SAMPLE SUBMISSION #1

Submission Title: Breaking the Cycle: Implementing Violence Intervention Programs

Track: Improving Population Health

Consider this program for: 75-Minute Breakout

Key Takeaways

1. After the session, attendees will understand the key components of implementing a violence intervention program at their hospital.
2. After the session, attendees will understand the different funding opportunities and strategies available for implementing a violence intervention program at their hospital.
3. After the session, attendees will be able to educate potential partners and allies on the benefits of implementing a violence intervention program.

Abstract | 300 word maximum (50-word minimum)
Intentional violence has unfortunately become commonplace in today's world. In 2015, homicide was the sixth leading cause of death in the United States. Safety net hospitals are often also the trauma center for their communities and care for these victims of intentional violence, who have a recidivism rate of up to 55%. In an attempt to break the cycle of violence, hospitals across the country, including those in San Francisco, Oakland, Chicago, Baltimore, and Los Angeles have started hospital-based violence programs (HBVIP). The evidence for these programs show a decrease in recidivism, mortality and improved physical and mental health outcomes for victims and their families. Furthermore, these programs decrease overall health systems cost. It is very likely that developing and implementing a hospital-based violence intervention program will be instituted as a requirement by the American College of Surgeons for accrediting trauma centers.

Although HBVIPs start their work at the bedside when a victim of violent injury arrives at the hospital, it provides longitudinal care that follows patients and their families back into the community, as truly breaking the cycle requires a holistic approach that provides a continuum of care. These programs not only provide physical and mental health support but also work with victims to address social issues including, but not limited to, relocation, job training, legal assistance, and paying for their medical bills.

This session aims to discuss the evidence and rationale behind HBVIPs and provide a detailed overview of funding, implementation, and partnering with community-based organizations to create a HBVIP. Attendees will learn the intricacies of implementing and integrating the program into the emergency department, trauma service, hospital-at-large, and community settings. When the session is complete, attendees will be able to articulate why HBVIPs are valuable and how to implement a HBVIP at their home institution.

SAMPLE SUBMISSION #2

Submission Title: One Health

Track: Innovations in Health Care

Consider this program for: 30-Minute Mini-Session

Key Takeaways

1. The learner will have examples of data analysis methodology for identifying medically and socially complex super utilizers at their institutions
2. The learner will understand the value of using similar evaluation and management tools used by the social service agencies for measuring baseline and improvements in domains outside of healthcare
3. The learner will be given examples of process improvement opportunities inside and outside of the health system

Abstract | 300 word maximum (50-word minimum)
One Health was designed as a population health strategy to reduce the human and financial burdens of serving our uninsured super utilizers of healthcare. Super utilizers are defined as persons who have 10+ ED visits and/or 4+ inpatient admissions. We serve as both payer and provider which creates an opportunity to design a system based on value not volume. Super utilizers are often both medically and socially complex and are among our most vulnerable patients.

We partnered with the Camden Coalition to build a complex care program for our most vulnerable. Program planning included data analysis, community asset mapping, and co-design of clinical and community solutions.

The program is built on forming authentic healing relationships with the patient. A root cause analysis is performed, a face to face meeting occurs, the Arizona Self Sufficiency matrix is administered, and a care plan is initiated with the patient to address what matters most from the patient's point of view. Interventions occur in 14 domains, many outside of health care, and our community partners play a pivotal role in addressing the whole person. Most participants are active in the program for 90-180 days but are also followed post-graduation.

Outcomes (7-month intervention data)
96 people enrolled
77.6% reduction in costs equaling $1,721,311 costs avoided
44% reduction in emergency department visits, 151 visits avoided
85% reduction in inpatient admissions, 72 admissions avoided
92% reduction in inpatient days, 747 days avoided
$175,430 collected from payers equals net revenue improvement
14 enrolled with a payer
15 homeless enrollees now have permanent housing, additional 15 enrollees have been prequalified for homes
9 enrollees have been referred for job placement; 2 have full-time jobs

Based on interim outcomes, a strategic plan for taking the program to scale all payers is in progress.

SAMPLE SUBMISSION #3

Submission Title: Breaking the Glass Ceiling: The Woman's Leadership Experience

Track: Executive Leadership Lessons

Consider this program for: 60-Minute Critical Conversation

Key Takeaways

1. Gain an understanding of the behaviors and bias that influence gender disparities in healthcare leadership.
2. Learn practical strategies that can be applied by both women and men to address gender disparities in healthcare such as eliminating weak language, leveraging your values, increasing confidence, seeking feedback, developing mentorship and sponsorship opportunities.
3. Learn about the EWLA program and participation.

Abstract | 300 word maximum (50-word minimum)
Gender disparities persist in hospital executive leadership. Despite the fact that women make up the majority of healthcare workforce, only 19 percent of hospital CEOs are women and only 4 percent of health care companies are run by women. This session will explore this gap and discuss behaviors and biases that may contribute to gender inequities in the workforce with a special focus on diversity. We will share current research on women, diversity, and leadership. A panel of 3-5 members of the 2018 Essential Women's Leadership Academy will bring awareness to issues of confidence, language, and identity. We will discuss the power of critical conversations and their essential role in leadership development. The panel will then share approaches that can be taken by both men and women to help women advance their career paths. These approaches include awareness, mentorship, values, behavior changes, and sponsorship. Attendees will learn their role in recognizing, supporting, and advocating for women in leadership roles. The panel will share personal experiences and learnings through a facilitated discussion, and the latter half of the session will allow for members of the audience to ask questions and share their perspectives on the women's healthcare leadership experience.

SAMPLE SUBMISSION #4

Submission Title: Leveraging Medicaid Financing to Transform Population Health

Track: Policy and Finance

Consider this program for: 30-Minute Mini-Session

Key Takeaways

1. Stronger, together coalitions are the critical infrastructure for working in complex, multistakeholder population health transformation efforts. Coalitions grow through wins - a yes strategy identifies pathways to gain institutional and political support, and regulatory approval.
2. Find your champions - Policy champions build, sustain the coalition while executive champions are necessary to maintain organization focus and priorities.
3. Accomplishing the coalitions purpose requires successful implementation - designing incentives that align quality improvement strategies, internally and externally, builds clinical focus and guides implementation. CMS and Departments of Medicaid/Health and Human Services are amenable to such initiatives and strong coalitions and implementation plans show you're serious and transforming how care is delivered.

Abstract | 300 word maximum (50-word minimum)
Safety net health systems are positioned to improve their financial positions and usher in a new era of healthcare delivery if they are willing to work in coalition, adopt the health transformation strategy of state policymakers, and collectively implement clinical change.

Many safety-net health systems desire to be a part of their states health transformation efforts by systematically changing the way health care is delivered because they recognize the positive impact on high-risk, high-needs patients. Safety-net health systems are also well positioned to lead healthcare transformation because of their focus on outpatient care and the strength of their community programs, and many run Medicaid ACOs or MCOs and county public health functions. Unfortunately, these systems aren't positioned to make the necessary investments. Inadequate revenue and fragmented and siloed quality improvement efforts block efforts for systematic change, resulting in uncoordinated and higher-cost care. Supplemental professional payment programs, a unique arm of Medicaid financing, offer opportunities for safety-net health systems to overcome these challenges and change healthcare delivery in ways that improve population health.

This session will share the story of how four, Ohio-based safety-net health systems came to form a coalition, focused on transforming health in Ohio through delivery-system changes in exchange for the opportunity to gain Medicaid supplemental payments. The session will include critical insights into the Coalitions political and clinical implementation strategy, the commitments made to improve care for those at risk of or living with opioid or other substance abuse disorders, as well as a review of the value-based payment arrangement, leveraged by the Medicaid supplemental payment opportunity.

By sharing the Ohio Coalitions story, insights, and lessons learned, the session will help spur creative thinking and approaches to aligning revenue-maximization strategies with the public policy goals of states. The alignment allows states and safety-net health systems to win.