Elevating Your Organization’s Consumerism IQ

Tools and Techniques to Achieve 5 Business Imperatives

With rising competition and a changing business model, most healthcare organizations are paying increased attention to how consumers access and use healthcare services. Insights gained from the right fact base are more and more critical to attracting patients, and then engaging and maintaining them under both fee-for-service and fee-for-value arrangements. Analysis of findings from the right consumer data is driving organizational decision making related to issues such as service offerings, locations, clinical care delivery design, and marketing.

To attract and maintain consumers who shop for healthcare as they would other goods and services, healthcare providers must understand consumer preferences and needs. Particularly important are unmet needs in the increasing set of “shoppable” service lines and venues. These include low-intensity, noninvasive diagnostic services, such as MRIs and lab tests offered in freestanding facilities, and routine invasive procedures, such as knee arthroscopy and tonsillectomies offered in clinics. Fulfilling consumers’ needs and expectations will drive their choice of provider and venue, and influence customer “stickiness”—i.e., loyalty—under all reimbursement arrangements.

Data related to purchasing attitudes, motivations, behaviors, and patient experience have moved from nice-to-know to need-to-know business intelligence. Such data must be specific to each organization’s distinct market(s) as significant variation exists across geographies. Encounter-based patient data that hospitals and health systems historically have used for clinical and administrative purposes are very different from such consumer-needs information. But both types of data can be layered together to understand how best to engage individuals and improve their care and care experience.

This article offers data-driven techniques and tools that will increase an organization’s consumerism intelligence quotient. A higher IQ will enable the organization to make fact-based decisions to achieve five business outcomes: consumer-centric access; patient-centric experience; relevant products and services; the right pricing strategy; and successful messaging and reach.

Consumer-Centric Access

Key trends are creating an imperative for hospitals and health systems to use data-driven consumer insights to address access issues. Trends include increasing consumer expectations for “on-demand” information and services, and the continued migration of many healthcare services to ambulatory and virtual venues.

Additionally, innovative competitors from within and beyond healthcare are disrupting the provision of primary care, diagnostics, and other outpatient services nationwide. For example, Cleveland Clinic and retail giant CVS Health are connecting CVS MinuteClinic customers in Ohio with Cleveland Clinic providers for online and mobile visits through the American Well telehealth platform.¹

Or consider Smart Choice MRI, which has six stand-alone imaging centers in Wisconsin and recently expanded with four more in the Chicago area. Smart Choice offers MRI scans for $600 or less and provides same-day scan readings by Cleveland Clinic radiologists.²

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SIDEBAR 1. AN INSIGHTS-DRIVEN ACCESS STRATEGY

To address perceived access shortcomings, one health system in the Midwest recently used data-driven consumer insights to inform its access strategy for primary care services. The core analytic approach applied findings from focus groups and surveys of “path-to-purchase” decision making by consumers.

Beginning with focus groups, the organization quickly gathered a range of information about consumer decision making, types of facilities, and practitioners accessed. Key takeaways indicated that alternative primary care models and advanced care practitioners—for example, nurse practitioners (NPs) and physician assistants (PAs)—are acceptable options for certain consumer needs and services.

Additionally, the system learned that quality in the consumer’s eye is not always about clinical outcomes, but often defined by a perception that the provider is listening, caring, and not rushing.

A comprehensive survey was conducted to assess validity and materiality of the main issues that surfaced, including:

- Getting an appointment
- Choosing a primary care doctor
- Comfort (or not) with advanced practitioners
- Use of walk-in clinics
- Price sensitivity
- Comparative performance with traditional competitors in the area
- Importance of brand and network affiliation
- Use of technology in care selection and management

For consumers, these new access options represent not only lower costs, but also a significant reduction in the friction of a typical visit to a legacy provider. In most cases, the nontraditional providers have longer hours, don’t require appointments, can see patients promptly, and are closer to home—or, in the case of telehealth, don’t even require the individual to leave home.

Lower-acuity services offer an excellent place for hospitals and health systems to begin to address access trends and to ensure plentiful and relevant entry points to their care systems. The first question to answer is, what do consumers want in the organization’s service area? A wide range of primary care options may be available or feasible for low-acuity services, including urgent care centers, nurse-staffed retail clinics, employer- and school-based clinics, physician clinics, hospital and freestanding clinics, labs and imaging centers, telehealth offerings, and others.

The second question to answer is, what types of facilities and services are consumers currently using and likely to use into the future? Many health systems are developing urgent care clinics, for example. But will such clinics be on the decline five or 10 years from now because more consumers are using virtual services to meet their low-acuity needs? Sidebar 1 provides an example of an insights-driven strategy developed by a health system for primary care access.

Patient-Centric Experience

A more consumer-oriented patient experience is on the agenda of most healthcare providers. This encompasses the total experience of an individual as he or she moves along the decision-making path to healthcare services purchase, use, and post-use interactions and effects. This end-to-end perspective can uncover experience issues that may be unexpected and even unarticulated by patients.

An expansive view of the customer experience should be considered, such as whether the definition of “customer” should extend beyond more than just the patient. Exhibit 1 illustrates this view. It includes the who dimension, involving the patient’s family, friends, physician, and other caregivers, as well as the what dimension that begins with the customer’s need, choice, and preserve experience. It then incorporates the service-provision stage, and ends with the post-service stage, billing, and customer feedback. If these are well executed, the individual has a positive experience and the provider builds patient loyalty.

Customer experience mapping (sometimes called journey mapping) is commonplace in consumer and retail-oriented industries and can be adapted and useful in healthcare delivery. This technique for understanding the customer’s holistic perspective helps organizations to innovate and radically improve the patient experience.

In healthcare, experience mapping involves collecting experience insights through such means as exit interviews, mystery shopping, and ethnographic research, which is the study of people in their own environment. These experiential learning techniques are invaluable to putting oneself into the shoes of the patient consumer, and understanding their satisfiers, dis-satisfiers, and frustrations. Maps of the intended patient experience can be compared with maps of the actual experience, and new experience improvements and innovations can be identified, tested, and, if successful, implemented.
Hospitals and health systems can act on this technique by selecting a pilot venue. The venue should be one that is strategically important based on management judgment and input from patients and physician customers. The organization may choose a venue that occurs across the entity—for example, primary care outpatient clinics—or a high-volume facility where a large percentage of the patient population receives services—for example, the system's flagship hospital.

Leaders then can map the intended-versus-actual experience to gather specific and actionable insights, and synthesize answers to the following questions:

- What are the unmet needs in a given model, venue, or circumstance?
- What “delights” and conversely “indignities” do the customers experience?
- What are potential solutions for the indignities and scaling opportunities for the delights?
- Where can we convert a “patient’s problem” into “our problem” to solve?
- What out-of-industry models might be beneficial to apply?
- What principles, protocols, and guidelines can we implement to scale solutions appropriately in the selected venue and elsewhere?

Potential solutions to improve the patient experience can be developed and then scaled appropriately. Exhibit 2 outlines this process, and Sidebar 2 provides two examples of data-rich efforts to enhance the patient experience.

**EXHIBIT 1. AN_EXPANSIVE_VIEW_OF_CUSTOMER_EXPERIENCE**

*Source: Kaufman, Hall & Associates, LLC*

**EXHIBIT 2. HOW_TO_INNOVATE_THE_CUSTOMER_EXPERIENCE**

*Source: Kaufman, Hall & Associates, LLC*

**SIDEBAR 2. INITIATIVES_TO_ENHANCE_THE_PATIENT_EXPERIENCE**

**Using Real-Time Data to Address Patient Concerns**

Community Hospital of the Monterey Peninsula (CHOMP) in Monterey, California, introduced a creative data-collection process that enables instantaneous electronic feedback to understand and improve the patient’s experience in real time. Started in the Radiology Department in 2014, CHOMP is extending the process throughout the hospital system.

Called *Excellence 24/7*, the process involves placing QR bar codes throughout the hospital. When scanned by a patient with a free scanning app on a smart device, the bar code triggers the question, “If we have exceeded your expectations or fallen short, please let us know how we can help.” Responses instantly go to a hospital management team member, who meets in-person with the patient after a concern is raised, often within minutes.

This real-time actionable information is enabling CHOMP staff to improve performance in all areas, from registration to discharge. Approval scores have doubled. “Employee performance scores also have improved significantly, because corrective behavior is tied to real-time responses,” notes Eric LoMonaco, CHOMP’s Director of Diagnostic and Interventional Radiology. “Effective behaviors are recognized and praised immediately, while the patient encounter is still embedded in short-term memory.”

**Improving the Billing System to Meet Patient Needs**

In Oklahoma, INTEGRIS Health convened consumer focus groups to examine the post-discharge customer experience, including receipt of billing information related to the hospital stay. The goal was to obtain patients’ feedback on what they do and do not want to see in financial communications from a hospital system.

INTEGRIS Health gathered and applied the learnings to improve the post-discharge customer experience, including:

1. **Learning**: Patients find it confusing to get two separate billing statements—one for hospital services and one for physician services. **Solution**: Redesigned billing, introducing a new consolidated statement.

2. **Learning**: Patients think that sending letters saying “just to let you know... we billed your insurance company” is a waste of time and money. **Solution**: Discontinued the practice.

3. **Learning**: Patients don’t want the level of detail currently provided about charges. **Solution**: Simplified the billing statement.

4. **Learning**: Patients dislike the jargon in billing statements. **Solution**: Reworked the wording used on statements until it met the “easy-to-understand” threshold of reading comprehension.

INTEGRIS had to redesign workflow to support the simplified and consolidated billing, but deemed the much-improved consumer-patient experience to be worth that effort.


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Relevant Products and Services

Relevance of products and services is a key principle on which retail healthcare companies focus significant attention, monitoring changing consumer preferences and developing new offerings as needed. Legacy hospital products and services have been informed by traditional patient populations, and in many cases, the views and delivery preferences of care teams.

But hospitals are now starting to develop new offerings focused on select patient groups, and tailored to the needs and preferences of a changing customer base and its surrounding circumstances.

MultiCare Health System’s obstetrical care offerings provide an interesting example of an organization’s implementation of newly configured, highly relevant services. Their obstetrics program integrates virtual and in-person options to make interactions as smooth and effortless as possible.

Through the OB CareConnect™ program,4 the patient and doctor choose the care that most closely matches the woman’s personal needs, preferences, and lifestyle (Exhibit 3). Traditional OB Care includes 14 standard, in-office prenatal visits and prenatal classes offered online or in person. Group OB Visits mix in-person physician visits and nurse practitioner-led group visits that include prenatal education. Virtual OB Visits combine obstetrician visits and virtual visits with a nurse practitioner.

MultiCare knew that contemporary consumers would appreciate alternatives, so they put forth the three-pronged offering enabling consumers to self-select into groups based on the services they wanted. The organization achieved rapid success after piloting the program. Allowing the market to “self-segment” rather than trying to develop a top-down segmented view is one example of a viable and creative technique for understanding—and then rapidly meeting—the needs of the consumer patient.

Sidebar 3 provides another interesting example of a new product informed by the identification of unmet needs.

**The Right Pricing Strategy**

Consumer needs and attitudes about health and healthcare services are changing due to higher out-of-pocket costs, price transparency, and low-priced competition. Additionally, transparency tools and health-decision navigators are multiplying, offering assistance in purchasing and decision making. Consumers and other purchasers are increasingly focused on cost.

As healthcare consumers become more activated shoppers, and as competitors increasingly make low prices part of their value proposition, hospitals will need to ensure clear communication to customers about the organization’s value. This effort should focus on:

- Understanding and quantifying the organization’s value proposition;
- Proving that the organization can better deliver desired benefits at a fair price that is acceptable to consumers and/or other payers and decision makers, including physician value shoppers.

An overall pricing strategy is required to thrive in a price-sensitive, competitive environment. Understanding price differentiators and developing a robust pricing strategy includes:

- Evaluation of current and potential future market conditions that will influence decision making for hospital services
- Benchmarking of the hospital’s negotiated rates relative to hospital and non-hospital competition
- Measurement of price elasticity by service (i.e., level of price sensitivity in the market)
- Application of sound principles for pricing at an individual service and/or geographic level
- Clear articulation of the hospital’s value proposition compared to relevant competition

To inform an organization’s pricing strategy, leaders can start with three questions: What is our brand worth to consumers? Will it support a higher price point compared to competitors? What other non-price factors matter most to consumers?
Price/volume tradeoffs are measurable and should be considered in an organization’s pricing strategy by service type. To assess such tradeoffs, Kaufman Hall and Cadent Consulting Group conducted a study of 1,100 families in nine metropolitan areas across the country. Using conjoint analysis, the study estimated consumer willingness to pay for certain services from certain providers, given differing service venues and brands, as represented by area providers.

Exhibit 4 shows how preferences for obtaining a sample service at a children’s hospital (y-axis) change as the service price (x-axis) changes relative to the price of a freestanding competitor and another hospital. The exhibit shows that as the price for the service at the children’s hospital increases beyond $800, consumer preference to select this provider declines steeply in favor of the freestanding provider. Although the survey focused on pediatric services, the results are illustrative of how the technique, commonly used outside of healthcare, can be used by healthcare providers to inform pricing strategy.

Trying to match competitor prices in all services is not likely to be appropriate or feasible. But hospitals should understand the differences between their prices and those of competitors, as well as price/volume tradeoffs, to inform whether and by how much they should adjust their prices.

**Successful Messaging and Reach**

In addition to understanding consumer needs and preferences as they relate to access, experience, service offerings, and pricing, providers will need to understand how best to communicate the organization’s strategies to the market.

Consumer segmentation is a useful technique to understand optimal, targeted tactics for messaging and reach. Healthcare consumers are not homogenous; different people have different needs, wants, and attitudes toward health and healthcare. Based on how these needs and wants are expressed or acted upon, individuals can be assigned to groupings or “attitudinal” segments.

Paired with demographic data and other behavioral insights, attitudinal insights can allow providers to target groups and individuals, and then create messaging and mechanisms to reach those consumers with the information most relevant to them.

Sidebar 4 provides an example of the use of consumer intelligence to help direct messaging and reach.

Over time, mass marketing should migrate to targeted marketing, and in the extreme, to micro-marketing. This is the end-game pursued by many consumer-oriented companies and industries, and when executed effectively results in more efficient marketing campaigns with improved return on investment. Healthcare providers likely will be required to do the same to successfully serve their markets and mission.

**Sidebar 4. Consumer Insights-Informed Messaging and Reach**

A healthcare system in the West used consumer intelligence to substantially inform its message and reach to consumer segments. The system identified and prioritized the segments where the best business opportunities existed, and identified communications tactics to overcome challenges for each.

To engage and build relationships with consumers who are least engaged and in some cases, higher cost than need be, the system would focus on messaging for:

- **Frequent fliers:** Individuals who frequently present in emergency departments would be offered a follow-up visit with a family physician or nurse practitioner; for patients seen in a physician’s office, efforts would focus on developing systems to ensure that follow-up visits were scheduled and appointment reminders were provided.

- **Reluctant consumers:** Areas of focus would include online messaging about the system’s affordable and convenient walk-in clinics, education that preventive care is free under the ACA, and proactive messaging about the option to see NPs and PAs.

To attract patients into the network, thereby driving growth, the system would focus on messaging for:

- **Wellness advocates:** Online marketing would emphasize the organization’s quality and its online and clinical tools to help individuals manage their own health; health navigators would provide online chats and answer emails within 24 hours.

- **Chronic-care needs:** Targeted direct mail and messaging would emphasize how the system’s clinicians spend time to get to know their patients, and the availability of onsite ancillary services at some primary care offices.

Segment-level insights, applied through targeted messaging, would enable more effective patient interaction and service provisioning, and contribute to network growth and cost efficiencies.
EXHIBIT 5. TOOLS TO GAIN CONSUMER INSIGHT
Source: Kaufman, Hall & Associates, LLC

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Kaufman Hall and The Governance Institute Publish New Edition of Kenneth Kaufman’s Focus on Finance

Healthcare finance can be a daunting topic, but the need for accessible and thorough education is ever-present and urgent. The Second Edition of Focus on Finance: 10 Critical Issues for Healthcare Leadership by Kenneth Kaufman, Managing Director and Chair of Kaufman Hall, provides the key issues and framework that boards of directors and other senior executives can use to ensure high-quality financial decisions.

The book, originally published in 2008, has been updated to reflect important strategic and financial considerations as healthcare transitions toward a value-based system. Financial concepts and disciplined strategic/financial planning and risk management remain core to the publication, however, because deliberate thinking and controlled contingency planning will help organizations secure a solid market position and continued financial stability.

The 10 issues described in the book’s 10 chapters are as follows:

- Understanding Healthcare’s New Business Model
- Disciplined Planning: The Groundwork for Success
- Why Credit Ratings Matter
- Finding the Right Balance of Cash and Debt
- How Much Can the Hospital Afford to Spend?
- Strategic Market and Position Assessment
- Setting Organizational Direction
- Financing Organizational Strategy
- Managing Capital Structure and the Balance Sheet
- Understanding and Managing Risk

The publication reflects three decades of consulting, presentations, articles, and books provided in client and professional forums by Kenneth Kaufman and partners and staff of Kaufman, Hall & Associates, LLC. Kaufman Hall is delighted to publish the second edition of Focus on Finance with The Governance Institute, an organization committed to providing essential knowledge necessary for hospitals and health systems to achieve excellence in governance.

To request a copy of the publication in print or PDF format, please contact Lee Anne Elston at laelston@kaufmanhall.com or 847.441.8780.
Sparrow Health System Improves Management Reporting and Dashboards While Increasing Process Efficiency with the Axiom Healthcare Suite

Sparrow Health System is an integrated non-profit healthcare organization based in Lansing, Mich., that includes five hospitals and more than 900 affiliated physicians. As the largest health system in central Michigan, it provides quality and advanced care to hundreds of thousands of residents in the region. As the organization has expanded and evolved over the years, so have its financial and budgeting software needs.

Sparrow Health has been a Kaufman Hall software customer since 2010, and regularly used the firm’s Budget Advisor and Hospital Advisor products for financial planning and to generate routine financial reports. The organization recently chose to upgrade to Kaufman Hall’s Axiom Healthcare Suite to benefit from additional capabilities not available under the original ENUFF Software Suite, including better tools for dashboarding and visualization, integrated data across solutions, and other enhancements to help users be more efficient and productive.

The new platform allows Sparrow Health to take advantage of many familiar features that are similar to those of the Budget Advisor and Hospital Advisor products. At the same time, the organization is able to leverage an extended set of innovations that is helping it to keep up with changing market demands, drive improved decision making, and better manage organizational performance.

Improved Management Reporting and Dashboards

With the nation’s rapidly changing healthcare environment, having the ability to produce timely, actionable reports and dashboards is more important than ever. Such tools help ensure informed decision making by hospital trustees, members of the management team, and other senior leaders.

“Having the ability to easily create dashboards and reports that truly provide value to our leaders really appealed to us,” said Dawn Short, Director of Financial Reporting and Budgeting at Sparrow Health System. Transitioning to the Axiom Healthcare Suite has allowed Sparrow Health System to update its reporting functions and gain new dashboard functions.

Short advocated for the organization to make the change after attending an advanced dashboard session at Kaufman Hall’s Spring 2015 software user conference, the Performance Management Summit.

Integrated Data Across Processes and Products

Before transitioning to the new software, Sparrow Health System faced challenges in integrating data across its financial planning processes. With the Axiom Healthcare Suite, its finance team now has the benefit of fully integrated products on a single, robust platform. The same set of data is used across all Axiom products, allowing for more consistency and accuracy in reporting, and increased confidence in decisions being made based upon that data.

Another important benefit of the integrated solution is that Kaufman Hall automatically provides table templates required for new fiscal years as part of the Axiom Healthcare Suite update process, with models rebuilt directly from the database. This eliminates the need for period-end rollback of data.

Increased Process Efficiencies

The process used to create and distribute financial and operational reports has been significantly streamlined, greatly enhancing efficiencies for finance professionals. “It’s so easy to set up reports in the system, which means we can focus on more value-added activities,” said Ms. Short.

Equipped with robust ad-hoc reporting and dashboarding capabilities, Sparrow Health’s finance team is able to respond to specialized requests from executive leaders and department managers, to make sure that they have the information they need when they need it. “We can spend time helping managers interpret and analyze their data since we aren’t spending our off-financial-close cycles on creating the reports,” Ms. Short said.

In addition to providing support for data imports that are currently available in the ENUFF Software Suite, the Axiom Healthcare Suite can directly connect to source systems to gather data. This eliminates the need for file imports and provides direct access to data in a timely manner.

Continuous Support

Kaufman Hall assisted Sparrow Health in making a smooth transition to the Axiom Healthcare Suite. “Kaufman Hall listened to our needs and was very accommodating,” Ms. Short said. “The flexibility of their products allowed them to tailor the solution to our specific needs and give us options.”

Kaufman Hall provided constant support during the rollout, and that support continues on an ongoing basis. “Our project lead was there 24/7 to answer questions. I would rave to everyone about the support we’ve received throughout this transition,” Ms. Short said. “We want to keep [Sparrow Health] moving forward and be on the cutting edge, which is why we were eager to be one of the first ENUFF customers to move to the Axiom Healthcare Suite.”

For more information about the Axiom Healthcare Suite, please contact Debra Miller at dmiller@kaufmanhall.com or 847.441.8780.
2016 Performance Management Summit Customer Achievement Awards Celebrate Innovation

Kaufman Hall hosted its largest ever software user conference with the 2016 Performance Management Summit May 15-18 at The Cosmopolitan in Las Vegas. More than 370 people attended the event, including chief financial officers and finance professionals from companies around the world. Forty percent of attendees were healthcare finance professionals.

The Summit, now in its sixth year, consisted of two and a half days of keynote presentations and breakout sessions on a range of topics. More than 20 case studies were presented with the aim of providing attendees real-world examples of how other organizations are using Kaufman Hall tools to improve performance and enhance operational efficiencies.

The event included the 3rd Annual Axiom Software EPMmys, which recognize Kaufman Hall customers and partners for their ongoing commitment to innovative performance management solutions that ensure better planning and effective decision making within their organizations.

“We are continually inspired by the innovative ways our customers and partners are using Axiom Software to achieve their most critical performance management goals,” said Tom Walsh, CEO of Kaufman Hall Software. “We are honored to recognize these organizations and individuals for their outstanding achievements.”

This year’s EPMmys honored winners across multiple industries with nine awards given in five categories: the Performance Award, Innovation Award, EPM User of the Year, Sales Partner of the Year, and Systems Integrator Partner of the Year. From healthcare, Baylor Scott & White Health, Catholic Health Initiatives, and Sparrow Health System were among the recipients.

Baylor Scott & White Health received the Performance Award for the health system’s commitment to enterprise-wide performance management. Using Axiom Software, the largest non-profit healthcare system in Texas has reduced average capital procurement cycle time—from request to allocation—from 72 days to 50 days. The organization has streamlined its workflow, gained visibility into capital requests and bottlenecks in the approval process, and improved user experience for reviewers and approvers.

Catholic Health Initiatives received the Innovation Award for its design of an enterprise-wide rolling forecasting solution. The nation’s second-largest non-profit health system is using the Axiom Healthcare Suite to transform how the corporate finance team handles planning across the organization.

At Sparrow Health System, Director of Financial Reporting and Budgeting Dawn Short received the EPM User of the Year Award for leading the successful migration of the company’s budgeting and financial planning to the Axiom Healthcare Suite. This migration improved senior leadership reporting with timely, actionable dashboards and interactive reports, integrated data across processes and products to improve data accuracy and decision making, and increased process efficiencies to free up financial staff.

Other winners were: Golden 1 Credit Union for the Performance Award; Umpqua Bank and Metso Automation USA for the Innovation Award; Mark Hutchison at STAR Financial for the EPM User of the Year Award; Luc Wellens of Axiom EPM Western Europe for the Sales Partner of the Year; and Jill Lam at Plus Point Consulting for Systems Integrator Partner of the Year.

Please mark your calendars to attend next year’s Performance Management Summit, to be held March 12-15, 2017 at the Arizona Grand Resort in Phoenix.
Kaufman Hall Presents
The 2016 Healthcare Leadership Conference

Please mark your calendars and register to attend this exceptional educational and networking opportunity October 26-28 at the Four Seasons Hotel Chicago. This year’s conference features a rich agenda with expanded opportunities to gain valuable insights from and engage with other healthcare leaders across the country. Highlights from the agenda follow.

Keynote presentations:

- **The 2016 Elections - Issues and Implications**
  - David Brooks
  - Columnist, *The New York Times*

- **The End of Competitive Advantage**
  - Rita Gunther McGrath, Ph.D.
  - Professor, Columbia Business School

- **The New Rules of Healthcare Change**
  - Kenneth Kaufman
  - Chair, Kaufman Hall

The Earlybird and Breakout sessions on Thursday include presentations from more than 10 leading health system executives about lessons learned in significantly advancing their organizations toward transformation goals.

**Earlybirds Sessions:**
- At the Crossroads of Consolidation and Regulation
- Engaging Physicians in the Transition to Value-Based Healthcare
- Expanding Your Care Continuum: Lessons from Western Connecticut Health Network
- Pricing Strategy: A New View in the Consumer-Centric Era
- Timing the Transition to Value: Lessons from Baystate Health

**Breakout Sessions:**
- A Data-Driven Approach to Reducing Clinical Variation: Lessons from Franciscan Alliance
- Advances in Population Health Management: Lessons from Sharp HealthCare
- Partnership Planning: Strategies for Success—Lessons from Barnabas Health System and Robert Wood Johnson Health System
- The Best Cost-Savings Opportunity You’ve Never Tried
- New Provider Practice Models for Efficient and Effective Operations: Lessons from Scott & White Clinic
- Strategic Planning in 2017: Think Harder/Act Bolder
- Successful Practices in Merger Integration: Lessons from Northwestern Memorial HealthCare
- Transforming Your Costs: From Opportunity to Action

This year’s Rating Agency Update on Friday is titled **Six Years into the ACA—What Rating Agencies Are Looking for in Transformation Plans.**

Register Now at www.kaufmanhall.com/hlc.
Tom Walsh joins Kaufman Hall as CEO of Software Business

Tom Walsh was recently named Chief Executive Officer of Kaufman Hall’s Software division, with responsibility for the firm’s Axiom Software Suite. He brings more than 25 years of experience with software enterprises, and has served in a variety of customer markets including multinational corporations, large partnerships, small businesses, and government customer segments. His many areas of expertise include guiding market expansions, customer engagement initiatives, and strategic product planning and development.

Mr. Walsh held numerous executive roles spanning 20 years with Thomson Reuters in both the U.S. and abroad. He was a Senior Vice President and Managing Director in the Tax and Accounting Division, where he led several global enterprise software businesses through various stages of maturity including rapid growth, SaaS development and migration, business re-sets, and acquisition integration. Mr. Walsh’s experience also includes time leading the creation and subsequent expansion of European, Middle Eastern, and African business operations including business cultural integration and regional commercial channel expansions.

“I am honored to join Kaufman Hall and to guide the software business in the next phase of customer-focused growth,” Mr. Walsh said. “With an award-winning, cloud-optimized product, and the company’s unique combination of software and consulting expertise, I’m excited about the many opportunities before us to deliver the next generation of enterprise performance management and decision support solutions to the marketplace.”

Mr. Walsh will play a critical role leading the Software division as Kaufman Hall prepares for its next phase of growth. Demand for performance management and decision support software has surged in recent years as organizations strive to leverage financial and operational data to inform better decision making in a competitive environment.

After significant investments in sales leadership and product development, including a best-in-class SaaS offering, software bookings at Kaufman Hall increased by 45 percent in 2015. With more than 2,500 organizations using its software products, the firm continues to maintain its business imperative of top customer satisfaction scores for its Axiom Software Suite, as measured by industry analysts Gartner and BPM Partners. Leading organizations use Kaufman Hall’s Axiom Software to optimize planning, analytics and reporting, such as Ascension Health (the largest health system in the U.S.), Golden 1 Credit Union, Mesirow Financial, Incase, Tufts University, and University College London.

To meet growing demand, Kaufman Hall has expanded operations both organically and through strategic investments, allowing for increased technology innovation and further enhancements to customer operations. “We are thrilled to have Tom join the company and lend his extensive experience and industry knowledge to help us achieve our goals,” said Therese Wareham, Managing Director and Chief Executive Officer of Kaufman Hall. “With Tom’s natural customer focus and keen ability to identify new markets for products to drive top-line growth, we are confident that the future looks bright for our expanding software business and also for our clients, who rely on our software to help them achieve their strategic performance management goals.”

Mr. Walsh succeeds Jason Sussman, managing director at Kaufman Hall and acting CEO since the acquisition of Axiom EPM in April of 2014. Mr. Sussman remains in a vital software leadership role at the company, serving on the Software Committee of the Board of Directors, and continuing to be an integral part of the Strategic Financial Planning consulting practice.

Staff Notes

Please join us in welcoming...

Robert Betka and Cynthia Tong joined Kaufman Hall as Vice Presidents with the Strategic and Financial Planning practice. Markus Goodrich, Sindhuri Narra, Steven Sacks, and Saurabh Sharma joined the practice as Assistant Vice Presidents, and Daniel Craig, Michael Madden, Heeral Mehta, Aaron Newman, Max Novitsky, and Maxwell Timm joined as Senior Associates.

Raymond Reaves joined the firm as a Senior Associate in Mergers, Acquisitions, and Partnerships, and James Ferris joined as an Associate in Financial Advisory.


In Software Support, Josh Nachman joined as a Manager, and Astrid Hernandez joined as an Applications Specialist.

Prakash Patel joined Kaufman Hall as Vice President of Financial Planning & Analysis for the firm’s Finance team, and Humrz Yaroo joined as a Help Desk Associate with the IT team. In Human Resources, Melinda Conant joined as a Recruiting Manager, and Kristin Folan and Chelsey Gover joined as Business Partners.
CALENDAR OF EVENTS

The Governance Institute
Focus on Finance: Critical Issues for Healthcare Leadership
Kenneth Kaufman and Eric Jordahl
June 16, webinar (for TGI members only)

HFMA’s 2016 Annual National Institute
Developing a Virtual/Telehealth Strategy
Dan Clarin and Jason O’Riordan
June 27, Las Vegas, NV

Wisconsin Hospital Association 2016 Wisconsin Rural Health Conference
Leadership and Governance to Support Population Health
Rob York
June 30, Elkhart Lake, WI

HFMA Region 7 Conference
Hospitals in the Internet Economy
Kenneth Kaufman
July 18, Lake Geneva, WI

AHA Leadership Summit
The Three Stages to Meeting New Consumer Expectations
Mark Grube and Dan Clarin
July 19, San Diego, CA

ACHE SouthEast Texas Chapter
Retail Healthcare and Consumerism
Dan Clarin
August 4, Houston, TX

The Governance Institute
Hospitals in the Internet Economy
Kenneth Kaufman
September 13, Colorado Springs, CO

SHSMD Connections Conference
Improving Consumer Experience: Lessons from Other Industries
Dan Clarin and David Crosswhite
September 13, Chicago, IL

HFMA Southern California and San Diego/Imperial Chapter Fall Conference
A Roadmap for Population Health Management
John Poziemski and Anand Krishnaswamy
October 10, Newport Beach, CA

Iowa Hospital Association Annual October Meeting
Meeting the Consumerism Imperative
Jason O’Riordan
October 18, Des Moines, IA

IHA/RushU Leadership Academy
Developing Consumer-Centric Strategies in Healthcare
Dan Clarin
December 8, Chicago, IL

For the current schedule of software training sessions and to register for a class, please visit http://education.kaufmanhall.com. Registration is limited. Class dates and availability are subject to change based on client demand. For more information, please call 847.441.8780 or email training@kaufmanhall.com.