoption of emerging technologies that will transform the aging experience. As an international coalition of more than 400 technology companies, aging-services organizations, businesses, research universities and government representatives, CAST works under the auspices of LeadingAge, an association of 6,000 not-for-profit organizations dedicated to expanding the world of possibilities for aging.

For more information, please visit LeadingAge.org/CAST

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Executive Summary

Majd Alwan
Executive Director
Center for Aging Services Technologies
LeadingAge
Washington, DC

When the CAST Commission met in Indianapolis in October 2016, sessions focused on planning strategy for the future—how to meld technology and the business of aging services.

- Rear Admiral Kathleen Martin, CAST Vice Chair, introduced her successor, Michael Rambarose, who will co-lead CAST into the next year of technological advancements and related business strategies.
- LeadingAge President and CEO Katie Smith Sloan presented the new LeadingAge strategic plan, which incorporated the role of technology. The plan envisions an America freed of ageism, with strategic goals that encompass social impact, alleviation of workforce shortages, member value, and innovative and entrepreneurial opportunities.
- CAST Chair Mark McClellan, MD, PhD, of the Duke-Margolis Center for Health Policy, discussed health and payment reform. A growing number of providers of long-term post-acute care and long-term supports and services are playing a major role in alternative payment models. The Long-Term Quality Alliance (LTQA) has recent case studies, and CAST has identified additional providers and case studies. The Centers for Medicare & Medicaid Services (CMS) has passed a critical landmark, achieving its goal of converting 30% of Medicare payments into alternative payment models in 2016. There is a growing importance of alignment between financing and elements that really make a difference for patients—care coordination, telemedicine, remote monitoring techniques, team-based approaches to care—and are not paid for under traditional fee-for-service payment systems.
- Guest speaker and former CAST Commissioner David Gruber, MD, of Alvarez & Marsal, shared an analysis of long-term post-acute care (LTPAC) business lines and how to plan strategically for the future. His presentation emphasized that data can bring efficiency to healthcare—and opportunity. However, we should look at data in new ways, using it to generate insights and foresights that yield better decisions and reduce costs. Ensuring the right people review that data is also key, and creating a data-driven organization requires culture change. Payment reform is well underway now, and providers need to plan for it. A fundamental change is from fee for service to value, which is driving up consolidation and affecting costs. Business intelligence and the ability to scale are critical elements of providers' success.
- A new CAST Tool, *Shared Care Planning and Coordination for Long-Term and Post-Acute Care: A Primer and Provider Selection Guide 2016*, was released in October.
- *Electronic Health Records (EHRs) for Long-Term and Post-Acute Care: A Primer on Planning and Vendor Selection 2016,* which includes the new CAST 7-Stage EHR adoption model, remains an important way to estimate the sophistication of adoption of EHRs among CAST members and the long-term care post-acute sector.
- The Rural Health Care Connectivity Act of 2016 passed as a result of LeadingAge/CAST advocacy efforts. It includes skilled nursing facilities among the types of health care providers who may request reasonable telecommunications rates in rural areas.

- The Federal Communications Commission (FCC) has announced the Lifeline program. Now low-income older adults can get a high-speed Internet connection for $9.25 per month. This program will be key to connecting low-income older adults and improving their health and quality of life.

List of Participants

Commissioners

Alan Bugos
Head of Technology and Innovation
Philips Healthcare - Home Monitoring
Boston, Massachusetts

Bill Rabe
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Skokie, Illinois

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John DiMaggio
CEO and Co-founder
BlueOrange Compliance
Dublin, Ohio

John Mabry
Chief Technology Officer & Senior Vice President
Align
Wausau, Wisconsin

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CEO
Vinson Hall Retirement Community
McLean, Virginia

Kelly Soyland
Director of Innovation and Research
Good Samaritan Society
Sioux, South Dakota

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Duke-Margolis Center for Health Policy at Duke University
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HealthMEDX
Ozark, Missouri

Michael Rambarose
President & CEO
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Richard Hoherz
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New York, New York

Thom Hosinski
Vice President of Healthcare and Housing Services
Evangelical Homes of Michigan
Farmington, Michigan

Tom Bang
CEO
It's Never 2 Late
Centennial, Colorado

Guests

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New York, New York

Brandy Stefanco
CFO
Jewish Family Home
Rockleigh, New Jersey

Burt Hudson
Senior VP of Operations and New Business Development
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Presbyterian Villages of Michigan
Southfield, Michigan

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Satchel Health
Nashville, Tennessee

David Baker
Vice President and Chief Technology Officer
Asbury Communities
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David Dring
Executive Director
Selfhelp Innovations
New York, New York

David Gruber, MD
Managing Director and Director of Research
Alvarez and Marsal
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Deb Freeland
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Part 1:
CAST Introductions

Michael Rambarose, CAST's new Vice Chair, was introduced.

Rear Admiral Kathleen Martin, CAST Vice Chair, introduced the new Vice Chair, Michael Rambarose. Mike has been on the LeadingAge board for two years. He has been with the Whitney Center in Camden, CT, since 2005 and in 2012 became President and CEO. For 20 years, Mike has been working with senior services in a variety of positions in business, marketing, and development. He is a thought leader and is very interested in technology.

Mike thanked Kathy for her leadership, saying that she and Majd along with the team and the CAST Commissioners have done outstanding work in advancing the narrative of technology in aging services. In the last few years, it has gained a lot of momentum with everyone from single provider members to multisite providers. The partnerships being cultivated and nurtured among all the organizations, CAST and LeadingAge, and the sponsors and CAST Commissioners is fantastic, and he is excited to be part of it. He is looking forward to working with all of the Commissioners and to facilitating the great work Majd and his team are doing.

CAST's new Vice Chair, Michael Rambarose, was introduced.

Meeting Objectives:

- CAST Executive Director Majd Alwan, PhD, presented CAST's 2016 initiatives.
- Katie Sloan shared the strategic plan that LeadingAge developed in the preceding seven months. Majd and Katie have done great work in tying technology into LeadingAge's strategic initiatives.
- Dr. Mark McClellan of the Duke-Margolis Center for Health Policy joined by videoconference to discuss health and payment reform in this election year.
- David Gruber gave an analysis, insights, and prospects of long-term post-acute care business lines, with research done by his firm, Alvarez & Marsal.

Part 2:
CAST Commissioner Introductions

CAST Commissioners and Guests participated in introductions and meaningful networking. Attendees shared not only who they are, but also their most exciting technology initiative or opportunity and their biggest challenge.

Alan Bugos
Philips Healthcare - Home Monitoring/Philips Lifeline

Focused on how to bring aging-well services to the connected home for seniors and caregivers.

Opportunity: Focused on next generation fall detection technology, including a wearable wrist fall detection device and fall risk prediction. They are collecting all data from devices and running it through a back-end analytics engine to predict risk of falls after four to six days of monitoring.

Challenge: Have created a new population health management business group and are integrating a number of business units; the challenge is integrating care management platforms.

Bill Rabe
Covenant Retirement Communities

Challenge: He became the Chief Information Officer in April. They are looking at the infrastructure currently deployed from a data perspective and three-year plan and are exploring what to do. Their business intelligence strategy is very important initially, and they are exploring good ways to leverage data to make good business decisions. Security and awareness is a big challenge for residents and employees. When talking about connecting homes, they want to make sure everybody's secure.

Bob Coen
Selfhelp Community Services

Opportunity/Challenge: The greatest opportunity and challenge is to increase the speed with which we leverage data available through the private sector and government channels. Putting that data quickly into the hands of people who need to make decisions in real time can enable seniors to remain self-sufficient as long as possible.

Challenge: Finding cost-effective ways for smaller organizations to leverage technology.

Brandy Stefanco
Jewish Home Family

Provides sub-acute care, assisted living services, and home and community-based services.

Challenge: As a smaller organization, finding a cost-effective way to leverage the technology that can keep older adults in the community engaged in what's happening in the facility.

Burt Hudson
LeadingAge

The new Senior Vice President of Operations and New Business Development, he has been there for six months. He came from a trade association focusing on health insurance plans and has worked with Ted Turner at CNN.

Opportunity: Looking forward to joining the meeting.

Challenge: Trying to keep up with the good work that comes out of CAST.

Candace LaRochelle
ABILITY Network

eHealth Data Solutions joined ABILITY in April 2016. Through strategic alignment and strategic acquisition, ABILITY has grown and provides revenue cycle management, MDS integrity risk management and claims-based management systems.

Opportunity: Want to learn from people like those in CAST about long-term care and not-for-profit care—senior living, HUD housing, etc.—and what the industry needs them to provide.

Challenge: As they are growing and offering more business lines across long-term care, they are ready to offer more real-time actionable data that clients need.

Carl Goodfriend
ProviNET Solutions

They are a long-time CAST member/sponsor.

Challenge: CAST is on track with current initiatives such as strategic planning. Many providers and others in the room come to them with questions about strategic planning, which they are focusing on as well.

Carol Hastings
Presbyterian Villages of Michigan

Opportunity: This is her first CAST meeting; she is all ears and eager to learn.

Casey Blumenthal
Montana Hospital Association (MHA)

Opportunity: One of their larger continuing care retirement communities has a pilot project among two hospitals and the health department to create a health information exchange, and if that works, to take it statewide. There is a lot of transfer of patients, residents, and information across the system, so this could be quite helpful and could help members to see the importance of technology.

Challenge: Trying to get their members interested in technology.

Chip Burns
Asbury Group Integrated Technologies, a subsidiary of Asbury Communities

Opportunity: This is his eleventh year as a CAST Commissioner. He recognized Majd Alwan, saying Majd carried the banner of CAST, was the evangelist when CAST was new, and now has moved CAST from the theoretical to the practical. The CAST toolkits and the rest are very effective.

Challenge: As an IT company and provider offering data analytics, home and community-based services, and

the like, they plan to become a data-driven organization in 2017. They have a data repository and warehouse, but working within this team and talking to their counterparts as to what data and how to look at the data is key.

Opportunity: Learning about technologies and customer needs from CAST Commissioners.

Chris Hartman
ACTS Retirement-Life Communities

Oversees infrastructure and community support.

Opportunity/Challenge: Learning about technologies. Excited to speak to CAST Commission members to see what other communities are using.

Dave Gruber
Alvarez & Marsal

He is Director of Research with this consulting firm's Healthcare Industry Group and a speaker at the CAST Commission meeting.

Challenge: Payment reform and value-based integrative care. There are a lot of implications where it's going. Technology is ahead of its time, with more changes coming in the next three to 10 years. Focus is needed on total cost of care and self-management. Jumping out of silos is needed in healthcare.

Dave Luna
Satchel Health

This small, two-year-old company is at its first CAST meeting. They have a philosophy that care is local, with a model unlike other telehealth; it is based on involving local caregivers, local physician groups, nearby hospitals, and medical directors at other sites.

Opportunity: Now running as fast as they can with the innovation. The device can be used for so much more. They never imagined a physician would ask for the cart to be brought into a care plan meeting. Hospitals are also requesting the carts. It lets users call a nurse that has been in the facility for a long time before calling a doctor. Other use cases are doing in-service room care with the camera and device and hooking up 250 other people.

David Baker
Asbury Group Integrated Technologies, a subsidiary of Asbury Communities

Has been a CAST member since 2003.

Opportunity/Challenge: Cash on hand/debt service coverage ratio and leading the charge with technology.

Challenge: Preparing for new payment models, such as value-based payments.

David Dring
Selfhelp Community Services

Opportunity: Most exciting technology is the continuance of our virtual senior center; are partnering with Panasonic to convert it from a computer to TV and put it in homes in New York City area, as part of a pilot with managed long-term care company.

Challenge: How do we prepare ourselves for upcoming value-based payments? What role do we play as a home and community-based services provider? How do we make case management available to an electronic medical record or clinical services to get reimbursement for preventative services?

David Finkelstein
RiverSpring Health

This long-term care provider provides skilled nursing, assisted living, home care, managed care, and day care, servicing 12,000-15,000 patients daily.

Opportunity/Challenge: Taking the organization to 2020 and 2025, transforming from a skilled facility to one of New York City's first continuing care retirement communities. They are turning skilled beds into assisted living and building new independent living beds. He is looking for CAST to help clarify what kind of systems and infrastructure do they need to put into new buildings as they're renovating buildings, so that they are prepared for the next wave of technology solutions.

Dayna Kully
DirecTV

Opportunity: DirecTV is looking at senior living as their next large market. With a strong presence in hospitality, they are trying to better understand what their product needs to look like to be successful in that market.

Challenge: What are the solutions in the various senior living environments? Are things like casting and mirroring important to the community? They are hoping to meet providers to gain more in-depth information on needs.

Deb Freeland
CliftonLarsonAllen

Provides public accounting to the post-acute-care space.

Challenge: Getting current data to help clients navigate new and evolving payment models.

Debi Sampsel
University of Cincinnati

The Chief Officer of Innovation and Entrepreneurship, she created the Intraprofessional Innovation Collaboratory and smart house on the continuum of care retirement village.

Opportunity: They are thrilled with their telehealth program in the independent living section and trends from unhealthy days to healthy days. They are looking at aging in place.

Challenge: Trying to quickly develop arms for a remote presence robot so that they can get to different floors of apartments and serve independent patio homes. They have expanded transportation and ability to get in and out of different houses. They want to know the return on investment to the smart house. Bringing different professions together to come up with unit-based costing is another challenge.

Opportunity: Attention to technology that prompts meaningful reporting.

Dusanka Delovska-Trajkova
Ingleside

Serves 1,000 residents in the Washington, DC, metropolitan area.

Opportunity: Excited that now someone is paying attention to what they're doing. It puts pressure on IT systems so that they have to look at the data and create their own meaningful reports rather than just hospitals having data on them.

Challenge: Technology is moving so fast. It affects not just the chip in the credit card machine but how that plays well with our 84+ median age of clients.

Frances Ayalasomayajula
HP

Are leveraging technology in population health management and patient engagement within care delivery. They are developing seamless technologies that can integrate into existing workflows and taking into consideration other areas such as security.

Opportunity: A case study coming out on Hewlett Packard's Sprout technology and dementia and leveraging focus groups through LeadingAge CAST.

Challenge: To be able to determine advancement of technology: not just predict where industry is going, but how technologies can be incorporated and development accelerated so that we can help facilitate aging in place and continued independence for individuals.

George Millush
Presbyterian Villages of Michigan

Challenge: Dealing with and prioritizing the evolution of numerous technologies, compounded by changes in the organization.

Jack York
It's Never Too Late (IN2L)

Looks at engagement technology for people with physical and cognitive disabilities, especially dementia.

Opportunity: Are most excited about how they built the company as a group engagement tool and are getting ready to release technology geared toward individuals in their room or home. IN2L had success in high-end memory care for people who have more financial resources and now are working on how to serve people dealing with dementia in affordable housing.

Jay Politzer
Satchel Health

Opportunity: This is his first tine at CAST; he's excited to see what it's all about.

Challenge: Usability, accessibility, and security.

Jeremy Mercer
Netsmart, formerly HealthMEDX

Opportunity: A new merger establishes Netsmart Technologies and HealthMEDX as the largest and most comprehensive supplier of community care technology solutions serving the post-acute and human services segments of healthcare. Clients can leverage the CareFabric platform for clinical and business solutions, which extends interoperability, revenue cycle management and data analytics, as well as care coordination and consumer engagement technologies. The merger enables them to address not only the long-term post-acute space, but also behavioral health, addiction treatment, intellectual and developmental disabilities, child and family services, public health, home health, hospice, palliative care, and long-term care.

Challenge: How do we inform our clients about options they didn't have before, especially with new solutions such as health information exchange.

Challenge: Choosing the right technology and systems for your organization.

Joe Gerardi
Cornerstone Affiliates

Recently affiliated with American Baptist Homes of the West (ABHOW) and be.group. Now they run 17 continuing care retirement communities and 70 affordable housing communities on the West Coast.

Challenge: Keeping the business running; choosing a customer relationship management and accounting system; innovating, to support the CEO's direction; and figuring out how to do it all at the same time.

John D'Annunzio
Samsung Wireless Enterprise

Opportunity: This industry is based on using technology—wearables, sensors, database for analytics, etc.—to drive patient outcomes and increase return on investment. The foundation is having a robust, secure network. They have products today that go beyond wireless to support other things such as an open API caching data off a wearable, etc. The business is increasingly capturing senior care. They want to learn more about how they can serve CAST Commission members.

John DeMaggio
BlueOrange Compliance

Handle security and cybersecurity assessments and risk enforcement and audits, working with many acute care organizations across the country.

Opportunity: New technology to help reduce the friction clients have in a lot of the organizations.

John Mabry
Align

Offers an employee engagement and patient experience assessment and improvement program with PointClickCare, powered by Align. A sister organization called Living Life Solutions provides mobile solutions that let you go into patient's home and provide a fall risk and recommendations for meditating the risk of falling. They will be expanding next year to Alzheimer's and remote monitoring and sensors.

Challenge: How do we seamlessly integrate the technology and the processes? For people with skilled nursing facilities and assisted living organizations who have no extra time and money, how do we add value and choose technology that is seamless within their facility or home health?

John Palkovitz
Broadmead

Opportunity: Developing a dementia program with a team of doctors from Johns Hopkins. They are looking for the right tools to assist with engagement, safety, and independence maintenance.

Challenge: As a small organization, how can they do this in a cost-effective manner?

Joyce Miller
Ohio Presbyterian Retirement Services, now Ohio Living

They are long-time members of LeadingAge and CAST.

Challenge: Their board issued a challenge to really look at their mission: How do they reach out to members and reach more and more people virtually? What can they do that would be positive and aid in someone's loneliness in their home, etc.? How do they learn what kinds of services people want to connect to the community? What education programs and podcasts and TEDTalks exist to help a certain type of population?

Judy Collett-Miller
Francis E. Parker Memorial Home

They have done limited technology applications, such as electronic health records and telehealth.

Opportunity: They want to test to figure out what will drive quality of care to their residents and work in their facility.

Challenge: Figuring out what they should do with technology because there are so many opportunities. Internally vetting those ideas with the strategic plan

Karen Jordan
Aon Affinity

Develop insurance products and solutions for senior living providers.

Challenge: Keeping up with CAST Commission members, and making sure they have the risk mitigation and insurance solutions needed.

Opportunity: Alleviating social isolation, connecting families and the church.

Kelly Soyland
Good Samaritan Society

Offers a full continuum of care in 25 states.

Opportunity: A current project focuses on social isolation and the ability to connect families and the church.

Challenge: Business development issue of operational partners in the field who may not have the capacity to come alongside Good Samaritan Society when it has an innovation that's hitting the marketplace.

Linda Lessard
Sun Health Senior Living

This is her first time at CAST.

Opportunity: Over the last four years, their company has really embraced technology.

Challenge: They've embraced technology so quickly. Data security and data analytics are the biggest issues. They want to be able to mine data and bring meaningful data to the table to make the organization stronger.

Mary Senesac
Netsmart

Opportunity: Netsmart's strength is strong connections with health information exchange and electronic medical records—a lot of the challenges in post-acute care. Looking forward to increasing that throughput.

Challenge: Showing the power of connectivity.

Matt D'Angelo
PointClickCare

Opportunity: Exposed their first set of APIs on top of their development platform and are trying to encourage innovation around family engagement and care coordination.

Challenge: The need to follow customers across the continuum led to the recent launch of home health electronic health records. Another acquisition is a small startup with remote monitoring tools. They need to understand what to build organically on top of it and what smart technologies to partner with to bring it to market.

Michael Jones
CaptionCall

Provides technologies for those who are hearing impaired, with video and telephony. CaptionCall is delivering those technologies in a unique platform in a to-be-formed company.

Opportunity: Bundled payments. Telemedicine and telehealth have never fit into the economic model that's been part of the reimbursement chain, and that's changing very quickly.

Mike Freedman
BlueOrange Compliance

Does privacy and security and assists facilities with meeting regulations, as well as penetration testing.

Challenge: For-profits often are rolling the dice and don't do the necessary risk assessments.

Peter Kress
ACTS Retirement-Life Communities

Opportunity: Are building a service engine and have rolled it out for two or three service modalities. They are licensed for 4,000 people and will have 5,000 to 6,000 people on it. Now they are wrapping engagement engines around that: traditional marketing applied to enhancing experience and nudging behavior.

Challenge: Service engine + engagement engine = experience engine. How do they make a best-in-class experience engine in the aging services industry

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Challenge: Finding early adopters in the market.

Reid Estreicher
Samsung Electronics

This is his first time at CAST.

Opportunity: Looking to improve health outcomes through technology and working on dietary/nutrition and workforce shortage issues. Taking the first steps on another project called Connect the Ages, designed to shorten the workforce gap and bring millennials into this space to get more technology here.

Challenge: Finding early adopters. There is hesitance in market, as a lot of people have been promised things that haven't been delivered.

Ricardo Meirelles
PointClickCare

Challenge: Move from the people service world to new database models. Help customers to work with costs and new bundled payments and make them more interoperable so they can partner with their health systems on care coordination initiatives.

Richard Hoherz
Westminster-Canterbury at the Chesapeake Bay

Opportunity/Challenge: How do you prioritize and drive innovation and efficiency all the way down, improve engagement, and have clinical studies? They are focusing on prioritization of technology, getting it rapidly and effectively deployed deep into the organization so that it becomes part of organization's DNA and not a bolt-on that's seldom used. Even with electronic medical records, being able to integrate those across platforms and with other providers to yield efficiency.

Roger Myers
Presbyterian Villages of Michigan

Majd Alwan visited in September and met with board members and senior leaders, leading to two board members coming to this CAST Commission meeting.

Opportunity: A new relationship with National Church Residences for service coordination across affordable communities. A big factor in making that decision was the Care Guide application, which is significant in how they serve two-thirds of the population (5,000 low- to moderate-income people). They are also cosponsoring the largest and fastest-growing PACE program in Michigan and looking at two additional ones. Because they're on the payer/provider side, they can make all the decisions around how to deploy technology in a PACE environment.

Challenge: Fragmentation, concerns about the life cycle of making investments and obsolescence, and wanting to know whether to take a risk on certain technologies.

Opportunity: CAST is seeking feedback on its portfolio of tools.

Scott Code
LeadingAge/CAST

As CAST's Associate Director, he helps manage the technology selection tools.

Opportunity: Next year, social engagement technologies may be the focus of CAST's portfolio. CAST would welcome feedback on whether CAST Commission members agree with that or would like to see a different focus, plus feedback on the recently released Shared Care Planning and Coordination portfolio.

Shelley Kalfas
Sodexo Senior Living

Provides quality of life services to support operations of retirement communities.

Opportunity: A partnership with Connected Living. For a very long time they have used technology to support and monitor operations. This collaboration will provide both a social network for seniors and their family and friends and connect them directly with the services Sodexo provides. They are planning to meet the growing needs of coming generations that will expect to be able to be connected.

Stuart Kaplan
Selfhelp Community Services

A founding member of CAST, provides home and community-based services, affordable housing, case management, senior center, and home care technologies to about 20,000 people in the New York area.

Challenge: How do we have the information to play in the risk-based arena so that we know we are giving the value and can quantify it?

Tanya Hahn
National Church Residences

Opportunity: They have a pilot healthcare system working with 100 of the highest-cost COPD patients to reduce their $7.6 million spend every year. They are making tremendous progress with the Care Guide System they use in their affordable housing properties and have expanded to Michigan. How do they partner with people like those at CAST and capture data internally?

Challenge: With 330 affordable housing properties in 28 states and Puerto Rico and 11 healthcare campuses, how to create a customer relationship management system that crosses all entities?

They have an antiquated and disparate electronic health records system. How do they find the right system for them? Plus big data to work with accountable care organizations?

Tom Bang
It's Never Too Late (IN2L)

Opportunity: To extend their platform to anyone, wherever they may be. Customers demonstrated they improve staff relationships and resident outlook attitude and family attitude. There is early indication they are effective in reducing utilization of psychotropic drugs.

Zane Bennett
Plantation Village Retirement Community and Life Care Services

Opportunity: Partnership with Caremerge, rolling out a platform for resident engagement and seeing how those services can decrease resident cost and increase quality.

Challenge: Scaling and adoption in their 140 communities.

Zohra Sirat
LeadingAge/CAST

As the Project Manager for CAST, she handles day-to-day project management and operations.

Part 3: CAST Updates

Majd Alwan, PhD, SVP of Technology, LeadingAge, shared the most important accomplishments and gave a brief update on CAST work, plus future CAST initiatives.

CAST Shared Care Planning and Coordination Tool. CAST was proud to release its latest tool, *Shared Care Planning and Coordination for Long-Term and Post-Acute Care (LTPAC): A Primer and Provider Selection Guide 2016*, in October. Shared care planning and coordination is challenging because it involves different types of technology and connects with different pieces of IT backbone. CAST plans to update it early next year and would love to hear your feedback.

- **Electronic Health Records Tool**. Last year, CAST updated its *Electronic Health Records (EHRs) initiative*. We created and added a seven-stage EHR adoption model for LTPAC. CAST collected data from vendors to estimate the percentage of their clients using EHRs and where they are with respect to this model.

Why Is the Tool Important?

- It allows us to gauge the sophistication of adoption and level of use of EHRs among CAST members and the long-term care post-acute sector.
- It will be key to our pushing our members in terms of staff training, training on quality movement aspects, and advanced functionality.
- We can use this information to push back on vendors and ask them to implement those types of functionality, which are key to strategic positioning and strategic partnerships. Everyone is concerned with value-based purchasing, and data is the currency.

CAST has released two new technology selection tools.

- **Medication Management, Telehealth, and Functional Assessment Tools**. CAST updated the product matrix and online tool and added an online interactive guide to the following selection tools portfolios in 2016: Medication Management, Telehealth/RPM, and Functional Assessment and Activity Monitoring Technology.
- **Lifeline Program**. The Federal Communications Commission (FCC) has announced the Lifeline program. Now low-income older adults can get a high-speed Internet connection for $9.25 per month. This program will be key to connecting low-income older adults and improving their health and quality of life.
- **Rural Health Care Connectivity Act of 2016**. This act passed as a result of LeadingAge/CAST advocacy efforts. It includes skilled nursing facilities among the types of health care providers who may request from a telecommunications carrier under the Universal Service Fund the necessary telecommunications and information services to serve persons who reside in rural areas at rates that are reasonably comparable to rates charged for similar services in urban areas.
- **Bipartisan Policy Center**. *Healthy Aging Begins at Home*, released May 2016 by the Bipartisan Policy Center, highlighted technology. Chapter 5 is called "The Power of Technology to Support Successful

Aging." CAST is working with the center on advancing policy options. Most of the proposals are incremental changes. The biggest challenge is getting the attention of policymakers and helping them see things the way we see things.

Majd thanked the CAST Commissioners, saying none of this would have been possible without your support. He also thanked CAST Vice Chair Kathleen Martin for her leadership and support the past few years.

Part 4:
LeadingAge Strategic Plan and Technology

Commissioners heard the results of the new LeadingAge Strategic Plan and the role for technology, CAST, and the CAST Commission in LeadingAge's new direction, from LeadingAge President and CEO Katie Smith Sloan.

In presenting the new LeadingAge strategic plan, LeadingAge President and CEO Katie Smith Sloan shared the organization's mission and vision.

LeadingAge Mission: To be the trusted voice for aging in America.

This is an important responsibility. LeadingAge felt it had the moral authority to say that because of the good work its member have been doing across the country for many years.

LeadingAge Vision: An America freed from ageism.

This is LeadingAge's highest aspiration. Its founder said we are here to ensure every older person has the right and opportunity to develop his or her full potential regardless of age. LeadingAge needs to join forces with the many others who care about this issue, hopefully sparking a broad national conversation about ageism.

Technology supports older people's desire to thrive in a place of choice.

Strategic Goals: These are the strategic goals, set for three-plus years.

1. **Social Impact**. LeadingAge's goal is to use its voice to advance solutions so that all people can age with choice and dignity. This is the goal both for policy and advocacy. LeadingAge's strategic and legislative goals are ambitious: promoting long-term supports and services financing reforms, creating more affordable housing, and looking at issues attached to payment reform. These efforts will further elevate LeadingAge's voices in the broader community and make us recognized leaders in a more significant way than we have been in the past.

   LeadingAge also will build a grassroots capacity. We created the Seniors Action Network for older people, residents, clients, and family members to join us in raising our voices in Washington, because we can be more effective by sharing the real-life experiences and stories of those we serve. So far, 1,500 people have signed up; the goal is to quadruple that by year's end.

   Technology: Technology supports older people's desire to thrive in a place of choice. CAST tools such as the Shared Care Planning and Coordination Technologies portfolio are going to be essential for making the case for being at the table. Encouraging the Centers for Medicare & Medicaid Services (CMS) to fund a significant demonstration of telehealth is a large legislative priority for the coming administration.

2. **Workforce**. Workforce shortages are one of the biggest challenges members face. When members don't have the quality and capacity they need to serve well, they have to turn people away. We will pursue strategies around retention, recruitment, and policy. Many states have declared workforce a high priority, and members have innovative solutions to recruitment challenges in their communities. At LeadingAge, we want to scale and share these solutions across the country. We are pursuing opportunities to collaborate with national organizations for recruitment and to introduce aging services as a career choice.

LeadingAge has a big advocacy agenda around workforce, specifically that reimbursement is tied to quality in workforce. We are looking at job training programs. The U.S. Department of Labor funds many workforce initiatives, but none in our field. We also will determine a position on the immigration debate, as 50% of our workforce is born in another country.

Technology: Technology plays a big role in the workforce, driving quality improvement, staff, and operational efficiencies and is a vehicle for staff training. There is an opportunity for us to redesign jobs. We recognize that a lot of people coming into the field spend a lot of time using technology. Can we use that appeal as a lever to attract more people to our field?

Technology opportunities abound through partnerships, services, and new products.

3. **Member Value**. We are taking a very deep dive to understand clearly what members' needs are and how we can address them in a significant way, now and in the future. Our members may have very different needs—for example, rural nursing homes in Kansas differ substantially from multi-sites in Manhattan. We will develop action plans to support each.

4. **Opportunities**. LeadingAge is creating opportunities to be innovative and entrepreneurial. What can we do to partner with others or to introduce something new to the field? We are looking at a new learning strategy and planning to test things and take some risks.

   Technology: Technology opportunities abound through partnerships, services, and new products that both add value to members and generate non-dues revenue for LeadingAge.

Core Values: LeadingAge has adopted these core values: Courage, community, catalyst, and stewardship. We take risks. We are willing to be creative. Stronger together, we serve as a community partner and connector. We are responsible guardians for our field, members, staff, and those who work for our member organizations.

CAST's Success: CAST started in 2003 as an idea that we could raise awareness of aging as a market for technology companies and an imperative for providers. CAST tried for years to sell that idea, sometimes doubting that it would succeed.

Today, Katie said, there is no doubt about CAST's ability to succeed. The progress has been incredible, due to leadership of Majd Alwan, PhD; Scott Code; Zohra Sirat; Suman Halthore; Rear Admiral Kathleen Martin; Michael Rambarose; Dave Gehm and Rich Schutt; Mark McClellan, MD, PhD; and all of the CAST Commissioners.

CAST needs to be part of each of these strategic goals.

Questions:

How does this translate into new expectations for members of CAST? What would you like to see us participate in?

Katie Smith Sloan: CAST needs to be part of each of these strategic goals. We are looking to you for ideas on what members are looking for—not only the ones in this room, but also other members who are trying to figure out how technology fits into their organization. You can be a sounding board for us.

Majd Alwan: Commissioners are ambassadors for cultural change and LeadingAge/CAST. He likes the term "thriving in place" instead of aging in place, because it has a more positive connotation. CAST Commissioners can adopt that language change and spread it. Be it a language change or advocacy goals, LeadingAge can leverage Commissioners' expertise or data and insights into the population it serves.

What have been the biggest accomplishments and frustrations in CAST's 12 years?

Katie: It took a lot of time for this issue to resonate in aging services. Now, CAST is providing what members need to make good technology decisions. A frustration is not enough people are using the tools, which are accessible and user-friendly. We need good marketers to figure it out.

Majd: The biggest frustration is the utilization of tools. We have seen progress on adoption, but not at the rate we'd hoped.

This is a great seed model for the non-traditional partnerships needed going forward.

Technology and aging don't typically fit in the same space in people's minds. There has been incremental progress in past years. What would it take to make the quantum leap to technology? With ageism as a vision, how can we make technology take us there? Do we go to mega-foundations and say we want to eradicate ageism and promote technology?

Katie: Since this board conversation about an America free of ageism began, other groups also are having similar conversation. For example, the World Health Organization began a 2016 campaign, *Take a Stand Against Ageism*. Part of our strategy is to engage the technology companies in understanding that ageism is an economic and attitudinal barrier to our success with an increasingly older population. We will need partners to go with us. It will be instructive and incredibly exciting.

Majd: One of the barriers of adoption is that some technology companies designing specifically for the aging population were limited by the fact that such products were not attractive to users in the marketplace. If we eradicate ageism and design things universally for ease of use regardless of age, we will see that happen. Maybe a foundation or consortium of foundations from the technology or social sector could be leveraged. We are open to ideas like that and happy to work with you all.

CAST Commissioner: This model CAST has built is a great seed model for what's needed going forward: to open up our industry to non-traditional partnerships. To create the environment where disparate organizations can come together to tackle an issue that's much bigger than one sector or one set of providers. We need to grow this model, which is a great demonstration.

CAST Commissioner: Lifestyle technology is doing those things. How can we use it within independent living and long-term care? It is talking to workforce we're trying to attract and works for aging and millennials. In 10 years, that lifestyle technology is going to be here, because it's us that's going to move with it. An opportunity is there now.

Part 5:
Health and Payment Reform, with Mark McClellan, MD, PhD, Duke-Margolis Center for Health Policy

Commissioners engaged Dr. Mark B. McClellan in a conversation about health and payment reform and discussed progress made and prospects in an election year. McClellan is Director and Robert J. Margolis, MD, Professor of Business, Medicine and Health Policy, at the Duke-Margolis Center for Health Policy.

Questions:

Where are we as a country in our journey on healthcare and payment reform, ACOs, and bundling demonstrations? Have we just scratched the surface? Are we on a clear path to meaningful payment reform?

We're at the end of the beginning. People are no longer questioning if payment reform is going to take hold, and we have passed a critical landmark the U.S. Department of Health and Human Services set for making payment reforms in Medicare. CMS has achieved its goal of converting 30% of Medicare payments into alternative payment models by the end of 2016. These are the models that don't just rely on fee for service but have a component related directly to better results for patients at a lower cost.

Think of traditional payments and fee for service tied to intensity of certain services, such as skilled nursing facility stays, hospital admissions, drugs used, etc. We have seen over time that technologies core to CAST activities are increasingly important to care delivery and often are not included in fee-for-service payment systems.

There is a growing importance of alignment between financing and elements that really make a difference for patients—care coordination, telemedicine, remote monitoring techniques, team-based approaches to care—and are not paid for under fee-for-service payment systems.

There has been progress. Medicare recently added care coordination payments to help manage care transitions, but these are only incremental changes. They are not keeping up with what needs to be done to realign care.

Alternative payments come in here. These are payments in level or episode of care or of whole person, where providers get resources and have more flexibility in spending. They are not tied to particular types of services and can pay for things like care coordination, transition management, and technologies important for particular occasions. But it's not an open checkbook. Accountability is important, and attention must be paid to budget and to targeting resources where they can make the most difference.

The 30% was achieved partly by the Accountable Care Organization (ACO) program, which accounted for two-thirds of total payments. Medicare now has close to 500 ACOS and more than a quarter of beneficiaries. The Health Care Payment Learning & Action Network, which Dr. Mark McClellan co-chairs, identifies what's wrong in effective payment forms.

This fall, the network released a survey on where rest of country is on Medicare, Measuring Progress: Adoption of Alternative Payment Models in Commercial, Medicare Advantage, and State Medicaid Programs. Traditional Medicare payments are over 30%, commercial payments were 25% at the beginning of 2016 and rising, and Medicaid payments are estimated around 17-18% of payments. This includes use of Medicaid in efforts to do more comprehensive payment reforms that encompass social services.

Examples are Alabama's implementation of regional care organizations. Minnesota, Oregon, and California are doing accountable care through managed care organizations for dual eligible beneficiaries. Now nearly 700 ACOs exist in the country. CMS is expanding the use of episode payment models and in late October 2016 announced reopening of next-generation ACO program with plans to expand its bundled payment programs next year. More initiatives are likely coming.

But most payments are tied to fee for service, even in ACOs. The most common approach is a shared savings model, where hospital systems or big provider organizations are generally getting paid in the same way. The savings might account for a small part of total revenues.

Organizations like CAST are needed to help providers succeed with new payment models.

This situation is hard from the standpoint of healthcare organizations. Having two different kinds of payment models can be an administrative burden and make it difficult to figure out what's really working. Some organizations have gone to fully-integrated payments that are holistically based on the episode or person level and taking more financial risk, but that's by far the exception.

Medicare's ACO results so far show only a quarter of Medicare ACOs are improving population health measures and reducing spending so that they can share in savings. The ones most likely to succeed have been at it the longest, since 2012. This is why organizations like CAST and long-term quality movements are needed. Helping providers take advantage of and succeed with these new payment models is important.

While most payment reform efforts have not led to integration between long-term services and supports and acute care providers, that is changing. Some Medicare and Medicaid reforms are trying to broaden and link up payment streams like Medicare and Medicaid and private contributions. These approaches are in the early days.

The pace of adopting new payment models is picking up in all of these programs. It's only a matter of time before we get more serious about long-term and acute integration in these models.

Are you seeing new examples where providers of long-term post-acute care and long-term supports and services are playing a major role in those alternative models?

There are some examples, and it's growing. The Long-Term Quality Alliance (LTQA) has recent case studies of organizations that are Medicaid/Medicare managed care programs or episode or expanded ACO models, or long-term services and supports organizations that are working more closely with acute care providers effectively. LeadingAge/CAST have also done work to identify such providers.

St. Elizabeth has implemented a program for working with acute care providers in succeeding in bundled payments with strong benchmarks that hospitals are accountable for, plus bundled payments for improvement. St. Elizabeth has forged relationships with acute hospitals to share data, to manage transitions better, and reduce readmissions and total cost of episodes.

Partnering will give these facilities increasing payoffs in next couple years, because CMS is going to expand episode payments and has issued incentives for physicians and healthcare providers to participate under MACRA law, which is replacing the fee-for-service payment system with a new quality approach and alternative payment models. Physicians can qualify for a 5% bonus payment starting in 2019. We will see more interest among acute hospitals and acute healthcare organizations to partner to do a better job. Partnerships like the one at St. Elizabeth's and the LTQA case studies are good examples of constructive ways to do this.

Do you see any new CMS/CMMI initiatives that are engaging our members more intentionally?

CMS this week announced they were expanding access to their alternative payment models, those that can help physicians achieve 5% bonus payment starting in 2019. The more-advanced ACOs are part of this. CMS started next-generation ACO program this past year. Organizations are participating in ACOs where it's not just shared savings, but where organizations committed to moving into something like a partial capitation model or even farther from fee-for-service payment. It provides a reopening for organizations to enroll next year or participate in 2018. Expect to see more organizations, especially larger hospital systems, join that approach.

Physician-led ACOs may be good partners for long-term care programs.

CMS also announced smaller physician groups, physician-led ACOs, can qualify for 5% bonus if they take on downside risk. This new standard is intended to help smaller organizations. Physicians in small practices can't take on full financial risk for patients; they don't have that kind of capital. But they can participate through this proportional downside risk. A lot of early successful ACOs in Medicare have been physician led. These may also be good partners for long-term care programs.

Their incentives include keeping patients out of the hospital to make more money and share it with their long-term services and supports partners. For hospitals and ACOs, it's a mixed bag. They get part of revenues for shared savings and lose revenues for acute care. In contrast, physician-led ACOs operate on a shared risk, shared savings model. So if they can reduce hospitalization rates by 1% or 2%, they can double their practice. They're going to be a very strong source of alliance with long-term care providers as they get more staff.

Many physician-led ACOS have been focusing on the basics in the past few years, figuring out who their highest-risk patients are and which hospitals and specialists to refer to. We're going to see more interaction with long-term services and support providers.

In a new administration, looking for additional stats to deal with high-risk, high-cost patients would be helpful. In states today, this is one of their top priorities as a way to lower Medicaid super-users' spending. That includes the dual eligibles who have high skilled nursing facility needs. A new round of duals demonstrations is coming out of CMS, plus interesting Medicare/Medicaid managed care efforts. Since that issue is now a priority for states, it's going to be of considerable interest to the coming administration.

National and political attitudes toward care for people with advanced illness and near the end of life are shifting. A dozen bi-partisan bills are in Congress to improve quality of care and quality of life for those with advanced illness. More organizations are getting a lot of traction and promoting payment reform for high-risk, high-cost patients. This will lead to more attention to combining silos across Medicare and Medicaid and payment reforms for dual eligibles. More opportunities for long-term services and support will be arising in the coming years and potentially for integrated care for Medicare/Medicaid beneficiaries.

CAST may want to follow up with states supporting data sharing and new payment models for Medicaid beneficiaries.

In Montana, technology is not being used. There are likely other states that are way behind in reform using technology. How can we better reach out to these audiences?

It varies state by state and depends on CMS policy. It's a high priority for CMS to highlight better use of technology, integrated data, and integrated care as a result of technology. There is a good chance that will be part of the next administration's efforts. It also is a high priority for states.

Some states take more advantage than others of federal support to build out data systems. Analysts complain about how hard it is to get good, integrated data. CMS has undertaken a big effort to make state data systems better. Some states have taken care of 90/10% match rate for investments in data infrastructure to support quality and care improvement efforts in Medicaid programs.

Washington, Minnesota, and Oklahoma have taken advantage of this to operate at capacity to support data sharing and new payment models for Medicaid beneficiaries. CAST may want to follow up in this area. Some states have successful examples, but some are not very far along in supporting these models.

Would you please highlight some of promising models and commonalities and factors of success identified in the LTQA case studies? And which technologies specifically?

There is a summary paper that ties together all the case studies, plus a taxonomy for succeeding in care integration and key takeaways from the LTQA Advisory Group.

A personal take says the two prongs—the healthcare payment policy and healthcare organizational capabilities prong—need to move together to advance an integrated, at-risk, and capitated payment model, which is something the LTQA group recommends as a good long-term goal. The more integrated the payment streams for patients, the less organizations will be constrained by the fact current Medicare/Medicaid rules don't allow for financial support for technology. But organizations don't have the capabilities to manage patients successfully with those payment models. Obstacles such as federal policies also exist.

Some lessons are on the payment reform, policy side. It's important to get integrated data and a clear path to move from where we are now with fragmented payments to how it is going to change over time. Organizations with Medicare beneficiaries have a clear understanding what they're facing.

The LTQA effort highlights organizational, cultural, and leadership structure. To get the right care to a patient using technology in innovative ways, you need a strong commitment from leadership and an organizational structure that reflects it. Studies highlight the importance of integration from an organizational standpoint in long-term services.

However, this can be done without full organization integration. You don't have to become a soup-to-nuts healthcare organization and provide everything. The LTQA case studies include organizations that have the right kinds of contacts and are making joint structures like individuals who are responsible for transition management, so there is a point of contact that doesn't get fragmented. The case studies also address case management capabilities, emphasizing it is all about using the best available data supported by IT to assess which patients are higher or lower risk for having costly complications.

Linking case assessments to specific interventions that matter for targeted groups of patients is also important. It's not cost effective under some of these advanced risk models to do widespread use of telemedicine, for example, but targeting to patients we have reason to think would be served by telemedicine services. Behind all of this is the importance of data systems, which can start with EHRs, and finding ways to manage claims data streams. Most important is having a clear path forward.

Many early successful organizations did not try to link all of their electronic data but got reliable information that could affect outcomes and cost, such as quick notification systems for patients at risk of admission so that case managers could head off patients going to the Emergency Room. Reliable transfer of Continuity of Care Document information like medication risks during care transitions is another example, as is good tracking of utilization performance so that we can try new approaches and see if they're scaling and working on key performance measures. This approach can provide an orderly way to move from fragmentation to increasingly at-risk payment models.

We're still at the early stages of understanding this, but there are more and more successful models. Dr. Mark McClellan has recently moved to a new center at Duke University, a university-wide effort, which is going to do a lot more to turn case studies into evidence to help healthcare providers know how to succeed. CAST's work is an important contribution. They'll be giving more guidance on how to succeed with these models in the coming years.

There is more bipartisanship around payment reform.

What do you think is likely to happen with health and payment reform with the new administration? Might these efforts stick or fly out the window?

A lot of it is likely to stick. It has been an unusual presidential election. It seems likely we will have some form of divided government. Probably the President and Senate will be Democratic, and the House will stay Republican, which will be enough to prevent any bold partisan legislation from passing. The Affordable Care Act (ACA) is a huge item in federal budgets and an issue in state budgets. We're spending twice as much in CMS per year as all of national defense and Homeland Security combined and way more than on education and social support services and other programs that can do a lot to help the well-being of the population. There are philosophical differences on how best for these programs to work.

Not sure we're going to see this resolved. The law is not that popular with the middle class because they don't get big subsidies in the exchanges and have high deductibles. In many states, the exchanges are not that stable, with a diminishing number of plans. Republicans want to see bigger changes in the law. There is an opportunity for bipartisan changes in the ACA. It would have to come with Democrats getting exchanges to be more stable and better subsidies, and Republicans getting low-income assistance programs and more state flexibility in how Medicaid works. Trump talks about proposals like block or per capita grants to states or low-income health care programs linked to states with flexibility and accountability for other federally funded state programs. That would be a big legislative deal and it may take another election or so to sort it out.

There is more bipartisanship around payment reform. MACRA was enacted last year with close to 400 votes in the House. Both parties support the payment reform Center for Medicare & Medicaid Innovation (CMMI) is trying out, there is strong bipartisan support for it; nobody wants to go back to fee-for-service models. It is becoming increasingly common for state programs as well. More states are taking advantage of state innovation models. There are also early examples of duals reforms and some bipartisanship. States are trying out new payment models and getting public-private payers to work for duals within Medicare and further expand payment reforms.

Part 6:
LTPAC Business Lines, with David Gruber, MD, Alvarez & Marsal

Commissioners heard the results of an in-depth analysis of, and shared insights and prospects of, long-term post-acute care (LTPAC) business lines. David Gruber, MD, of Alvarez & Marsal, presented.

Challenges: Dr. David Gruber outlined these challenges posed at the meeting and shared his initial responses:

- **Technology's Role**. What is it in this emerging healthcare ecosystem? Changes will not happen nationally, they will happen on a market-by-market basis.
- **Payment Reform**. The time is now. The world is going to change, and you want to get ahead of it.
- **Value**. The fundamental change is from fee for service to value. CMS is 22% of healthcare spending, and the insurance companies are taking advantage of that. There is a lot of consolidation, and prices are going up.
- **Business Intelligence**. This is very important. The services industry got focused on reimbursement and maximizing revenue. But you're entering a competitive marketplace. There will be winners and losers. It all depends on where you are in local market.
- **Role of Data**. Data is the wrong question. The issue is generating insights and foresights for better decision-making to reduce costs. Vendors are pushing technology—population health management, etc. You want to be in the game. You also need the right people to look at the data and point to care. The healthcare community has a lot of nurses and people who are non-quantitative. You can have the best dashboards in the world, but if you don't have people who can read them, it's not worth it.
- **Culture Change**. How do you create a data-driven organization? This is key. Change management is difficult.
- **Investment Priorities**. Know your local market, because that's where the action is.
- **Sustainable Independent Living**. This presents a huge opportunity. Behaviors account for 40-55% of all healthcare costs. We ignore patients and caregivers. We need consumer marketing to pull them in so they take better care of themselves. The question is how do you do it? Half of those with cognitive disorders (5 million) are not diagnosed. How do we enable them to live longer in the community?
- **Strategy and Expansion**.

All information shared on the slides, which are in this report's Appendix, is data-driven. The *Healthcare Insights Report* "Post-Acute Care: Disruption (and Opportunities) Lurking Beneath the Surface" written by Dr. David Gruber also covers this information in detail.

Data is the wrong question. The issue is generating insights for better decision-making to reduce costs.

Current State of Healthcare, 2016:

- **U.S. Healthcare Is Inefficient and Ineffective.** Healthcare spending in the United States far exceeds that of other markets. In Europe, healthcare spending is 10.1% of GDP. In the U.S., it's 17.5%. These are CMS numbers by 2025. We have 10 years to make the changes on a market-by-market basis.

  In the United States, 14.5% of people are 65 and older. In Japan, it's 25%. If we would adjust what we spend for the population, the gap in spending in U.S. is roughly double. Our outcomes are worse for double the spending. The numbers mean we're inefficient and ineffective, which is an opportunity for innovation.

  - ***Changes in Healthcare Competition.*** The star of a business model in healthcare has been reimbursement and revenue maximization. People say when we go to value-based integrative care, we can compete on efficiency and effectiveness and customer experience in consumer care—competing like other businesses for the first time. But healthcare is not a business because of CMS's quality measures.

  - ***Importance of Efficiency.*** Don't think in terms of revenue, but of efficiency. Even a little can enhance your profit. If you're on a 2% operating margin, if you go up 1%, you're up 50%. There is no relationship between cost and quality. A 2013 study published in the *Annals of Internal Medicine* found no association.

- **Post-acute Care Has Become Disconnected.** Healthcare is local. It's all about demand, demographics, and supply of services. The process of care delivery involves lots of labor and inefficiency. With data, you can target and stratify risk. For example, among Medicare beneficiaries, 25% of the population accounts for 82% of the cost. For Medicaid, 10% of the population accounts for 60% of the cost. You need to focus on the people who have the highest costs, those with chronic disease or cancer. A lot of performance data is in public domain. Look at access and affordable care, preventive treatment, avoidable hospital costs and use, and healthy lives. These are ambulatory care-sensitive conditions. If you have patients with congestive heart failure, COPD, pneumonia, etc. and you treat them well, they won't necessarily come in to the hospital.

Senior living operators have an opportunity to change the business model and keep patients out of the hospital. There are also opportunities to keep those at home out of the hospital. The reimbursement system has been a huge barrier. As we move towards the risk-based integrative care model, the equation changes.

As an example, Indianapolis has 26 acute care hospitals. They have narrowed their networks and consolidated to five hospital systems and are raising prices to insurance companies. What's the supply and demand? The Medicare population is relatively light and it is a young population, so it is less attractive than other markets. But there will be a huge growth in older folks outside of Indianapolis in five years. The performance scorecard is poor, which is helpful, converse to what you think. If you're inefficient, there's more opportunity, because CMS sets up dashboards to measure performance. So there's more opportunity in inefficiency to increase costs.

There's more opportunity in inefficiency to increase costs.

- **Providers Are Consolidating.**
    - ***Narrowing Networks.*** Providers want to know who are the lower-cost providers and higher-quality for patients? This is a key takeaway. The average number of hospitals deals in the past five years is up. The Federal Trade Commission is stepping in, looking at discharge planning across all the institutions with consolidated markets. The other change is episodes are extended from 30 days to 90 days.
    - ***Variation among Hospitals.*** Quartiles of U.S. show a huge disparity in Medicare patient days, hospital and nursing home and home health use. How does that affect outcomes? The MedPAC report looks at 17 conditions and costs. CMS asks why it should pay for the cost differential between skilled nursing facility (SNF) and inpatient rehab facility costs per discharge?
    - ***Vast Differences in SNF Quality.*** There is a disparity of 80% among potentially avoidable hospitalizations. It is easy to see where a hospital will send patients. Episode payment models are the catalyst of change.
    - ***Variation in Operating Margins.*** Look at the average SNF with Medicare fee for service. The more-profitable nursing homes have slightly higher revenue. Much of the variation comes from expense management, and technology is coming into expense management for the first time.

There is lots of variation, and variation creates opportunity. Everyone is going after the controllable piece of variation.

- **Reimbursement Evolution.** In the HITECH Act of 2009, electronic medical records (EMRs) were put into hospitals. It gave us a data infrastructure for the first time. The systems were not interoperable and were developed for administrators, not for physicians in process of care. The 32 pioneers in 2012 are not here today. There's a reason.
    - ***Value-based Purchasing.*** There are four dimensions: Process, quality, outcome, Medicare efficiency. Efficiency just entered the vernacular this year and counts for 30%. Year 1 is easy. But government raises the penalties over time, so it's best to get involved today. Episode payment models are game changers.
    - ***SNF.*** A financial calculation governs how you get paid, and payment formulas are being standardized. From a data analytic standpoint, if you know the type of patient, you can compare the difference in outcomes among sites. This arrangement is coming in three to five years. If you don't think about this, one of your competitors will. Quality metrics from Office of the Inspector General are not really self-reported. You can't compare health inspections from state to state, because they vary. There's a lot of bad data, so you need to know what you're looking at.
    - ***Home Care.*** Value-based purchasing is coming to home care.
    - ***Hospice.*** The dual payment model has changed.
- **Medicare Fee For Service Operating Margin Trends**. These are shifting from reimbursement of a silo to the continuum of care. It's a fundamental shift.
    - ***ACOs.*** Of the pioneer ACOs, the winners have lesser quality than those who lost money or broke even. What pioneers learned is they lost money, because they already had good quality of care. And CMS benchmarks are based on improvements.

- ***Medicare Advantage.*** The real challenge is there's a discount depending on who you're working with.
- ***Medicaid.*** Certain states reimburse better than others. Some focus on nursing homes, and reimbursement is incredibly high. A trend is beginning: Medicaid nursing home admissions is flattening, and they are pushing people toward home-based programs. What is state's ability to fund nursing homes over time? The nursing home versus home care push has to do with social determinants of care. Will state support health aides? Where does technology enable people to stay at home?

The key is not data itself, but what insights and foresights the data generate.

Big Data in Trough of Disillusionment:

Today we have data information dashboards, but they can be somewhat irrelevant. The key is what insights and foresights the data generate. What will the data mean strategically four years from now? What action will you take? How do you measure that data and put in a feedback loop?

Data tells a story. Look at it from an operational standpoint. You need to have the right people interpreting the data—senior executives who understand the context behind the numbers. Organizations may have behavioral issues because most people aren't analytical. Working on the facts the data provides instead of on intuition is a big cultural change. The change management piece is critical.

Technology Integration. With a risk-based integrative care model, you get paid for doing less, not more, and get away from maximizing reimbursement to enhancing outcomes and reducing costs. How do you engage people? This is all about self-management. It means increasing the patient's and caregiver's awareness so they know what to do, when to intervene—if there is weight gain or loss, what do they do? Call the doctor?

What's really key from a business standpoint is the next five to 10 years.

Future State: Post-acute Care 2020-2025:

In 2050, the older population will have grown substantially. But what's really key from a business standpoint is the next five to 10 years. Older adults aged 65-74 will increase 35% increase in 10 years (slide 22). Those aged 75-84 will increase by 50%. The number of comorbidities increases, prompting a greater demand for healthcare services. How do we prevent disease?

Of 75 to 84 year olds, 27% have four to five chronic conditions, which is the threshold for increased costs (slide 23). There's population health management. CMS data tells you by market what the conditions are and how many people are with those conditions. Fourteen percent of people account for 46% of expenditures. There's risk stratification; who are the people and how do we find them?

- **Chronic Care Management.** The principles of chronic care management are the patient gets a series of exacerbations that cause lasting damage. The question is can you intervene earlier? Where does home care, technology come in? We want to push the curve down and improve outcomes and quality of life (slide 24). The information below is fundamental to what your future business will look like.

- **Standardized Assessment Data.** In the future, with standardized assessments, you can compare across the facilities to see where the outcomes are. Start thinking about this now.
- **Episode Payment Models.** These go to a 90-day episode, which includes community care. The bundles are extending from post-acute care. It's a fundamental change. This started with orthopedics. It has gone from hips and knees to fractures, which are more serious. It's going to pay for cardiology – bypasses and cardiac rehab. So if you strengthen the heart, the chance of reoccurrence is less.
- **Variability for Select Conditions.** Variability is huge. If you're a lower cost system, that's great, but not if you're a higher-cost system. Slide 27 of the presentation shows Diagnosis-Related Group (DRG) 470 by region. If you're a hospital, you have access to data like that shown in Slide 28, post-acute spend and variability for select conditions. The average cost is $25,389. Medicare is making this data available.

Look at the outliers. What's key is the range of costs for teaching hospitals is narrower (slide 29). Community hospitals can also compete in that regard, though it likely isn't part of the system. Look at the data and variations and ask why do X when everyone else is doing Y? Then look at post-acute, home care, complications, etc. All this data is going to become available. It is actionable and changes the game.

- **MACRA.** MACRA is the fix for doctor payments (slide 30). It is less of a concern for now, but be aware of it. MIPS is what 90% doctors will have, an incentive payments system, with bonuses and adjustments to bonus tiers. By 2020, the adjustment is plus or minus 9%, which will affect doctors' behaviors because the amount of money is significant.
- **Integrated Care Delivery.** They talk about care coordination, risk stratification. Nurse practitioners are not doctors. As complexity increases, patients need to see doctors. Who are the patients they see and what are the total costs of care? The doctors will get into the game by 2019. If you're in a leading market, you've got to move quicker than if you're in a lagging market. Texas is a lot different than Minnesota.

What data is CMS or the acute-care provider asking for? Is it interoperable?

Keys to Success:

- **Scale**. There are required infrastructure investments: IT and regulatory requirements. You need the scale to leverage that across multiple institutions.
- **Efficiency**. How do we take cost out of the system? Data potentially enables efficiency. How do you make sure you do the right things, rather than the things that are reimbursed the most? It's hard because there are two business models at the same time. How do you manage that? Quality outcomes are key. The more data that's available, the more people can look directly at the books. And CMS is making more data available.
- **Business Intelligence**. You have to know your market. Where do you fit into it? What are your competitive advantages, disadvantages, etc.?
- **Data-driven Analytics and Risk Management**. These are really important. Picking the right vendors is key. What information do we need to better manage the future? What data is CMS or the acute-care provider asking for? Is it interoperable?

- **Integrated Continuum Post-acute Offerings**. You don't have to partner with the hospital, but where do you fit into continuum of transition management? Where do you get referrals from, and how will that change in the future?
- **Patient and Caregiver Engagement**. This is another area where technology is key. It's got to be measurable. Are people using it and how? Engaging the caregiver is often more important than engaging the patient.
- **Management Acumen**. People are working on algorithms to catch abuse in systems, which will eventually extend to healthcare.

"In God we trust. All others bring data." —W. Edwards Deming

Wisdom of Ages:

Warren Buffett said: "Price is what you pay. Value is what you get." There is no relationship between cost and quality. The future is about value.

Buffett also said, "Your premium brand had better be delivering something special, or it's not going to get the business." This quote is relevant to hospitals and consolidation. A lot are looking at network rationalization and at the Comprehensive Care for Joint Replacement Model (CJR). What are they going to do with that information? Start with readmissions, then look at total cost of care, then look at variation in costs and where it exists.

"In God we trust. All others bring data." W. Edwards Deming's words apply to healthcare. For the first time, the hospitals care. They're incented to make a difference. For for-profit inpatient rehab facilities, profit margins are 23%. For hospitals, they are 3%. It's not hard to figure out who's strategically better positioned.

Deming also said these relevant words: "You don't have to learn, nor do you have to change. You don't need to survive either!"

Questions:

Many of us are in a variety of businesses that build relationships with people before they begin these episodes. For all of us, playing the reactive game of being the best in class at being a widget for a hospital's bundled payment system feels lose, lose, lose. We need to say in the pre-acute or never-acute situations, where are the opportunities to find payment models that incent what we're able to deliver?

Some of that is private. But private-pay models are very mixed in their goals and nature. Mark emphasized a theme, what are the relationships with physician groups, especially those who are MACRA-aware strategic and know how to play the ACO game. The bottom line question in terms of building a business model is can I find a way to tap private partnership and public revenue sources based on not allowing a hospital episode model to be triggered. Once it triggers, we're just going to be efficient ties out of the game.

The positive point is that hospitals are at the peak of their power. They have consolidated but are not very good at managing post-acute care. Even with the physicians they have, they get cut in terms of salaries after the first three to five years. They are used to being independent and productivity is down. They don't realize you have to manage cognition and value.

You're talking about ambulatory care sensitive conditions. We need to focus on that term, and there's data available for it. They are conditions that potentially with early intervention let you keep patients out of the hospital. When you look at home care services, 60-70% are not with patients who get hospitalized. Home care and intensive services are much less expensive than the hospital and other venues.

The question is can you build relationships with the doctors to potentially manage those patients and reduce the total cost of care? Technology plays a key role. Drivers are medication history, patients who are depressed, and remote monitoring. We were waiting for the right financial model.

Senior living folks can now get into delivery. How do you enhance quality of life in a Life Plan Community (formerly CCRC) early on so that residents don't have to go to a hospital? You could have the doctors come there or use unique engagement strategies. For example, patients cancel doctor's appoints. So a doctor's practice built a social center next door. People come to watch movies and get their healthcare at the same time.

How do you enhance quality of life in a Life Plan Community (formerly CCRC) early on so that residents don't have to go to a hospital?

You've described great promise around the episode-based model. The problem is the episode models are really tough to move out of the hospital situation, because those episodes tend to trigger based on emergency events.

The primary doctor is key. The demographics show we're all aging, and aging leads to a demand in services. Ambulatory care sensitive conditions are huge. Primary, secondary, and tertiary prevention are critical. How do you keep someone with heart conditions out of the hospital, or if they're in the hospital, out of the ICU? That saves money to the system. Who are the providers who help them get there?

How does revenue go to the people who are keeping them out of the hospital?

That's the issue. The models now are formed by the hospital, and they're not going to share it. Can we have these provider partnerships to mediate the insurance companies? Look at the CIN, Clinically Integrated Network. That's the challenge: How do we mobilize the primary care guys so that the money goes to them and we get better health outcomes?

Closing Thoughts:

Mike Rambarose: This discussion shows the power of reframing the narrative and asking the questions from different angles. Please give Majd and the staff feedback on where we should be heading in the next year.

Majd Alwan: How many have seen the draft Senate bill, the Chronic Care Management Workgroup from the Senate Finance Committee? The focus is on incentivizing for telehealth and prevention of hospitalization. It's focused primarily in the dual-sided risk ACOs. The biggest opportunity we have is in prevention and management of these chronic conditions.

We're working on a dual path, trying to get CMMI to recognize this and create a reimbursement stream under the management of chronic conditions using telehealth and other telecare modalities to long-term post-acute care, whether it's home health, Life Plan Communities or other modalities.

We are also in the very early stages of experimenting with a large-scale demonstration with private funding. It's being done in conversation with CMMI and CMS, so they are at the ground level discussing the potential payment models we need to be foundational and to have a level playing field and the right alignment of incentives to the different stakeholders. That's the biggest opportunity. In the short term, we need to work with hospitals on those episodic events. But we need to keep our eye on the long-term strategy.

The next CAST Commissioners Meeting will be held on March 19, 2017, in Washington, D.C.

Part 7:
CAST Commissioners' Response

Commissioners reacted to the update and insights presentations and engaged in a generative discussion of implications, including implications on CAST's future work.

Appendices

Agenda and Outcomes

1. Introducing Michael Rambarose, CAST's new Vice Chair, and Katie Smith Sloan, LeadingAge's new President and CEO.
2. Introductions and meaningful networking with other CAST Commissioners and Guests where attendees will share not only who they are, but also their most exciting technology initiative and their biggest challenge.
3. Hear the most important accomplishments and brief update on CAST work, and future CAST initiatives.
4. Discuss the results of LeadingAge Strategic Plan and the Role for Technology, CAST and CAST Commission in LeadingAge's new direction.
5. Commissioners will engage Dr. Mark McClellan in a conversation about Health & Payment Reform and discuss Progress made and Prospects in an Election Year.
6. Commissioners will hear the results of an in-depth analysis of LTPAC Business Lines, share Insights and Prospects of LTPAC Business Line, from David Gruber, MD, Alvarez & Marsal.
7. Commissioners will engage in Reacting to the update and insights presentations, and will engage in a Generative Discussion of Implications, including implications on CAST's Future Work.
8. Commission will receive written updates on progress in the areas of Research, Federal Policy, State Policy, and Health IT Standards. **Note: written updates will be provided in meeting book.**

2:30-2:35 PM	Welcome to Indianapolis & Introducing Michael Rambarose, New CAST Vice Chair	Kathy Martin
2:35-2:40 PM	Meeting Overview, Objectives and Desired Outcomes Introducing Katie Sloan, President and CEO of LeadingAge	Michael Rambarose
2:40-3:40 PM	Introductions- and a round of rapid fire Name, Title, Affiliation Most Exciting Aging Services Technologies Initiative Biggest Challenges (2 minutes per Commissioner/ Guest)	All
2:40-3:40 PM	Highlighted Accomplishments, Important CAST Updates, and Future CAST Initiatives	Majd Alwan
3:45-4:15 PM	LeadingAge Strategic Plan: Role for Technology, CAST and CAST Commission	Katie Sloan
4:15-4:30 PM	BREAK	
4:30-5:15 PM	Health & Payment Reform: Progress and Prospects in an Election Year	Mark McClellan Moderated by Michael Rambarose
5:15-6:00 PM	Insights and Prospects of LTPAC Business Line	David Gruber Alvarez & Marsal
6:00-6:27 PM	Reactions, Discussion, and Implications for CAST Future Work	All Moderated by Michael Rambarose
6:27 PM 6:30 PM	Closing Remarks and Next Steps Adjourn Dinner in Grand Ballroom 8 Next Commission Meetings: PEAK Leadership Summit 2:30-6:30 p.m. Sunday March 19, 2017, Washington, DC	Michael Rambarose

6:27 PM 6:30 PM	Closing Remarks and Next Steps Adjourn Dinner in Grand Ballroom 8 Next Commission Meetings: PEAK Leadership Summit 2:30-6:30 p.m. Sunday March 19, 2017, Washington, DC	Michael Rambarose
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Major CAST Accomplishments for March—October 2016:

- CAST developed its first Shared Care Planning and Coordination portfolio of tools. The portfolio includes a whitepaper, to help providers navigate the whitepaper, a selection matrix and easy-to-use online selection tool (comparing 18 products from 17 vendors across 272 functionalities and features), and 5 provider case studies (please see: http://www.leadingage.org/shared_Care_Planning.aspx).
- CAST leadership continues to be recognized by think tank and policymaking bodies to help and inform technology policy. CAST provided input to the Bipartisan Policy Center's Report on Housing and Technology as well as follow-up policy options and next steps (please see: http://www.leadingage.org/Report_Highlights_the_Power_of_Technology_to_Support_Successful_Aging.aspx).
- CAST its Electronic Health Record (EHR) portfolio by adding a new 7-Stage EHR Adoption Model and an interactive guide, and collecting data from vendors on where EHRs deployed to date fit into the model. The model aims to encourage providers to consider using advanced EHR and Health IT functionalities to improve their quality and strategic positioning (please see: http://www.leadingage.org/LeadingAge_CAST_Releases_New_Electronic_Health_Record_Adoption_Model.aspx).
- CAST updated its Telehealth and Medication Management portfolios with interactive guides, expanded product/vendor matrix and new case studies.
- CAST published the CAST Commission Proceedings entitled "Technology Trends & Implications on Construction, Expansion, and Update Projects" (please see: http://www.leadingage.org/uploadedFiles/Content/Centers/CAST/Resources/CAST_Commission_Report_March_2016(1).pdf).
- CAST and the LeadingAge Policy Team advocated successfully for the Rural Healthcare Connectivity Act, allowing nursing homes in rural areas to have the access to the FCC's Universal Fund for affordable broadband access (please see: https://www.leadingage.org/Support_Rural_Health_Care_Connectivity_Act.aspx)
- CAST and the LeadingAge Policy Team's goal of making Internet access affordable and accessible to low-income Americans was achieved through the recent Modernization of the FCC's Life Line Program (please see: http://www.leadingage.org/FCC%E2%80%99s_Modernized_Lifeline_Program_to_Support_Affordable_Broadband.aspx).
- Continued to advocate for including long-term and post-acute care providers as active participants in health Information exchange activities and potentially other ARRA funded activities including state-designated Health Information Exchanges entities and Beacon Communities.
- Continued to provide guidance and successfully influence LeadingAge state-affiliates and members in different states to become actively engaged in state HITECH Act initiatives.
- Continued to support LeadingAge state-affiliates on technology education, technology surveys aimed at gauging technology adoption, and other technology-related activities, including technology policy and advocacy efforts.

CAST Research Update—October 2016:

CAST continues its efforts to encourage and actively engage in outcome oriented evaluation of aging-services technologies as an essential element to more informed decision-making and wider adoption. Here is an overview of the new opportunities and on-going research initiatives:

CAST developed its first Shared Care Planning and Coordination portfolio of tools. The portfolio includes a whitepaper, to help providers navigate the whitepaper, a selection matrix and easy-to-use online selection tool (comparing 18 products from 17 vendors across 272 functionalities and features), and 5 provider case studies (please see: http://www.leadingage.org/shared_Care_Planning.aspx).

CAST updated its Electronic Health Record (EHR) portfolio by adding a new 7-Stage EHR Adoption Model and an interactive guide, and collecting data from vendors on where EHRs deployed to date fit into the model. The model aims to encourage providers to consider using advanced EHR and Health IT functionalities to improve their quality and strategic positioning (please see: http://www.leadingage.org/LeadingAge_CAST_Releases_New_Electronic_Health_Record_Adoption_Model.aspx).

CAST updated its Telehealth and Remote Patient Monitoring (RPM) Technologies with new and up to date product information, an Excel product selection matrix to make solution selection easier for providers, and two new provider case studies (please see: http://www.leadingage.org/CAST_Tool_Makes_Telehealth_Implementation_Simpler.aspx).

CAST updated its Medication with a new interactive guide, new and up to date product information, an Excel product selection matrix to make solution selection easier for providers, and two new provider case studies (please see: http://www.leadingage.org/Medication_Management_Technology_Reduces_Errors_for_LTPAC_Providers.aspx).

LeadingAge Legislative Update September 28th, 2016

Executive Summary

Congressional Outlook:

The 114th Congress is swiftly coming to a close in terms of days in session, as the election season heats up. Congress adjourned for the summer in mid-July, and returned right after Labor Day, but is expected to adjourn again before the end of September, returning after the election for what is commonly known as a Lame Duck session (the time between election and new Congress/Administration).

In September Congress's primary goal was to address the fiscal 2017 appropriations bills that have not passed but have been the main order of congressional business for this year. No appropriations bill has passed both House and Senate; the closest to completion is military spending. As a result, we expect that Congress will pass a Continuing Resolution to allow the government to continue operating after September 30. On September 28, the Senate passed a CR to fund the government through December 9, and it is expected that the House will pass the same bill.

As discussed below, we will work with legislators from both parties on our own agenda for a healthy, ethical and affordable system of aging services. However, it is increasingly unlikely that there will be any substantive legislation passed at least until after the election, especially since in the health care arena there is no "must pass" Medicare legislation for our healthcare bills to hop onto.

Legislative Successes in 2016: Three bills that LeadingAge strongly supported were enacted this year:

- **Older Americans Act reauthorization - S. 192,** signed into law on April 19. Enactment of this measure culminates five years of direct and grassroots lobbying on this issue. The OAA funds home- and community-based services including nutrition and transportation.
- **Rural Healthcare Connectivity Act - S. 1916/H.R. 4111,** signed into law June 22. Nursing homes in rural areas now will have the same access that rural hospitals have to the FCC's Universal Fund for affordable broadband access.
- **Housing Opportunity Through Modernization Act - H.R. 3700/S. 3083,** signed into law July 29. The bill improves and expands project-basing of vouchers and streamlines housing assistance for income and rent determinations, including changes in the medical care expense deduction and using prior year income.

Legislation in the works:

Medicare Observation Days: Rep. Joe Courtney (D-CT) has introduced H.R. 1571, to require all time a Medicare beneficiary spends in the hospital to be counted toward the three-day stay requirement. The bill has 121 cosponsors, bipartisan. The comparable Senate bill is S. 843, introduced by Sen. Sherrod Brown (D-OH), with 23 cosponsors, also bipartisan. We strongly support this legislation.

Medicare Value-Based Purchasing: HR 3298, introduced by Ways & Means Health sub-committee chair Kevin

Brady (R-TX) and Rep. Ron Kind (D-WI) creates a new value-based purchasing program for the post-acute sector, repealing the current VBP initiative already in effect for SNFs. The Brady-Kind legislation bases the VBP on resource measures from IMPACT Act, and has a hold that goes from 3% to 8% over the life of the program. Providers would be able to "earn back" around 50% based on their scores. VBP would be assessed by provider type and across providers.

We are concerned about this legislation because of the larger payment withhold, the measures used for determining payment and the replacement of an initiative already being rolled out. We are working with other provider organizations, consumers and professional associations to address the problems with the legislation. No similar bill has been introduced in the Senate as yet.

Technology: LeadingAge is following S. 2343, which authorizes the Centers for Medicare and Medicaid Innovation (CMMI) to test the use of telehealth services in the various Medicare delivery system reform models (ACO, bundled payment, etc.). The bill authorizes a new model that incorporates telehealth services, eliminating various restrictions currently in place (e.g., geographic location). While this legislation is directed at primary care and hospital services, it could serve as a model for expanding telehealth in long-term care settings.

Another bill that was introduced recently that we are following is S. 2484, introduced in February by a bi-partisan group of Senators. This bill, entitled "Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act" authorizes HHS to create telehealth or remote patient monitoring services 'bridge' demonstration waivers to eligible applicants who are furnishing telehealth or remote patient monitoring services to individuals consistent with the goals of the Merit-based Incentive Payment System including the goals of quality, resource utilization, and clinical practice improvement (including care coordination and patient engagement), or the incentive payments for participation in eligible alternative payment models. The bill

authorizes the Secretary to waive such requirements as any limitation on what qualifies as an originating site, any geographic limitation (subject to State licensing requirements), any limitation on the use of store-and-forward technologies, or any limitation on the type of health care provider who may furnish such services (provided the provider is a Medicare enrolled provider). Most of this bill relates to physicians and alternative payment models, so we will be monitoring to see if there are ways to include LTSS providers. While the bill was introduced with great fanfare and is backed by a large number of interest groups and high profile lobbyists like former Senators Tom Daschle, Trent Lott and John Breaux, so far it has not "moved".

Home Health Planning Improvement Act – H.R. 1342/S. 578. Allows nurse practitioners, clinical nurse specialists and physician assistants to write orders for home health care services to be covered by Medicare. In committee in both the House and Senate, with 200 House cosponsors and 51 in the Senate. We strongly support; but even with the extensive number of co-sponsors it is not clear if the bill will move.

Community Based Independence for Seniors Act (H.R. 4212/S. 704). This legislation establishes a Medicare Advantage Community-Based Institutional Special Needs Plan demonstration program that provides eligible Medicare beneficiaries with HCBS-like services including adult day care, homemaker services, home delivered meals, transportation services, respite care and non-Medicare-covered safety and other equipment. The Senate bill has been reported out of committee.

Senate Finance Committee's Bipartisan Chronic Care Working Group. LeadingAge submitted comments to the Senate chronic care working group, focusing on those issues that affect LTSS (including hospice, expanding the Independence at Home program, expanding supplemental benefits for Medicare Advantage beneficiaries, and telehealth). We will work with the Committee as it develops legislation to improve coordination of care

for Medicare beneficiaries with chronic conditions, but at this point appears unlikely that legislation will be introduced in this Congress.

Our telehealth comments follow:

Expanding Innovation and Technology

Increasing Convenience for Medicare Advantage Enrollees through Telehealth

LeadingAge strongly supports permitting MA plans to include certain telehealth services in their annual bid amount. The use of these technologies should not be a substitute for network adequacy requirements.

The working group solicited feedback on whether the telehealth services provided by the plan should be limited to those allowed under the traditional Medicare program.

The working group also solicited feedback on whether additional telehealth services should be permitted and, if so, which ones.

LeadingAge firmly believes that telehealth services provided by the plan should not be limited to those allowed under the traditional Medicare program. The following barriers to the use of telehealth services must be removed:

the restrictions on originating site to include the homes of patients, regardless of geography (i.e., not limited to rural areas);

- the restrictions on real-time two-way video conferencing communications, to include asynchronous biometric as well as behavioral/ activity remote monitoring technologies;
- the restriction of the eligible provider to physicians or physician assistants. Eligible providers should include home health/ home care agencies, nurses, and care/case managers.

The working group solicited input on whether safeguards should be put in place so that the offering of new supplemental benefits does not lead to abusive practices and/or inappropriate enrollment. LeadingAge believes that such safeguards should include:

- Eligibility criteria, such as number and types of chronic conditions, hospitalization history, and provider competency.
- Certain requirements such as physician/plan authorization, and periodic review and re-authorization Quality measures, such as hospitalizations, hospital readmissions, outcome measures, and patient satisfaction.

Providing ACOs the Ability to Expand Use of Telehealth

LeadingAge strongly supports lifting the originating site requirement entirely for ACOs AND specifying additional eligible providers.

LeadingAge firmly believes that the following barriers should be removed:

the restrictions on the originating site to include the homes of patients, regardless of geography (i.e., not limited to rural areas);

- the restrictions on real-time two-way video conferencing communications, to include asynchronous

biometric as well as behavioral/activity remote monitoring technologies;

- the restriction of the eligible provider to physicians or physician assistants. Eligible providers should include home health/home care agencies, nurses, and care/case managers, who play a significant role and reduce the burden and cost of chronic care management.

LeadingAge believes that lifting these restrictions only for two-sided risk ACOs will protect against the risks of abuse and over utilization. We recommend
considering this for all ACO types and suggest considering the following potential safeguards to prevent abuse:

- Instituting eligibility criteria, such as number and types of chronic conditions, hospitalization history, and provider competency
- Certain requirements such as physician authorization, and periodic review and re-authorization
- Quality measures, such as hospitalizations, hospital readmissions, outcome measures, utilization cost, and patient satisfaction.

Expanding Use of Telehealth for Individuals with Stroke

LeadingAge also strongly supports eliminating originating site geographic restriction for the narrow purpose of promptly identifying and diagnosing strokes. This would provide every Medicare beneficiary the ability to receive an evaluation critical to diagnosis of an acute stroke via telehealth from a neurologist not on-site.

Long-term services and supports financing: We continue to urge Congress to develop a more sustainable, healthy and affordable means of financing long-term services and supports for the future, as recommended by Leading Age's seminal report, PATHWAYS: Perspectives on the Challenges of Financing Long-Term Care Financing.

LeadingAge leadership and staff have been meeting regularly with members of Congress and their staff; we participated in a panel discussion on financing organized by the House Seniors Task Force and are working on other briefings. Our goal is to have the Urban/Milliman data that we commissioned be used as the dataset that underlies any legislation that is developed (so everyone is on the same data page if not the same policy page), and to identify Senators and Representatives who are interested in the issue and could be champions in the next Congress.

CAST State Technology Update August 2016:

State-level technology activities: In its continuing effort to track technology activities in the states, CAST held one conference call prior to preparing this update. The conference call featured a presentation titled "*Data Privacy, Security, Audits: Current Threats to Providers, Testing, and Remediation Strategies.*" by David Finkelstein, CIO, RiverSpring Health and John DiMaggio, CEO, BlueOrange Compliance.

State Updates: No updates from the States.

Standards & Interoperability Report

IMPACT Act:

New quality measures required effective 10/1 for skilled nursing. (MDS section gg). Additional measures and settings will be added over next couple of years. Standardization of measures across settings should support new analysis regarding comparative cost and quality of care across settings.

Continue to monitor MACRA & Value Based Payment programs implications:
Final rule published this fall. While primarily focused on primary care, it has significant implications for payment models, quality reporting, population health and coordination of care.

The Commonwell alliance is a vendor-led movement to promote interoperability:
It is supporting strategies to extend interoperability into post-acute care, and is also promoting consumer access to health records.

Initiatives are underway to promote more refined standard occupational codes as part of the 2018 Standard Occupational Classification system:
The implementation of such codes can enhance training, recognition, and professional development activities that may contribute to industry health information technology, information management and informatics capabilities. Example proposal: http://www.himss.org/sites/himssorg/files/newsletters/HITPU/Healthcare%20Coalition%20Response-2018%20SOC-Updated.pdf.

LTPAC vendors are exploring how to build richer API/Developer platforms:
This is potentially an important enabler and accelerator of interoperability. FHIR based API strategies are one important target.

Interoperability success still early and clusters around intentional business partnerships rather than generic health exchange participation: (It may be rooted in an ACO, ad hoc, etc.)

Third party semi-proprietary solutions are finding some success to support business-driven health information exchange. Some of them are long standing data providers.

ONC 2017 Draft Interoperability Standards Advisory for 2017 (https://www.healthit.gov/standards-advisory/draft-2017). It is available online for comments. It contains an early view of what to expect in 2017. The new wiki format enhances accessibility.

CAST Commissioners and Guests Bios

Commissioners

Alan Bugos, Head of Technology and Innovation, Philips Healthcare - Home Monitoring (Boston, MA)

Mr. Bugos is responsible for designing and implementing technology for next-generation devices, products and managed solutions for connected alerting, monitoring and health informatics for Philips' global customer base. Alan brings to Philips Home Monitoring over 25 years of hands-on engineering and IT leadership experience in telecommunications, mobile and Internet technologies, data solutions, IoT (the Internet of Things), software and hardware development and systems integration, and held executive management roles at Vonage, iBasis, Inc., MIT Lincoln Laboratory, and GTE Laboratories (now Verizon Laboratories). He was the recipient of GTE's highest technical merit award the Warner Award for Technical Achievement for pioneering DSL data networks in 1997, has published over 45 technical papers, and is a member of Eta Kappa Nu, Sigma Xi, and the Institute of Electrical and Electronic Engineers (IEEE). Mr. Bugos received a B.S. degree in Engineering Physics and an M.S. degree in Electrical Engineering both from the University of Tennessee-Knoxville and continued postgraduate study at Tufts University.

Alan Sadowsky, Ph.D., Senior VP of Community-Based Services, MorseLife (West Palm Beach, FL)

Dr. Alan D. Sadowsky joined the campus staff in October 2000 and serves as Senior VP of MorseLife, including Palm Beach PACE, Home Care (Medicare and Private) Care Management, Day Care and a host of programs designed to help seniors age at home while avoiding institutional care. Dr. Sadowsky received his Bachelor of Arts at the University of Pennsylvania, and his Master's and Doctorate at the University of California, Los Angeles (UCLA). He served as the President of the Area Agency on Aging of Palm Beach and the Treasure Coast from 2016-2012. Alan has lived in Palm Beach County since 1985 and was previously the Executive Director of St. Mary's Rehabilitation Center (1985-1997), a multi-disciplinary outpatient rehabilitation center campus located in the Intracoastal Health Systems complex.

Bill Rabe, CIO, Covenant Retirement Communities (Skokie, IL)

Bill is successful technology executive focused on devising technology vision and strategic direction through innovation, integration, operations, and transformation. With a more than 20 years of background in technology Bill has as had the privilege of working across several industries including Wholesale/Retail, Healthcare, Distribution, Software Services, and Technology Consulting. Throughout his career he has held both leadership roles and has provided CIO Advisory and IT Assessment services to companies assisting them with developing their IT Strategy, Roadmaps/Plans, and long term vision. Bill is a motivational, inspirational, and passionate leader specializing in developing innovative solutions & deploying game changing technology that is aligned to business strategy and goals. Bill is an active mentor who enjoys developing energized business savvy IT teams and talent while helping individuals reach their career and life goals.

Candace LaRochelle, JD, MHA, Director of Business Operations, eHealth Data Solutions (Beachwood, OH)

Candace LaRochelle provides oversight for accounts receivable, sales and marketing at eHealth Data Solutions, a leading innovator in data analytics in the long term care profession. Her responsibilities include regulatory oversight and she has extensive knowledge of HIPAA and HITECH regulations, with a primary focus on the role of the business associate. Ms. LaRochelle has a background in both commercial litigation and commercial underwriting. She earned a B.S. in Business Administration from Winston-Salem State University, Master's in

Health Administration from Pfeiffer University at Charlotte, and a Juris Doctorate from University of Dayton School of Law. Candace is from the upstate area of South Carolina and now resides in Cleveland, OH with her husband and daughter.

Carl Goodfriend, CIO, ProviNET Solutions (Tinley Park, IL)

Mr. Goodfriend has 35 years of experience in long-term care operations, including 25+ years in technology and Information Systems. Carl serves a dual role as CIO for ProviNET Solutions and Providence Life Services. In this dual role, Carl continues to advance technology adoption and Information Systems use. He participates in a variety of software and technology advisory boards and is active in national and state associations including Leading Age Illinois, Centers for Aging Services and Technology (CAST), and Leading Age. In his role with ProviNET, he has developed a technology collaborative in the long-term care provider network that allows companies to share ideas and work together to create an integrated system for the next generation of healthcare. As part of this collaborative effort, Carl has developed a network of providers, software vendors, technology companies and consultants who collaborate, share ideas, and actively participate in the advancement of technology for long-term care. Carl utilizes his experience by providing strategic planning and providing technology solutions for providers throughout the country and oversees a team of dedicated technology professionals who share the same vision.

Casey Blumenthal, DNP, MHSA, RN, CAE, Vice President, MHA...An Association of Montana Health Care Providers (Helena, MT)

Casey Blumenthal, DNP, MHSA, RN, CAE is a Vice President with MHA...An Association of Montana Health Care Providers. Originally hired in 2002 to provide services to MHA's Extended Care members, her role now encompasses the entire membership as she offers a clinical perspective to advocacy, regulatory and practice issues, along with oversight of MHA's Education programs. Prior to coming to MHA, she was the director of Flathead County Home Health Agency for twelve years, and was President of the Montana Association of Home Health Agencies. A licensed RN in Montana since 1979, Casey has served in a variety of clinical nursing positions including OB, ICU, ER, Med-Surg, and supervisory positions. Ms. Blumenthal obtained her Bachelor of Science in Nursing from University of Portland (Oregon), and Masters in Health Services Administration at St. Joseph's College of Maine. In 2008, she became a Certified Association Executive, and recently completed her Doctor of Nursing Practice, Executive Leadership degree from American Sentinel University in Colorado. Blumenthal is the co-lead for the Montana Action Coalition with the Robert Wood Johnson Foundation/AARP Future of Nursing Campaign for Action and is the state executive for Montana's LeadingAge affiliate.

Chip Burns, President, The Asbury Group-Integrated Technologies, LLC (Asbury-IT) (Germantown, MD)

With over 40 years of experience in the Information Technology (IT) field, Chip Burns is responsible for the strategic planning and leadership of technology initiatives and programs for The Asbury Group-Integrated Technologies and the Asbury Communities system. Mr. Burns manages a highly-skilled team of over 50 professionals that offer technology solutions to senior-living organizations. Mr. Burns serves as a commissioner for the Center for Aging Technologies (CAST), and is a founder of the CAST HackFest program. In the area of Healthcare Information Exchange (HIE), Mr. Burns has worked with state agencies such as CRISP (MD) and Keystone (PA), as well as Shady Grove Adventist Hospital in Maryland to facilitate integration and interoperability. He is a regular guest speaker at several senior living conferences, including the American Association of Homes and Services for the Aging (LeadingAge), LeadingAge Maryland and LeadingAge Pennsylvania. Mr. Burns has a Bachelor of Science degree in Information Systems Management from the University of Maryland University College.

Chip Ross, Chief Talent Officer, Chief Human Resources Officer, Parker Home (Highland Park, NJ)

Chip was an independent human resources consultant supporting mid to large-size for-profit and non-profit organizations in the areas of talent management, organizational design and development, change management, HR effectiveness, organizational culture, communications and training/development. His experience includes leadership of several high-impact, people-centric initiatives in support of his clients' organizational strategies, and he has overseen the full complement of HR functions including benefits, compensation, payroll, training/development, employee/labor relations and program management. In addition, Chip was Vice President of Human Resources and Shared Services with Bowne, Director of Human Resources with Medco Health Solutions, and he has held positions of various responsibility with Captive Plastics and Macy's. He was also an English teacher in New York City, a teacher of ESL/bi-lingual students, and a coach of several student teams. Chip holds a Bachelor's degree in English from West Chester University as well as a Masters of Teaching degree from Fordham University. He is also a certified Hogan assessor and DDI trainer. He lives with his family in Woodridge, New Jersey.

Craig Lehmann, PhD, Dean, School of Health Technology and Management, State University of New York at Stony Brook (Stony Brook, NY)

Craig Lehmann, PhD, CC (NRCC), FACB is the Dean of The School of Health Technology and Management, Professor of Clinical Laboratory Sciences and Director for the Center of Public Health Education at Stony Brook University, Medicine. He is a registered clinical chemist with the National Registry of Clinical Chemistry and a Fellow in the National Academy of Clinical Biochemistry. In addition to his more than 75 journal articles, He has edited and co-edited 5 clinical laboratory science textbooks and 14 book chapters. He is the editor and author "Saunders Manual of Clinical Laboratory Science" published by W.B. Saunders. He has made more than 130 presentations nationally and internationally on a variety of health care topics. He served on the editorial board for American Association for Clinical Chemistry "Strategies" (1993-2003) and presently serves on the editorial board of Clinical Laboratory Sciences since 1987. Some of the more distinguished honors that have been bestowed upon him over the years have been; "President's Award for Excellence in Teaching" Stony Brook University as well as the State University of New York "Chancellor's Award for Excellence in Teaching". In 2007 received the American Association for Clinical Chemistry's Award for Outstanding Contributions in Education. Sample presentations: "E-Participation: Empowering People through Information Communication Technologies (ICTs)", United Nations, International Telecommunications Union Headquarters, Geneva, Switzerland, July 24-25, 2013.

David Finkelstein, Chief Information Officer, Hebrew Home at Riverdale (Bronx, NY)

David Finkelstein is the Chief Information Officer at Hebrew Home at Riverdale, an internationally recognized non-profit geriatric service organization offering a full continuum of care ranging from modern apartments for independent seniors to the most intense level of nursing care. The Home serves more than 10,000 older adults in the greater New York area. As CIO, he is responsible for the oversight of all enterprise wide IT and Telecommunications functions. David is a seasoned IT professional with close to 30 years of healthcare IT experience, primarily in long-term care. He brings a unique combination of experience in IT strategic planning, IT infrastructure, desktop and application support, project management, and vendor selection, strategic outsourcing, and team building. David most recently served as CIO for CareOne Management, LLC, a privately held post acute care provider serving nine states, 9,000 beds of SNF/ALF services, 30,000 beds for pharmacy, homecare, and hospice services. Prior to Care One, David spent over 15 years as CIO for Village Care, and one of the co-founders of the 6N Systems, Inc. a leading long term care information system. He has a BBA in Computer Information Systems from Hofstra University. David often presents at industry conferences and is an active board member and Technology Co-Chair for CCITI-NY as well as a member of the Healthcare Information Management Systems Society (HIMSS), where he served as long-term care special interest group chairperson.

David Gehm, President and CEO, Wellspring Lutheran Services (Frankenmuth, MI)

David M. Gehm has served as the President and Chief Executive Officer of Lutheran Homes of Michigan since January, 1994. In this role, Mr. Gehm is responsible for administrative and executive leadership for the organization, which is governed by a not-for-profit Board of Directors. Lutheran Homes of Michigan serves thousands of seniors and caregivers each year through various programs including home health and hospice, housing, skilled nursing and rehab, assisted living and memory loss programs. Mr. Gehm graduated from Wayne State University, Detroit, Michigan in 1984 with a Bachelor of Science degree in Pharmacy. While continuing his pharmacy licensure, Mr. Gehm is also a licensed nursing home administrator. Mr. Gehm has served as a member of the Board of Directors of the American Association of Homes and Services for the Aging, Washington, DC, including two terms as its Treasurer. In addition he has led various committees and currently serves as the Vice Chair of the Center for Aging Services Technologies, also in Washington, DC. He is past Chair of the Board of Directors of the Michigan Association of Homes and Services for the Aging, Lansing, MI.

Dave Wessinger, Co-founder and CTO, PointClickCare (Mississauga, ON)

Dave is responsible for Strategy, Engineering and Corporate Development at PointClickCare. Dave has worked in the Senior Care Information Technology industry for 20 years and is actively involved in many industry associations and advocacy efforts, including CPAC, NASL, AHCA IT, CAST and ONC. Prior to co-founding PointClickCare, Dave was a Manager of IT for a multi-site provider and focused on software implementation and adoption. His unique blend of senior care provider knowledge and technical expertise proved invaluable in the creation of the PointClickCare solution, and the design decision to leverage Software-as-a-Service as the delivery platform in 1999. Dave continues his passion for the industry and is committed to helping providers improve outcomes through the use of Health Information Technology.

Debi Sampsel, Chief Officer of Innovation and Entrepreneurship, University of Cincinnati (Cincinnati, OH)

Dr. Debi Sampsel, DNP, MSN, BA, RN, is the Chief Officer of Innovation and Entrepreneurship at the University of Cincinnati, College of Nursing in Ohio and director of research and innovation at Daniel Drake Center Post-Acute Services. Dr. Sampsel serves as the Chief Officer of Innovation and Entrepreneurship in the College of Nursing (CON) at the University of Cincinnati (UC) as well as the director of research and innovation at Daniel Drake Center Post-Acute Services in Cincinnati. Dr. Sampsel is a researcher, simulation coordinator, and co-chair of the nursing research committee at the Dayton Veterans Affair Medical Center. Dr. Sampsel is a visionary leader, researcher, educator, and clinician in a variety of clinical settings, including geriatrics. Many of her activities are multidisciplinary and collaborative, involving patients, healthcare professionals, and students. In her role at the UC CON, she oversees the development of new innovative teaching initiatives that incorporate technologies and groundbreaking approaches in education, research and clinical practice and does consulting work for the University's Research Institute. Over Dr. Sampsel's career, she has been involved in a variety of initiatives including the integration and utilization of telehealth and telemedicine technologies, robotic systems, simulators, sensor tracking systems, creative learning environmental space design, and computer programming. Before coming to UC, Dr. Sampsel designed the Living Laboratory Smart Technology House at Wright State University. At UC she has used this same knowledge and experience to establish the Interprofessional Innovation Collaboratory Smart House, located on a Continuum Care Retirement center property which is home to over eight hundred thirty five older adults. Her latest workforce readiness bridging environment is the creation of a newly renovated Interprofessional Telehealth and Clinical Translation Innovation Center. Dr. Sampsel holds a doctorate in nursing practice from Union University in Jackson, TN and a Master of Science from the Medical College of Ohio, and a Bachelor of Arts in Anthropology and Associate Degree in Nursing from the University of Toledo. These diverse academic credentials have provided a unique opportunity for developing technologies and systems to enable better healthcare for older adults.

Several opportunities of note include a 2013 US Patent for a home remote telehealth system, an extension of her pioneering "Home Stabilization" program in 1988, designing an in the home and community-based case management computer system, and integrating robotic systems for patient monitoring, engagement and student education. She has received numerous accolades and accomplishments for her pioneering work such as a being named an honorary commander of the Wright Patterson Air Force Base 188th Medical Center, chair of the Midwest Nurse Researchers' Society's Gerontology Research section, a member of the LeadingAge Center for Aging Services Technology Commission, a member of Sigma Theta Tau International Nursing Honor Society, a member of the Junior League of Cincinnati, and a board member on the Senior Independence Home Care and Hospice Corporation in Columbus, OH. In addition, she has written scholarly articles that have been published in peer-reviewed journals and text books. She has been highlighted in the "Developing Successful Health Care Education Simulation Centers" by Pamela Jefferies.

Dusanka Delovska-Trajkova, CIO, Westminster Ingleside (Rockville, MD)

Delovska-Trajekova has more than 25 years' experience in computer science and automation in variety of environments, corporate, government, educational and nonprofit in Macedonia and USA. Macedonian by birth, Ms. Delovska-Trajekova spent her formative years in Prague then returned to her native country for university. Dusanka attended Saints Cyril and Methodius University in Macedonia and graduated with an electrical engineering degree back in the time when computer science and automation were described as part of the electrical engineering programs. While in Macedonia she worked in a chemical factory and the Department of Defense. Dusanka came to the United States in 2000 after the war in Kosovo. Once in the States, she worked for the Council on Foundations. She returned to Macedonia in 2006 to accept a position as counselor to the President of Saints Cyril, working to consolidate the IT system between 23 schools. After that, Dusanka returned to America and was working at the Pew Research Center when she heard about a position at a start-up in Rockville, Maryland. She had always worked for established organizations, and the idea of building something from the ground up was exciting. As IT Director, Dusanka was instrumental in helping to build Ingleside at King Farm into the successful community it is today. She was promoted to Chief Information Officer at Westminster Ingleside, where she brings her vision and energy to developing technologies that will be a part of the business and life strategies for the organization, all Westminster Ingleside communities, the Foundation, Service Corporation, home and community-based services, their staff and residents. Her focus is to help each community adapt to new organizational innovations and to develop and execute new business strategies.

Eli S. Feldman, CEO Emeritus of Metropolitan Jewish Health System, MJHS (New York, NY)

Eli S. Feldman became CEO Emeritus of Metropolitan Jewish Health System (MJHS) and its participating agencies and programs in January 2015, having been its President and CEO for more than 36 years. The System includes a range of Continuing Care Programs and health insurance products. These include a 420 bed nursing and rehabilitation facility; post-acute home care; a licensed home care agency; advanced illness programs, including a palliative care program, hospice program for children and adults, an Institute for Innovation in Palliative Care, and a Center for Jewish End of Life Care; a special needs Medicare Advantage plan (Elderplan) with special coordinated community care services for at risk individuals; a FIDA SNP (fully integrated dual advantage special need plan); a Medicaid managed long-term care plan (HomeFirst SM); an Institutional Special Needs plan; senior housing; and a center for the development of assistive technology. MJHS is a recognized leader in the field of integrated care for frail, at risk and chronically impaired individuals. Its participating agencies and programs have more than a century of health care experience, and serve more than 50,000 individuals and their families in the Greater Metropolitan New York area and 27 counties upstate. Mr. Feldman graduated cum laude, with a bachelor of science in business administration from C. W. Post College of Long Island University. He also holds a master's of business administration in hospital administration from Wagner College.

Frances A. Walls-Ayalasomayajula, MPH, MSMIS, PMP, Healthcare Global Senior Manager, HP (Palo Alto, CA)

Frances Ayalasomayajula, is an executive healthcare technology strategist. With over 20 years in health and life sciences, Frances's experience spans both the US and overseas markets including Latin America, Europe, and Asia Pacific, leading megaprojects in clinical research, public health administration, and digital health solution adoption. Currently the Global Healthcare Solutions Senior Manager for HP Company, Print and Personal Systems, Frances devises strategies and product innovations designed to aid in advancing discovery, diagnosis, treatment and adherence for improved clinical outcomes, better population health, and increased patient engagement. Prior to HP, Frances worked for World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), Bristol Myers Squibb, and United Healthcare Group. She holds Master's degrees in public health and information systems, and is certified in project and clinical trial management.

Gail Gibson Hunt, President and CEO, National Alliance for Caregiving (Bethesda, MD)

Gail Hunt is President and Chief Executive Officer of the National Alliance for Caregiving, a non-profit coalition dedicated to conducting research and developing national programs for family caregivers and the professionals who serve them. Prior to heading NAC, Ms. Hunt was President of her own aging services consulting firm for 14 years. She conducted corporate eldercare research for the National Institute on Aging and the Social Security Administration, developed training for caregivers with AARP and the American Occupational Therapy Association, and designed a corporate eldercare program for EAPs with the Employee Assistance Professional Association. Prior to having her own firm, she was Senior Manager in charge of human services for the Washington, DC, office of KPMG Peat Marwick. Ms. Hunt attended Vassar College and graduated from Columbia University. As a national expert in family caregiving and long-term care, Ms. Hunt served on the Policy Committee for the 2005 White House Conference on Aging, as well as on the CMS Advisory Panel on Medicare Education. She is chair of the National Center on Senior Transportation. Ms. Hunt is also a commissioner for the Center for Aging Services Technology (CAST) and on the Board of the Long-Term Quality Alliance. Ms. Hunt is a member of the Multiple Chronic Conditions Workforce Technical Expert Workgroup. She co-chairs the NQF MAP Person and Family-Centered Care task force. Additionally, Ms. Hunt is on the Governing Board of the Patient-Centered Outcomes Research Institute (PCORI).

Howard Wactlar, Vice Provost for Research Computing and Alumni Research Professor of Computer Science, Carnegie Mellon University (Pittsburg, PA)

Howard D. Wactlar is Vice Provost for Research Computing and Alumni Research Professor of Computer Science at Carnegie Mellon University. He also serves as scientific director of the recently established NSF-funded Quality of Life Technology Engineering Research Center. He received his advanced degrees in physics from the University of Maryland and the Massachusetts Institute of Technology. He was primary architect and remains project director of the CareMedia and Digital Human Memory Machine projects, both seminal contributions to the machine understanding of aspects of human behavior. He founded the Informedia Digital Video Library, one of the first U.S. Digital Library Initiative research systems, aimed at automated understanding of video with applications in education, entertainment and national security. He was a co-founder of the DoD-funded national Software Engineering Institute (SEI), an FFRDC dedicated to improving the process of software development and promulgating software engineering technology to government and industry.

Jack York, CEO, It's Never 2 Late (Centennial, CO)

Jack York is co-founder of It's Never 2 Late (iN2L), a company dedicated to helping older adults realize the full benefits of adaptive technology. Originally, Jack did not envision iN2L as a business; the impetus for what became the company was a philanthropic idea—to donate computers to assisted living communities and nursing homes in southern California. With a 15 year background in the Silicon Valley, he saw a vast potential in fostering these connections, but also saw that conventional technology was too difficult for virtually all of the residents to use in a meaningful way. As a result, in 1999, Jack retired as vice president of strategic sales for Vishay Intertechnology and started what has become a successful gerontechnology company. As of 2015, the company has a customer base of over 1500 communities spread out across all 50 states. He is a sought after national and international speaker on technology as a means to create personalized experiences that engage and connect residents to their loved ones and the world at large, specifically individuals with dementia. iN2L's work has been recognized by the Wall Street Journal, NPR, and dozens of senior living publications.

Jeffery Kaye, Director, Oregon Center for Aging and Technology (ORCATECH) and Director, Layton Aging and Alzheimer's Disease Center (Portland, OR)

Jeffrey Kaye is the Director of the Oregon Center for Aging and Technology (ORCATECH), a NIA supported Roybal Center, and Director of the Layton Aging and Alzheimer's Disease Center, a NIA supported Alzheimer's Research Center both based in Portland, Oregon. He is Professor of Neurology and Biomedical Engineering at Oregon Health and Science University (OHSU). He also directs the Geriatric Neurology program at the Portland Veteran's Affairs Medical Center. Dr. Kaye's research has focused over the past two decades on the question of why some individuals remain protected from frailty and dementia at advanced ages while others succumb at much younger ages. This work has relied on a number of biomarker techniques ranging across several fields of inquiry including neuroimaging, genetics and continuous activity monitoring. A centerpiece of his studies has been the ongoing Oregon Brain Aging Study, established in 1989. He currently leads a longitudinal NIH study, "Intelligent Systems for Detection of Aging Changes (ISAAC)" using ubiquitous, unobtrusive technologies for automated assessment of seniors in their homes to detect changes signaling imminent decline of function. Dr. Kaye has received the Charles Dolan Hatfield Research Award for his work. He is listed in Best Doctors in America. He serves on many national and international panels and review boards in the field of geriatrics, neurology and technology including as a commissioner for the Center for Aging Services and Technology (CAST), chair of the Professional Interest Area Working Group on Technology for the national Alzheimer's Association and on the Advisory Council of the International Society to Advance Alzheimer Research and Treatment (ISTAART). He is an author on over 200 scientific publications and holds several major grant awards from federal agencies, national foundations and industrial sponsors.

Jeremy J. Nobel, MD, MPH, Dept. of Health Policy and Management, Harvard School of Public Health (Boston, MA)

Dr. Nobel is on the adjunct faculty of the Harvard School of Public Health where he does research on emerging information technologies and health care delivery processes. An important aspect of Nobel's work includes active engagement with the payer and purchaser world, including advisory liaisons with large self-insured employers, insurers, foundations, government, and healthcare business coalitions. He has done extensive work in the effective application of emerging information technologies in Senior Care scenarios, including programs to manage environmental risks, improve health and wellness and reduce the burden of social isolation in seniors at home and in assisted living situations. Dr. Nobel is Board Certified in Internal Medicine and Preventive Medicine with Master's Degrees in both Epidemiology and Health Policy from the Harvard School of Public Health. He is on the board of directors for the Care Continuum Alliance (formerly DMAA) and is Senior Medical Advisor for the New York Business Group on Health (NYBGH).

Jim Osborn, Executive Director and a co-founder of the Quality of Life Technology Center (Pittsburgh, PA)

Jim Osborn is the Executive Director and a co-founder of the Quality of Life Technology Center, a collaboration of Carnegie Mellon and the University of Pittsburgh funded by the National Science Foundation as one of its Engineering Research Centers since 2006. He is also the Coordinator of University Life Science Initiatives for Carnegie Mellon. From 2001 to 2006 he was Executive Director of the Carnegie Mellon's Medical Robotics Technology Center, as well as MERITS of Pittsburgh, a program to stimulate collaborations between clinical and technological researchers. Previously, he founded a regional economic development group, the Pittsburgh Robotics Initiative. From 1985 through 1999, he held research and management positions in Carnegie Mellon's Robotics Institute and led several multi-$M robotics R&D projects sponsored by the US DOE, NASA and industry, including the first robot to explore an active volcano and robots for investigation of the Chernobyl and Three Mile Island nuclear accidents. He has served as a board member of several professional society robotics divisions, chaired two technical conferences. He holds a Bachelor's degree in Electrical and Biomedical Engineering and a Master's degree in Civil and Biomedical Engineering, both from Carnegie Mellon University.

Jerel Johnson, CEO, Cornell Communications, Inc. (Milwaukee, Wisconsin)

With a BS in Industrial Engineering and an MBA, his career began with seventeen years at GE. He then managed three small manufacturing companies purchasing CORNELL in 1993. JJ was the former Chairman of the National Electrical Manufacturers' Group (NEMA) overseeing Building Codes for Healthcare facilities. He currently is on the Advisory councils of the ACHCA, AHCA, Argentum, Leading Age and NCAL Senior Living Trade Associations. Living in Wisconsin he is married to Barbara with three children and six grandchildren.

Joe Gerardi, Senior VP and CIO, American Baptist Homes of the West (ABHOW) (Pleasanton, CA)

Joe Gerardi is the IT Vice President/CIO of American Baptist Homes of the West, a non-profit who operates 10 CCRCs and over 32 affordable housing communities in 4 western states. Joe and his extended IT team of 19 plan, install and support all IT activities for the company including classic business applications, resident health and safety applications and operate a network with over 1000 nodes. In his nine years at ABHOW Joe has overseen the deployment of a new HRMS system, a new clinical system, a new time and attendance system, a brain fitness program, resident wireless, and has developed standards for Nurse Call, telephone systems, and premise wiring. Prior to joining ABHOW Joe had a 26 year career with Hewlett-Packard where he did everything IT from repairing customer computers, to managing global networks, to owning strategy and support for company's 110,000 PCs. Joe has a BA in Management from the University of Maryland, and has completed graduate work at the University of Phoenix. Joe was born in Brooklyn, NY and now lives in Dublin, California with his lovely wife, daughter, and assorted pets.

John DiMaggio, CEO and co-founder, BlueOrange Compliance (Dublin, OH)

John is a recognized healthcare information compliance speaker to State Bar associations, technology working groups, and several acute care and long-term care associations. Mr. DiMaggio's extensive long term and post-acute care experience includes Chief Information Officer with NCS Healthcare and Omnicare; senior operations roles with NeighborCare, and general consulting to the industry. John began his career as a key expert in Price Waterhouse's Advanced Technologies Group and served on several national and international standards organizations including the American National Standards Institute (ANSI) and the International Standards Organization (ISO). John is the named inventor for multiple healthcare technology and process patents. He holds an MBA in Finance from Katz Graduate School of Business and a BS in Computer Science from the University of Pittsburgh.

John Mabry, Chief Technology Officer & Senior Vice President, Align (Wausau, WI)

John has over 35 years of experience in the senior healthcare field. He has extensive knowledge in healthcare information and management and has held senior care leadership positions including Senior Vice President, CIO of Avalon Healthcare and Senior Vice President and Chief Strategy Officer for My InnerView. John received his bachelor of science degree from the University of Houston as well as his master degree in public health – health information systems from the University of Texas. John is a Certified Public Accountant and is a graduate of Drexel University in Philadelphia, holding a Bachelor's Degree in Accounting.

John Rydzewski, Senior Director of Program Development, Direct Supply Inc. (Milwaukee, WI)

John Rydzewski has spent the past 14 years serving the Senior Living industry, with a passionate focus on innovation and technology to help drive Senior Living forward. He is committed to building and integrating technology and seeks to create partnerships that foster innovation. John is responsible for the creation of new solutions and development of breakthrough growth opportunities that leverage equipment, field service, software platforms and professional services to help the Senior Living industry achieve business outcomes, such as decreasing operational costs and risk, or improving quality, services or revenue. As a General Manager, he led the Technology Solutions business by providing outrageous customer service, delivering innovative solutions and streamlining operations. John enjoys working with the world-class team at Direct Supply every day. John has had P&L responsibility within the matrix organization of Direct Supply, overseeing Sales, Product Management, Project Management, Operations, Customer Service, Strategic Marketing and Supply Chain teams and strategies to drive long-term growth. He has experience leading the organization through short- and long-term strategic planning. John serves as a member of Direct Supply's Executive Working Group. In his current role, John is responsible for helping Direct Supply bring new solutions and technologies into the Senior Living space. He focuses on resident monitoring systems, wireless technology, the Internet of Things, telehealth, wearables, risk management, and other new, cutting-edge solutions and technologies. John has previously led the creation and implementation of Operations & Supply Chain strategies where he implemented new systems, services and technologies inside Direct Supply and in the Senior Living industry. John enjoys spending time with his wife and 2 daughters, as well as, hunting, fishing, playing piano and reading. John is a graduate of the University of Wisconsin-Madison and has been with Direct Supply since 2002.

Jon Sanford, Director, Center for Assistive Technology and Environmental Access/Adjunct Assoc. Prof of Architecture, Georgia Tech (Atlanta, GA)

Jon Sanford, M. Arch, is the Director of the Center for Assistive Technology and Environmental Access and an Associate Professor of Industrial Design at Georgia Tech. He is also a Research Architect at the Rehab R&D Center at the Atlanta Veterans Affairs Medical Center. Mr. Sanford is one of the few architecturally-trained researchers engaged in design and usability of products, technologies and environments for older adults and people with disabilities and he is the lead PI on the Rehabilitation Engineering Research Center on Technologies for Successful Aging with Disability (RERC TechSAge), which is a 5 year grant from the National Institute on Disability and Rehabilitation Research (NIDRR) in the Dept of Education. He is internationally-recognized for his expertise in universal design and home modifications and the development of several environmental assessment instruments to help clinicians and designers meet the needs of older adults for aging in place. His current work focuses on use of integrating digital technologies into physical products and use of remote interactive technologies to provide home modifications to improve health of older adults and facilitate aging in place. He has over 300 presentations and publications and recently authored the book: Design for the Ages: Universal Design as a Rehabilitation Strategy from Springer Publishing.

Kari Olson, Chief Information Officer, Front Porch (Burbank, CA)

Kari Olson, Chief Information Officer, leads all of the business and resident technology initiatives for Front Porch and its partners. Prior to joining Front Porch, Kari led major technology initiatives in the health care and social services sectors and worked as a technology consultant to a variety of national clients. In addition, Kari also served as the product manager for AMS International Data Systems. Kari is actively involved in the Center for Aging Services Technologies where she serves as a commissioner, steering committee member and task group chair for Boomer Technology Needs Research. She is also a member of the Dakim scientific advisory board. Kari holds a BA in economics from University of California, Los Angeles and has completed graduate course work in education at California State University, Los Angeles.

Rear Admiral Kathy Martin, CEO, Vinson Hall Retirement Community (McLean, VA)

Kathy Martin became the CEO of Vinson Hall LLC in McLean, VA, and the executive director, Navy Marine Coast Guard Residence Foundation in September 2005, upon retiring from active duty in the United States Navy. In her tenure at Vinson Hall, she has overseen the construction of a multi-million dollar expansion which included a parking garage, 75 unit independent living residence with underground parking and a community building with a state of the art rehabilitation center. She has partnered with industry to pilot several technologies, including a wearable fall detection system and robotic pet therapy. Additionally, partnerships with University researchers have explored fall prevention strategies and various aspects of senior health. Kathy was commissioned an Ensign in May 1973 after graduating from Boston University. After serving at several Navy health care facilities, in 1992 she earned a Master of Science Degree in both nursing administration and as a family health nurse specialist. She assumed her first command in 1993 as commanding officer of Naval Medical Clinic, Port Hueneme, CA. Subsequently, she served as commanding officer, Naval Hospital, Charleston, SC, from July 1995 to June 1998. She was promoted to the rank of Rear Admiral and assigned as the Medical Inspector General from August 1998 to October 1999. From November 1999 to October 2002, she served as commander, National Naval Medical Center, Bethesda, MD. She served as deputy surgeon general of the Navy/vice chief, Bureau of Medicine and Surgery from October 2002 until her retirement in September 2005. She also held the position as the 19th director of the Navy Nurse Corps from August 1998 to August 2001. Her military decorations include the Distinguished Service Medal (2 awards), Legion of Merit (3 awards), the Defense Meritorious Service Medal, Meritorious Service Medal and the Navy Commendation Medal. Rear Admiral Martin also proudly wears the anchors of an honorary Master Chief Petty officer.

Kelly Soyland, Dir. of Innovation and Research, Good Samaritan Society (Sioux, SD)

Kelly Soyland leads the innovation team as they create new services enabling all aspects of well-being. One culminating impact of his work was the opening of the Vivo Innovation Center for Well-being in 2012. Another major influence has been his work in the area or sensor technology and remote monitoring which he was asked to lead in 2003 and which led to an 8 million dollar grant and 1200 person study aimed at influencing public policy and federal funding for this new high tech, high touch way of keeping elders safe and healthy. A third body of work that Kelly has led over these recent years has been the creation of customized innovation architecture for Good Samaritan. Standing up this architecture has been a passion for Kelly in collaboration with the Executive Leadership Team. In 2016 this innovation engine has begun to introduce multiple new services expanding the organizations offerings and ability to share it's mission of sharing God's love. In the last two years, Kelly has put in place, a venture model, a team of talented designers, a human centered design model that enables rapid cycle prototype testing with customers, and a stage gate decision process to de-risk progressively larger investments. He has been a key driver of a corporate innovation strategy along with the C-Suite, to lead the new services growth plan. Their approach involves an exploration mindset that values affordable strategic learning on the way to creating sustainable revenue producing new services that fill gaps

for seniors and families. Kelly initiated a relationship with the Mayo Clinic and their Center for Innovation that led to Good Samaritan joining Mayo's Healthy Aging and Independent Living Consortium. He also built deep relationships at Philips that resulted in unique innovation on medication compliance as a result of ethnographic work done with the Philips Netherlands Innovation Team in Good Samaritan campuses. Kelly is a twenty year veteran of healthcare and spent 15 years as the National Procurement Director revolutionizing national contracting and e-commerce at Good Samaritan. He has a decade of experience leading the innovation efforts at Good Samaritan and he held a dual role in these areas for many years. Prior to this Kelly led a marketing team as the Marketing Manager in a regional distribution company for 6 years. Kelly has a degree in Business Administration from the University of South Dakota. He is a member of the Association for Managers of Innovation (AMI).

Larry Hickman, Senior VP of Administrative Services & CIO, Bethesda Health Group (St. Louis, MO)

Larry Hickman, is an innovative and motivational executive with a strong record of success building high performing technology groups that enable business efficiency and growth. Larry brings nineteen years of experience in Strategic Visionary Thinking and Leadership, Team Building, Process Assessment and Improvement, Change and Project Management, and

Budgeting and Cost Control. Larry has been the Chief Information Officer with Bethesda since 2008 and is responsible for setting the strategic direction and providing technology enabled solutions that provide better health outcomes. Larry's role has expanded over his tenure to include; Facilities and Construction Management, Project Management, Grounds, Purchasing, Housekeeping, Laundry, Security and Property Renovations. Prior to joining Bethesda, Larry was a Technology Risk Consultant with Arthur Andersen as he guided Fortune 500 companies to drive efficiency through the use of technology, led Centene's Information Technology group as the company grew 600% in 5 years and solidified a world-wide PMO for Reinsurance Group of America.

Larry Jorgensen, CIO and Vice President of Information Technology, Ecumen (Shoreview, MN)

Larry has for over 10 years lead a team that develops and supports all Information Systems activities as well as provides project management support for a variety of company initiatives and has maintained a continuous focus on assessing and implementing practical technology that can help individuals age in place. Among the innovative projects he has led for Ecumen is implementing mobile devices across the organization, putting technology in the hands of the frontline caregivers where it can be most impactful, implemented the use of sensor technology when it was still very new to the industry and have tested and implemented the first phases of Health Information Exchanges with some of Ecumen's partners. Some other accomplishments include graduating from Concordia University with a degree in Organizational Management and Communications and receiving a certification in computer programming. Prior to his career with Ecumen he worked for Green Tree Finance in the financial services industry and Safetran Systems in manufacturing where he held a number of IT leadership roles, including VP of Application Development and Support, AVP of Sales and Marketing support and AVP of shared services. He has also served as an elected official, board member, and on many different city commissions and committees. Most notably, he was elected three times as a member of the Coon Rapids City Council and was appointed by the League of Minnesota cities to the National League of Cities Transportation and Communications Policy Committee. Larry's personal interests are quite varied, he was a volunteer youth sports coach for 25 years, and served as the president of the Blaine High School Boys Basketball booster club. He loves spending time in the outdoors, including harvesting and making maple syrup. Larry has been happily married for more than 36 years, and has three children and three grandchildren and enjoys spending time with his growing family.

Mark McClellan, MD, PhD, Robert J. Margolis Professor of Business, Medicine, and Policy, and Director of the Duke-Margolis Center for Health Policy at Duke University (Durham, NC and Washington DC.)

Dr. McClellan is a doctor and an economist, and his work has addressed a wide range of strategies and policy reforms to improve health care, including payment reforms to promote better outcomes and lower costs, methods for development and use of real-world evidence, and approaches for more effective drug and device innovation. Dr. McClellan is a former administrator of the Centers for Medicare & Medicaid Services (CMS) and former commissioner of the U.S. Food and Drug Administration (FDA), where he developed and implemented major reforms in health policy. He was also a Senior Fellow at the Brookings Institution and a professor of economics and medicine at Stanford University.

Mary Senesac, Vice President of Sales, HealthMEDX (Ozark, MO)

Mary Senesac is the Director of Health Systems for HealthMEDX. Mary's experience in healthcare spans more than 25 years. Her early healthcare career began as a Medical Technologist working in academic health systems and national laboratories as a clinician, lab director and sales leadership. Prior to joining HealthMEDX Mary held leadership roles with McKesson IT. Mary's work with complex health systems deploying electronic medical records and driving connectivity to ambulatory settings including physician EMRs and Health Information Exchanges bring a unique perspective to the Long-Term Post-Acute Care continuum. As a trusted advisor Mary's experience and work with her clients help to formulate strategic plans. Mary is passionate for continued improvement in healthcare technology and driving customer success. Mary holds a Bachelor of Science in Healthcare Administration.

Michael Rambarose, President & CEO, Whitney Center (Hamden, CT)

Since 2005, Mike has served residents and staff of Whitney Center, a Hamden, Connecticut not-for-profit senior living community founded in 1979 comprising independent living, assisted living and skilled nursing amenities and services with annual budgeted revenues of approximately $20 million and a workforce of 280 people. Before assuming his current role as President & CEO in 2012, Mike was Whitney Center's Senior Vice President for Administration, primarily responsible as project manager for campus repositioning and expansion initiatives from concept through design, financing, construction and marketing. Throughout his 18 years in the aging services field, Mike has served senior living and healthcare communities of New York and Connecticut in myriad capacities, including community education & outreach, marketing & public relations, business development, operations management and executive leadership. He values personal respect, collaboration and continual learning as underpinnings of his servant leadership philosophy. As an alumnus of the Leading Age Leadership Academy, current member of the Leading Age Board, current co-facilitator in the Leading Age CT Leadership Academy and active CARF-CCAC aging services surveyor, Mike is keenly interested in helping advance the aging services field for the betterment of elders and those who serve them. Mike also serves on the board of Chapel Haven, a not-for-profit education and residential program for young adults with developmental challenges, focusing on Autism Spectrum Disorder and Asperger Syndrome.

Michelle Parent, Sales Solutions and Strategy Lead, DIRECTV - Hospitality and Institutions, (El Segundo, CA)

Michelle has 19 years sales and business management experience for satellite video, banking, telecommunication/data service and equipment companies, with over 7 years at DIRECTV managing national partners and go-to-market strategy and business development. Currently manage the Sales Strategy team of 3 Sr. Managers and 2 Consultants and directly responsible for our go-to-market sales solutions and strategy development for the DIRECTV Hospitality and Institutions business; including Hospitality, Sr. Living, HealthCare, Higher Ed, amongst other Commercial Institutions. Michelle's team works side by side with our sales and distribution team led by Pam Lawler, Director of Sales. That team consists of 5 Area Sales Managers

and over 300 3rd party service providers. One of Michelle's primary roles this year is spearheading efforts to bring to market a forward-thinking, home-like entertainment solution for the progressively evolving consumer demands within Sr. Living and Healthcare verticals.

Neil Borg, Managing Director - Corporate Finance, Zeigler (Bethesda, MD)

Neil Borg is responsible for the management of the firm's corporate finance practice focusing on healthcare services and information technology. Neil also focuses his time on building out Ziegler's for-profit strategic advisory and principal investing efforts and is a managing partner of the Ziegler Linkage Longevity Fund. Prior to joining Ziegler, Neil was in the Healthcare Services Investment Banking divisions of J.P. Morgan (previously Chase H&Q and Hambrecht & Quist) and Friedman, Billings, Ramsey & Co. While at Hambrecht & Quist, Neil was a partner in an affiliated venture capital fund, H&Q Serv*s Ventures, focused on early stage healthcare investments on behalf of Hambrecht & Quist and Johnson & Johnson. Over his career, Neil has completed over 65 transactions including strategic advisory assignments, public and private equity financings and equity investments principally for emerging growth, middle market companies in the healthcare services and healthcare information technology sectors. In addition, Neil currently sits on the Board of Directors of Auditz, LLC and was most recently on the Board of Directors of Certify Data Systems, Inc. prior to its sale to Humana Inc. in 2012.

Patrick Clark, IT Director for Continuing Care, St. Peters Health Partners, The Eddy (Albany, NY)

Patrick Clark is the Director of Information Technology/Continuing Care for St. Peters Health Partners Eddy system. The Eddy is a comprehensive continuum of healthcare, supportive housing and community services that reaches 22 counties and serves more than 40,000 people yearly in the capital region of New York State. Eddy services help maximize independence, quality of life and dignity of individuals, and help prevent the premature institutionalization of chronically ill, frail or disabled seniors. Mr. Clarks responsibilities encompass the entire Eddy system, Housing, Long Term Care, Acute and Sub-Acute Rehabilitation, PACE, and Home Care (VNA). Prior to his tenure at St. Peters Health Partners Mr. Clark served as the Director of Information Services for Bassett Healthcare in Cooperstown New York. Mr. Clark is a member of HIMSS and a past board member of the Health Information Exchange of New York (HIXNY), the capital regions Regional Healthcare Information Organization (RHIO). Patrick is also a LEAN Facilitator for St. Peters Health Partners and applies the principles of the Toyota Production System (TPS) to solving issues facing St. Peters Health Partners affiliates.

Peter Kress, Vice President and Chief Information Officer, ACTS Retirement-Life Communities (Ambler, PA)

Peter Kress has led Information Technology enabled change initiatives at ACTS Retirement-Life Communities, Inc. for nineteen years, the last fifteen as Vice President and Chief Information Officer. Peter serves on the commission of the Center for Aging Services Technologies (CAST) and leads their standards and Electronic Health Record/Personal Health Record efforts including participation on the Long Term and Post-Acute Care (LTPAC) Health IT Collaborative and co-planning the Collaborative' s annual summit. He also serves on the Florida Health Information Exchange Coordinating Committee. Peter previously served as chair of the advisory board of the Coalition for Leadership in Aging Services. He has a master's degree in Gerontology from the University of Southern California and has completed graduate work in religious studies. Peter is passionate about exploring the future of the intersection between aging services, consumerism, healthcare, demographics, and technology. Prior to working for ACTS, Peter led an independent information technology consulting business for twelve years. He has been invited to present at regional, national and international aging services and IT conferences. Peter Kress lives in Ambler, PA.

Richard Hoherz, Chief Information Officer, Westminster-Canterbury Chesapeake Bay (Virginia Beach, Virginia)

As the Chief Information Officer, he is focused on finding and implementing leading edge technologies for all areas of the continuing care retirement community, including healthcare. Current initiatives include implementing a controlled research study on the use of computer technology to enhance the lives of seniors, moving general ledger and other back office functions to the cloud and modernizing and streamlining human capital management. Rich has over 18 years in the information technology field as a consultant and services manager, leading large scale integration and business transition projects for well over a hundred organizations in such diverse fields as engineering, pharmaceuticals, securities, law, medicine, insurance and healthcare.

Rich Schutt, Chief Executive Officer, Providence Life Services. (Tinley Park, IL)

Rich Schutt has been with the organization over 30 years. He has the responsibility for overseeing operations, finance, marketing, development, and administrative divisions of Providence Life Services. Mr. Schutt was the past-chair of the American Association of Homes & Services for the Aging ("LeadingAge") Board of Directors and has served on his local church and school boards. He is also the past-chair of the State LeadingAge affiliate in Illinois, which is known as "LeadingAge Illinois". He is President of Providence Management, which owns a Technology Company and Development Company. In addition, Mr. Schutt is the past-chair of an alliance of long term care agencies in Chicago, known as Symbria, formerly "Health Resources Alliance". Mr. Schutt has a Masters in Health Administration from Governors State University where he has taught courses in Nursing Home Administration and Concepts of Long-Term Care. During his tenure as Chair of LeadingAge the Center for Aging Services Technology (CAST) was established. Mr. Schutt and Providence Life Services have continued to participate in the leadership of the CAST Commission.

Russel Crews, President and Chief Executive Officer, CC Young (Dallas, Texas)

Mr. Crews joined C. C. Young as Chief Financial Officer in February 2008. Mr. Crews was responsible for accounting, finance, risk management, and information technology functions. Russell led the $54 million financing for The Overlook independent living project. He was promoted to President and Chief Executive Officer July 1, 2013. Prior to joining C. C. Young, Mr. Crews worked in public accounting focused on SEC public reporting companies and bond and equity financings. He also served as the Chief Financial Officer of a public staffing company. Mr. Crews has served on several for profit and not for profit Board of Directors.

Rustan Williams, Chief Information Officer, Evangelical Lutheran Good Samaritan Society (Sioux Falls, SD)

Rustan Williams is the Vice President for Information Services/Technology Systems and Chief Information Officer for The Evangelical Lutheran Good Samaritan Society whose corporate headquarters is in Sioux Falls, South Dakota. Williams coordinates all software, technology and related services for the 22,350 employees in 23 states where the Society provides services as the largest not-for-profit long-term care provider in the United States. He has served the Society in this capacity for thirteen years. Williams has been essential in the development of the Society technology that is focused on providing the greatest amount of functionality at the lowest possible cost. Williams and the Society have been pioneers in the use of thin clients and network centric computing and this work has been referenced in several publications. Williams received his Master's Degree in Business and Administration from Colorado Technical University and his Bachelor of Business Administration and Associate's of Art Degree in Computer Science from Southeast Missouri State University. He has received numerous certificates for management and technology specialized training including being a certified nursing assistant. Previous to joining the Society Williams was a Divisional Chief Information Officer for the Adventist Healthcare System, a major acute care provider in the Midwest and Southeast.

Stuart Kaplan, CEO, Selfhelp Community Services, Inc. (New York, NY)

A forward thinking executive with extensive experience in health care administration, Stuart C. Kaplan provides strategic, analytical, and operational stewardship for social service, health care, long term care and managed care organizations. Under his leadership, Selfhelp Community Services, Inc., a leading provider health and human services, home care and affordable housing for aging New Yorkers, has strengthened its financial position, improved program efficiency and preserved its compassionate delivery of care. Selfhelp is also the largest provider of comprehensive services to Holocaust survivors in North America. As a transformative leader, Mr. Kaplan led Selfhelp in the formation of a care management joint venture with FEGS Health and Human Services to serve chronically ill populations. Mr. Kaplan's commitment to the wider New York community is evidenced by his committee and board participation in many service organizations. Mr. Kaplan serves on the Board of Directors of LeadingAge New York, where he is President of the state-wide Housing Cabinet. Mr. Kaplan is also active in the national LeadingAge association in the areas of aging services technology and housing with services. Locally, Mr. Kaplan serves on policy and program development committees at UJA-Federation of New York and served as Co-chair of UJA's Communal Service Division Campaign. Mr. Kaplan served as an officer of the Board of the Elizabeth Seton Pediatric Center in New York City. Prior to Selfhelp, Mr. Kaplan was executive vice president at St. Mary's Healthcare System for Children serving children with special health care needs and terminal illnesses. He has written and presented on the subject of gerontechnology and subacute care for adults and children. Mr. Kaplan is a licensed Nursing Home Administrator in New York State and holds a Masters Degree in Business Administration from Bernard M. Baruch College. He is a past President of Bernard M. Baruch College/Mount Sinai School of Medicine Health Care Administration Alumni Association.

Thom Hosinski, Vice President of Healthcare and Housing Services, Evangelical Homes of Michigan (Farmington, MI)

Thom brings 25+ years of senior service experience, including skilled nursing, assisted living, independent living, congregate senior housing, CCRC without walls and also home and community-based services. Hosinski has a Master's Degree in Health Services Administration and a Bachelor's in Psychology, both from the University of Detroit-Mercy. Thom also holds a nursing home administrator license in the State of Michigan.

Guest Bios

Amanda Cavaleri, co-founder ixora health (San Francisco, CA)

Amanda Cavaleri entered the senior care space first in 2009 while operating her Colorado-based personal concierge business where her team served older adults in the comfort of home. This experience enabled her to discover the importance bridging both the digital and generational divides. From 2013-2015, Cavaleri was a thought leader with Carnegie Mellon University's Quality of Life Technology Center, while simultaneously consulting with CCRCs, Fortune 50 consumer electronic companies and bootstrapping digital health startups to investment and architecture firms. Currently, Cavaleri is an Innovation and Business Partner with the University of Denver's Knoebel Institute for Healthy Aging, member of the Board of Directors of DC-based Generations United, and an AARP Life Reimagined A. Barry Rand 2016-2017 Fellow. She has been featured in an array of mediums including TEDx, PBS NewsHour, and the Denver Post and is on a mission to build the future longevity workforce through her passion project, Connect the Ages, an intergenerational storytelling and mentorship program.

Ben Unkle, Chief Executive Officer, Westminster-Canterbury on Chesapeake Bay and Senior Options, LLC (Norfolk, VA)

Mr. Unkle's leadership, WCCB has created new services, forged partnerships with other providers, and created new corporate subsidiaries to expand its impact to older adults. The organization served 1,000 older adults in 2012 and now serves over 4, 000 annually. New services include: skilled home healthcare, hospice, adult day enrichment program for memory intervention, and a Continuing Care at Home program. Corporately, WCCB launched Senior Options, LLC, to partner with other Life Plan Communities starting or growing their own Home and Community Based Services. Senior Options is in currently partnering with seven other life plan communities. WCCB is also partnering to undertake academic research to find the most effective ways of serving older adults. In the Birdsong Initiative, Eastern Virginia Medical School and Virginia Wesleyan College helped study the impact of bedside, on-demand, computer technology to engage residents with dementia. WCCB's first study was recognized with LeadingAge's 2016 National Excellence in Research and Education Award. Mr. Unkle started in senior living with Erickson Living, serving most recently as Senior Vice President of Western Operations. In that role, he lead eight large Erickson CCRCs in Texas, Kansas, Colorado, Illinois and Michigan. Mr. Unkle earned his Juris Doctor and Bachelor of Arts degrees from the University of Maryland, and practiced law with the national firm DLA Piper before joining Erickson Living.

Brandy Stefanco, CFO, Jewish Family Home (Rockleigh, NJ)

Brandy received her M.B.A from Northeastern University and holds a dual specialization in Healthcare and Finance. She is in her thirteenth year at the Jewish Home Family, a leading provider of post- acute and long term home and community based services, and serves as their Chief Financial Officer. In addition to her role as CFO, Brandy is also involved with the oversight of the information and technology needs for her organization. She is a member of the Finance and Investment committee as well as serving as advisor to the Jewish Home Family and its sister organization boards. Brandy currently holds a board position with Care Associates, is a member of the Leading Age NJ Finance Committee, and a participant in the Berrie Professional Excellence Fellowship. She is a three time finalist for the NJBIZ CFO of the Year in the large non-profit and healthcare division. In addition, NJBIZ is currently writing an article on Top Women in Healthcare Finance; in which Brandy is being profiled.

Carolyn Hastings, Member of the Board of Directors for Presbyterian Villages of Michigan, Chair of the PVM Human Resources Committee (Southfield, MI)

Carolyn served for over 20 years as the Executive Director of the Housing Bureau for Seniors, an affiliated entity of the University of Michigan Health System. Carolyn received a Masters of Social Work Degree from the University of Michigan and a Bachelors of Social Work from the University of Wisconsin. She has been an active participant in numerous other professional and community organizations.

Chris Hartman, Corporate Director of Technology Services, Corporate Director of Technology Services, Acts Retirement-Life Communities, Inc. (West Point, PA)

Mr. Hartman has been a part of Information Technology at Acts for 14 years. He is responsible for ensuring that both residents and staff have great experiences engaging the technology amenities, services and capabilities that are offered. He has over 20 years' experience in the information technology industry. Mr. Hartman has completed a variety of trainings and certifications including more recently CASP.

David Baker, Vice President and Chief Technology Officer, Asbury Communities (Harrisburg, PA)

David Baker has more than 25 years' experience in the acute and long-term health-care industry in information technology, facility management and project planning, development and construction. Mr. Baker is the Vice President of Information Technology for Asbury Communities and also leads the Cyber Assurance and Report Development divisions. He is responsible for the strategic, tactical and operational planning and execution of technology hardware and software initiatives and programs for Asbury-IT and the Asbury system. Prior to his current position, Mr. Baker was the Senior Vice President and Chief Information Officer, with Diakon Lutheran Social Ministries. While there, he managed all corporate information technology, facility management, business development and construction including strategic and tactical direction, research and development, and operations while reporting directly to the Chief Executive Officer. Mr. Baker also serves as a commissioner for the Center for Aging Services Technologies (CAST), the technology arm of LeadingAge. Mr. Baker has been a repeat presenter at international, national and state association conferences and other provider organizations over the course of his career. Mr. Baker graduated summa cum laude with a bachelor of science in business administration from Albright College and holds a master's of science in information systems from the University of Phoenix. He is a Stanford Certified Project Manager (SCPM) from Stanford University and holds an associate's degree in electrical engineering.

David Dring, Executive Director, Selfhelp Innovations (New York, NY)

2012 marks the twentieth year David Dring has served the Aging Network. Originally as a special consultant to the NYC Department for the Aging and their non-profit venture, the Fund for Aging Services, David's career spans program development within local, small, community-based service organizations to national associations to international philanthropies and government agencies. Throughout, his focus is on the strategic mechanisms in which services to older adults and their caregivers can be delivered with quality and at a scale that can support the Aging Tsunami. David served as an Executive at the National Council on Aging where he led the development of a decision-support software system that became VitalAging, LLC, an $8 million venture with NY Life. He later led the team that created the award winning, BenefitsCheckUp.org Initiative – an online decision support system to help older adults and their caregivers identify the benefits they are eligible to receive. As Executive Director of the Interactive Aging Network, he led the team that launched A2B.org.uk (Access 2 Benefits) in collaboration with Northern Ireland NGOs and the Northern Ireland government, which in its first year of operation assisted older Irish to receive $12.5 million dollars in benefits. Through these experiences, David developed an expertise in the creation of social enterprises which creatively maximize philanthropic and impact investor resources to achieve positive social impact. David currently serves as the Executive Director of Selfhelp Innovations where he is devoted to leveraging technology to enhance the tools that staff use to deliver care and the services that clients use to enrich the quality of their lives. In this role, he provides strategic advice on how the organization can align business requirements with innovative technologies and practices to expand service opportunities. An example is Selfhelp's Virtual Senior Center, which David helped refine the business model, raise funding and upgraded the interface to enable Selfhelp to grow this program from 20 users to over 200 before the end of 2013. David continues to manage Selfhelp's infrastructure (450 desktop computers, server farm and telco operations). He also serves on as a Commissioner of CAST (Center for Aging Services Technology) at LeadingAge, on the board of Older Adult Technology Services (OATS), as a member of the Age-Friendly NY taskforce, and frequently is asked to present on the role and use of technology to enhance and expand programs for older adults.

David Gruber, MD, Managing Director and Director of Research, Alvarez and Marsal (New York, NY)

Dr. Gruber has 33 years of diversified healthcare experience as a Vice-President at Bristol-Myers and J&J Consumer, a senior Wall Street analyst covering medical supplies and devices, an entrepreneur and a consultant focused on strategy, innovation, business development and analytics. His most recent publication entitled, "Post-acute Care: Disruption (and opportunities) Lurking Beneath the Surface" was published in May. Dr. Gruber has appeared on NPR and C-Span; quoted in the Washington Post, LA Times, The Deal, Healthcare Finance News, Managed Care Executive, Managed Care Outlook, Becker's Hospital Review and Inside Health Policy; and published in the Journal of Diabetes Science & Technology, Turnaround Management Association Newsletter of Corporate Renewal, American Bankruptcy Institute Journal and Journal of Healthcare Compliance. He received an MD from the Mount Sinai School of Medicine and MBA from the Columbia Graduate School of Business, was a Kellogg Foundation National Fellow and is a re-elected Trustee to the Teaneck (NJ) Board of Education.

Jeremy Mercer, Marketing Manager, HealthMEDX (Springfield, MS)

Jeremy Mercer is a software development company that delivers the only full-continuum EMR solution for senior care organizations serving the long-term and post-acute market. Prior to HealthMEDX, Jeremy built a 14-year history of progressively growing responsibilities in marketing at Jack Henry & Associates, one of the nation's largest banking & financial services software vendors.

John D'Annunzio, General Manager, Samsung Wireless Enterprise (Fort Worth, TX)

John brings over 15 years of technology experience and a broad background in all aspects of sales, business development and preferred partner programs as. As GM, John is responsible for leading sales in North America for Samsung's industry-leading wireless LAN and unified communications products and solutions. Before joining Samsung, John was the senior vice president of global channels at GENBAND where he was responsible for the global channels fulfillment, execution, and development for GENBAND's portfolio. Prior to that, John served as vice president of sales at Audiocodes where he was responsible for leading sales efforts for a diverse range of VoIP, data networking and systems integration solutions across data center, cloud, hosted and federal markets. While at Audiocodes, John was instrumental in driving a partnership with Microsoft and other partners to develop a new unified communications offering. John also developed and secured over $20M in committed new business from leading enterprise companies including AT&T, CDC, Honeywell, E&Y, ExxonMobil and Eli Lilly. John also has sales and management experience while working at Blue Wave Systems and Newell-Rubbermaid Corporation. A retired flight commander with the United States Air Force, John led combat aircraft operations in Just Cause, Desert Shield and Desert Storm before being tapped to transform student pilot programs and implement the first computer based training system.

John currently lives in the Dallas/Fort Worth Area and holds a bachelor's degree in Electrical Engineering from Northwestern University and an Executive Master of Business Administration from the University of Texas at Dallas.

Judy Collett-Miller, Director of Planning and Administration, Parker Home (Piscataway, NJ)

Judy joined Parker in 2015 as Director of Planning and Administration. In her role Judy acts as project manager in support of Parker's overall Strategic Redesign initiative and other organization-wide projects. She supports and facilitates the development and execution of the organization's CEO/Board work stream and serves as liaison to Parker's Governance and Nominating Committee. Prior, Judy served as Executive Vice President of LeadingAge New Jersey, with strategic and operational responsibility for membership initiatives, including educational programming, marketing, public relations and communications, to ensure programmatic excellence

in all member services. Judy previously was the Director of Development at Greenwood House, responsible for the planning and implementation of a comprehensive development program and marketing strategies to identify, cultivate and solicit gifts for annual, planned giving and capital campaigns.

John Palkovitz, Chief Financial Officer, Broadmead (Cockeysville, MD)

A Dynamic Lifestyle Community located in Hunt Valley, Maryland. Along with his financial responsibilities, John also oversees the information technology services delivery at Broadmead. Prior to joining Broadmead in late 2014, John held the position of Vice President of Financial Services with Diakon Lutheran Social Ministries, a multi-site Life Plan community and social service program provider headquartered in Pennsylvania. Prior to his time at Diakon, John spent 19 years in public accounting with KPMG LLP, Ernst & Young LLP, and Coopers & Lybrand LLP, serving as a Senior Manager within their respective audit or advisory services practices. Additionally, he held the position of CFO with Memorial Health System in York, PA for two years.

Karen Davis, Senior Director, Alvarez & Marsal Healthcare Industry Group (New York, New York)

Ms. Davis is a healthcare specialist with more than thirty years of hospital and health system experience. Her career spans both the for profit and the not-for profit sectors in senior level positions. Ms. Davis has served as advisor on multiple assignments evaluating the operational and financial status of free standing and multi-facility healthcare organizations. MS. Davis worked as an advisor to a large privately-held assisted living company. She serviced in the role a primary clinical and operations advisor. In this role she is assessed the operational stability of the facilities, monitoring critical life-safety issues and advising on necessary capital expenditures for select facilities. Previously, Ms. Davis' roles included President and Chief Operating Officer of the Imaging Division of HealthSouth. Ms. Davis has served as the Chief Executive Officer of the Metro West Hospital, an acute care facility. She has held multiple Board of Director positions in for profit and nonprofit community service organizations. She holds a bachelor's degree in nursing and an MHA from the University of Alabama in Birmingham.

Linda Lessard, Systems Project Manager, Sun Health Senior Living (Sun City West, Az)

Linda's focus is on supporting the organization's business and operational objectives through enterprise software solutions. In her role, Linda serves as a trusted advisor to aid in strategic development of leading-edge technology solutions to improve the employee and resident experience. Linda challenges the status quo by taking a new look at issues and ongoing opportunities. She is a persuasive leader, motivating and training others to embrace and champion technology advances.

Michael Freedman, Client Development, BlueOrange Compliance (Dublin, OH)

Mike has over 35 years of experience in the healthcare arena. He is responsible for client development at BlueOrange Compliance, specializing in assisting healthcare organizations navigate the HIPAA and HITECH Privacy and Security requirements. Prior to joining BlueOrange Compliance, Mike was a Sales Manager at Artromick International (now Capsa Solutions) and at AmerisourceBergen Technology Group. He holds a Bachelor of Science degree from Penn State University in Health Planning Administration. Mike resides in Ambler, Pa.

Michael Jones, Senior Director of Business Development, CaptionCall, LLC (Indianapolis, IN)

Michael Z. Jones has led growth and success in some of the technology industry's most dynamic companies. Mr. Jones has recently joined Sorenson Holdings / CaptionCall, LLC with the chart to create a new business unit. Prior to CaptionCall Mr. Jones served as President and CEO of ActiveCare, Inc., a publicly traded diabetes technology and management services company in Orem, UT. Previously, Michael served as a

founder and executive in several medical technology industry's most innovative companies. As Founder and CEO of Interactive Care, Mr. Jones pioneered the advancement of video based telehealth and telemedicine technologies. At RemedyMD Michael led the marketing and sales efforts for the provider of medical informatics technology. While the executive vice president of sales and marketing at iBahn (formerly STSN), the company was recognized in consecutive years by Deloitte & Touche and Inc. Magazine for "Top 100" rates of growth. Prior to iBahn, Mr. Jones led numerous sales and operations organizations at Iomega Corporation, Siebel Systems, Silicon Graphics and Oracle. Michael is currently the President of the Northern Utah Affiliate of the National Alliance on Mental Illness (NAMI). He has also participated as a member of the executive committee of "Life-Line," a counseling and treatment organization providing services to adolescences involved in "at-risk" behaviors. He previously served the First Lady of the State of Utah as Committee Chairman of the "Power in Parents" organization, supporting the goals of the nationally recognized "Power in You" campaign for troubled teens. A published author and contributor to medical and technology industry publications, as well as frequent industry and events speaker, Michael graduated cum laude with a degree in English Literature from the University of Utah. Michael and his Wife, Kathy, have been married for over 30 years, and enjoy travel, the outdoors, long-range adventure motorcycling and a wide range of athletic interests.

Ricardo Meirelles, Market Intelligence Manager, PointClickCare (Mississauga ON, CA)

Ricardo, Market Intelligence Manager, leads the enterprise-wide market and competitive intelligence area for PointClickCare. Drawing on 12 years' experience in the Healthcare Technology industry, he commands a deep understanding of industry players, emerging technology trends and market activities. Ricardo is actively involved with industry associations including serving as the Chair, Healthcare Committee at the Brazil Canada Chamber of Commerce. Prior to joining PointClickCare, Ricardo worked for large multi-national technology companies in the areas of strategic planning and market intelligence specializing in the healthcare sector. The combination of his extensive experience and international flare provides a unique blend of skills to advise senior executives with their strategic, data-driven decision making. Ricardo holds a Master of Business Administration (MBA) from the University of Florida, a Master's of Finance, from Brazilian Institute of Stock Market, Brazil and a Bachelor's in Engineering from Catholic University, Brazil.

Reid Estreicher, Business Development Lead for Senior Care, Samsung (Chicago, IL)

Reid Estreicher is in charge of the U.S. Market while also working as a strategist in IoT, solving for the Connected Smart Home. Passionate about advancing the lives of Older Adults through technology, Mr. Estreicher is also involved in multiple projects to increase awareness around healthy diet and attracting the millennial generation to the industry in hopes of closing the workforce gap.

Russell Lusak, Senior Vice President, Selfhelp Community Services, Inc. (New York, NY)

Russell Lusak, Licensed Nursing Home Administration has over 18 years of experience in the health care field. He brings unparalleled experience as an Administrator, with a strong knowledge of organization dynamics, Regulatory Home Care landscape and systems analysis; he has also proven to successfully reengineer programs with exceptional results. Mr. Lusak has been at Selfhelp Community Services, Inc. for over seven years. He serves on the Home Care Association of New York State Board of Directors, where he served on the Executive Committee and currently on Finance and chairs the Nominating Committee. He was also appointed by The New York State Department of Health to serve as a member of the New York State Transparency, Evaluation, and HIT Workgroup. Under his leadership he implemented several operational changes as well as developed new business opportunities within the home care programs that maintained Selfhelp's operating margins. He currently leads the organization's managed care transformation through staff education sessions and developing relationships with several managed care contracts. Among his other accomplishments, he

led the successful implementation of a new corporate information systems network, negotiated the lease for the corporate office, and led two construction projects; one for the community based office space in Brooklyn and the other for the 520 8th Avenue corporate office. Prior to joining Selfhelp, Mr. Lusak served as Director of Marketing for Jefferson's Ferry Lifecare Retirement Community, where in addition to his many accomplishments, his coordination of marketing efforts for the continuing care retirement community led to a 5% census increase and yielded a sustained 99% occupancy rate. Mr. Lusak spent four years as Assistant Vice President of Administration for Parker Jewish Institute for Health Care and Rehabilitation overseeing Food Services, Information Services, Medical Records and Quality Management. As a result of his leadership a $3M Information Technology strategic plan was developed and implemented. Mr. Lusak has also administered a Long Term Home Health Care Program, Medical Model Adult Day Care, Social Model Adult Day Care, Hospice Care, and a Diagnostic and Treatment Center. While much of his career has been in service to the elderly, Mr. Lusak's background also includes service to children with disabilities and special health care needs as well as acute care. Mr. Lusak holds a Masters Degree in Public Administration from Long Island University; a Bachelor's of Business Administration from St. Bonaventure University and he is Licensed Nursing Home Administrator in New York State.

Tanya Hahn, CPA, MBA, Senior Vice President/CFO, National Church Residences (Columbus, OH)

Tanya Hahn is Senior Vice President/CFO of National Church Residences, Columbus, Ohio where she is responsible for all the accounting, finance, investment management, and information technology for more than 350 senior housing and healthcare properties in 28 states and Puerto Rico. Prior to joining National Church Residences in October 2015, she was a managing director with R.W. Baird & Co. focused on tax-exempt debt for hospitals, senior living and higher education institutions across the country. In addition, Ms. Hahn spent 8 years at Lancaster Pollard as a healthcare mortgage banker and senior credit officer, 3 years as CFO of a private university, 8 years as a tax-exempt bond investment banker, and positions in industry and banking as a controller, internal auditor, and corporate tax manager. She began her career at KPMG in Columbus, Ohio in December 1980. She is a Certified Public Accountant with an MBA from Rochester Institute of Technology and a BSBA in Accounting and Finance from Miami University (OH), and serves as board chair of Mohun Health Care Center a 72 bed skilled nursing home and is board chair of the Mount Carmel College of Nursing, a Trinity Health subsidiary and accredited college of nursing in Columbus, Ohio.