Welcome to Cracking the Code on Healthcare

IT: Loving Life at Home

October 9, 2025

Welcome 60+ Organizations Joining Us Today

- Accountable Health Partners
- Action for a Better Community
- Advizex Technologies
- Anthony L. Jordan Health Center
- Atlas Clinical Research
- Bonadio Group
- Brown & Brown Insurance
- Catholic Charities Family and Community Services
- CDS Life Transitions
- Center for Youth
- City of Rochester
- Clement Wealth Management
- Common Ground Health
- Coordinated Care Services Inc. (CCSI)
- Eagles Wings Consulting
- East House Corp.
- Elizabeth Wende Breast Care
- Empowering People's Independence
- Episcopal SeniorLife Communities
- Excellus BlueCross BlueShield
- Finger Lakes Community Health
- FLACRA
- FLPPS
- GRIPA/Cognisight
- Health Catalyst
- Hillside
- Ibero American Action League
- JK Executive Strategies
- Jewish Home
- Lifespan of Greater Rochester
- Lifetime Assistance
- M&T Bank
- MLMIC Insurance Company
- Mindware Connections
- Monroe County Department of Public Health
- Monroe County Office of Mental Health
- Monroe Plan for Medical Care
- Oak Orchard Health
- Pandion Alliance
- Paychex
- Prime Care Coordination
- Roberts Wesleyan College
- Rochester Clinical Research
- Rochester General College of Health Careers
- Rochester Regional Health
- Rochester Regional Transit Service
- Ronald McDonald House
- Saint John Fisher University School of Nursing
- St Ann’s Community
- Starbridge
- St. John’s
- St. Joseph’s Neighborhood Center
- Strategic Interests
- SUNY Brockport School of Nursing
- University Rochester Medical Center
- University Rochester School of Nursing
- Trillium Health
- Villa of Hope
- Wayfinder Care Management

Speaker Lineup: Today's Thought Leaders

Richard "Chip" Davis, PhD.
CEO
RRH

Rizwan Pasha, MD
Chief Medical Information Officer, Microsoft Health & Life Sciences, Nuance

Michael Hasselberg, Ph.D., RN, PMHNP-BC
Chief Transformation & Digital Officer, Nebraska Medicine

Gregg Nicandri, MD
Chief Medical Information Officer, URMC

Patrick Ostendarp
VP Innovation & AI, RRH

Jon Freedman
Partner, Digital Technology & Transformation, Chartis

Matt Goldstein
Engagement Manager
Chartis

Paul Duck
Chief Strategy Officer
Open Minds

The Northstar Network Team

Linda Becker
President & Founder
Northstar Network

Lauren Burruto
Executive Director
Northstar Network

Sondra Imperati
Senior Vice President
Northstar Network

Thank You to our Major Sponsors

Advizex

Health Catalyst®

Hewlett Packard Enterprise

Microsoft

mindware connections
connecting your mind to software

MLMIC
MLMIC Insurance Company
a Berkshire Hathaway company

NVIDIA

Thank You to our Exhibitors

Health Catalyst®

mindware connections
connecting your mind to software

MLMIC
MLMIC Insurance Company
a Berkshire Hathaway company

Ronald McDonald House Charities®
Keeping families close®

Visit House to Home Today Cracking the Code

- Supports families with medically-complex children
- Brings essential care, telehealth services, durable medical equipment and vital resources directly to their homes
- Guides families through the medical process and connects them to additional resources via a Community Health Worker on the mobile unit

Results

75% reduction in families reporting high stress levels related to their child's medical care
19% increase in children's ability to bounce back quickly
20% decrease in caregiver isolation
Significantly reduced high-cost healthcare use

Class of 2025

Fellowship Program Sponsors

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Greater Rochester Health Foundation

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Clement Wealth Management

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Paychex

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Monroe Plan for Medical Care

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Common Ground Health

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Communications Officer
Rochester Regional Health

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Empowering People's Independence

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Community Physician

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Executive Vice President of Operations,
CDS Life Transitions

Matthew Wagstaff
Community Investments & Partnership Director
Excellus Blue Cross Blue Shield

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President,
Coordinated Care Services, Inc. (CCSI)

John Williford
CEO
Accountable Health Partners

Charlene Wilson, EdD, MPA, CCP
EVP, Chief Human Resources Officer
Rochester Regional Health

Mary Zelazny*
Chief Executive Officer,
Finger Lakes Community Health

HBA Fellowship graduate

Welcome to Our New 2026 Board of Advisors

Wade Norwood
CEO

Common Ground Health

Sarah Peyre, Ed.D.
COO & Vice Dean for Education

University of Rochester Medical Center

JoAnne Ryan, RN, MHA
President & CEO

Ronald McDonald House Charities®
Keeping families close®

Welcome to Our New 2026 Board of Advisors

Jeff Sinsebox
CEO

John Williford
CEO

A Word About Zoom

- **Use Chat for all questions and comments**
  - Lauren will call on you by name to ask your question

- **If using a PC for video and phone for audio, please identify yourself via Chat**

- **Please put your PC/phone on mute at all times unless being called on to ask a question**

Wi-Fi Network – MGC - Guest
No Password Required

Today's Morning Agenda

8:00 am - 8:20 am - Welcome and Overview
Chip Davis, CEO Rochester Regional Hospital
Linda Becker, President and Founder, Northstar Network

8:20 am - 9:20 am – AI: Where are We Now
Michael J. Hasselberg, Ph.D., RN, PMHNP-BC, Chief Transformation and Digital Officer, Nebraska Medicine
Gregg T. Nicandri, MD, Chief Medical Information Officer, University of Rochester Medical Center
Rizwan Pasha, MD, Chief Medical Information Officer, Microsoft Health & Life Sciences, Nuance
Patrick Ostendarp, VP Innovation and AI, Rochester Regional Health

9:20 am - 10:20 am – Care at Home
Jon Freedman, Partner, Digital and Technology, Chartis
Matt Goldstein, Engagement Manager, Chartis

10:20 am - 10:35 am - Break

10:35 am - 11:30 am – Current & Future State of Mental Health
Paul Duck, Partner, Digital & Technology, Chartis

11:30 am – 11:40 am – Wrap Up
Linda Becker, President and Founder, Northstar Network

Today's Afternoon Agenda

11:45 am - 1:30 pm **AI Luncheon with Speakers and Invited Guests**
(Family Grill)

11:45 am - 1:30 pm **HBA Fellowship Graduation Luncheon**
(Donald Ross Dining Room)

Continuing Education Disclosures

- Disclosures of Relevant Financial Relationships & Commitment to Valid Content Forms for today's Cracking the Code on Healthcare Event are available upon request.
- The speakers and the members of the planning committee have declared no Conflicts of Interest.
- This activity has no commercial support or sponsorship
- This activity is not co-provided
- Please contact Sondra Imperati for further inquires

CEU Credits - Long Term Care Administrators

NCERS Approved

To receive your CEU credits you must:

- Sign-in/out on roster (in-person attendees)
- Select CEU within the Poll Question (virtual attendees)
- Complete CEU Evaluation you will receive in your email and your license number
- You may go to your NAB account for your certificate.

Accreditation Statement
Accredited by the National Continuing Education Review Service (NCERS) of the National Association of Long Term Care Administrator Boards (NAB)

This program has been approved for Continuing Education for 3.75 total participant hours by NAB/NCERS—Program Approval Code: 20250605-2.75-A102840-IN

Sponsored by St. Ann's Community

CNE Credits - Nurses

ROCHESTER REGIONAL HEALTH

To receive your CNE credits you must:

- Sign-in/out on roster (in-person attendees)
- Select CNE within the Poll Question (virtual attendees)
- Stay for the entire presentation
- Complete the CNE Evaluation you will receive in your email along with your license number
- You will receive your Certificate via email
- This activity has no commercial support or sponsorship
- This activity is not co-provided

Accreditation Statement

Rochester Regional Health Nursing Institute is an approved provider of continuing nursing education by ANA Massachusetts, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation

Completion of this program will award 3.25 continuing nursing education credits.

CPE Professional Education Credits - Accountants & Finance

Big firm capability. Small firm personality.

THE BONADIO GROUP

CPAs, Consultants & More

To receive your CPE Professional Education Credits you must:

- Sign-in/out on roster (in-person attendees)
- Select CPE within the Poll Question (virtual attendees)
- **Answer all the Poll Questions** presented throughout the presentations (virtual attendees)
- Complete the CPE Evaluation you will receive in your email
- You will receive your certificate via email

Accreditation Statement

NASBA Statement: Bonadio & Co., LLP is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State Boards of Accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: www.nasbaregistry.org

CPE Credits: 2.0 Information Technology

ACHE Qualified Education Hours - Healthcare Management

To receive your ACHE Qualified Education Hours you must:

- Sign-in/out on roster (in-person attendees)
- Select ACHE within the Poll Question (virtual attendees)
- Complete the CPE Evaluation you will receive in your email
- Self-evaluate that the Program content meets ACHE requirements related to healthcare management
- You must self-register at MyACHE account and select "My Education Credit" to self-report the hours earned during this program *(2.75 hours)*
- You will receive your attendance certificate via email

Accreditation Statement

ACHE Qualified Education credit must be related to healthcare management (i.e., it cannot be clinical, inspirational, or specific to the sponsoring organization). It can be earned through educational programs conducted or sponsored by any organization qualified to provide educational programming in healthcare management. Participants should log into their MyACHE account and select "My Education Credit" to self-report the hours earned during this program.

Sponsored by Strategic Interests

Please Welcome Our Speaker

Richard "Chip" Davis, PhD.
CEO
RRH

Poll Question 1:

Which Continuing Education credits/certificates for today's webinar are you seeking?

- ACHE Qualified Education Hours – Healthcare Management
- CPE Professional Education Credits – Accounting & Finance
- CEU Credits – Long Term Care Administrators
- CNE Credits – Nurses
- None

Multiple Choice

Please Welcome Our Speakers

Gregg Nicandri, MD
Chief Medical Information Officer, URMC

Rizwan Pasha, MD
Chief Medical Information Officer, Microsoft Health & Life Sciences, Nuance

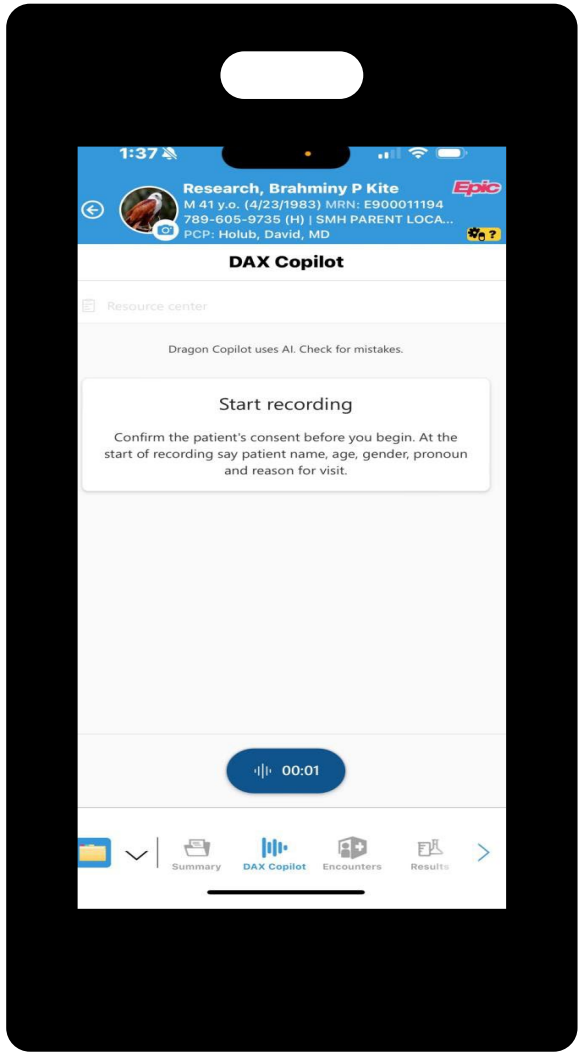
Michael Hasselberg, Ph.D., RN, PMHNP-BC
Chief Transformation & Digital Officer, Nebraska Medicine

Patrick Ostendarp
VP Innovation & AI, RRH

Please Welcome Our Speaker

Gregg Nicandri, MD
Chief Medical Information Officer,
URMC

URMC's Ambient Documentation Journey



Licenses have been offered to all ambulatory APP's, Physicians across the enterprise.

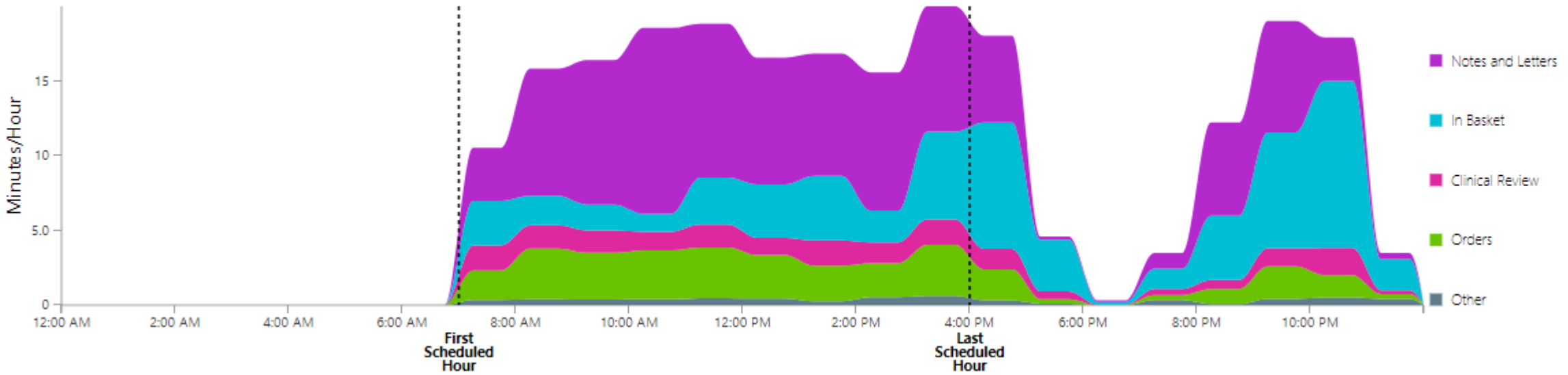
Total Licenses Granted – 1,081
Active* Licenses – 806
Utilization Percentage – 75%

*Active defined by DAX used at least once in last 30 days

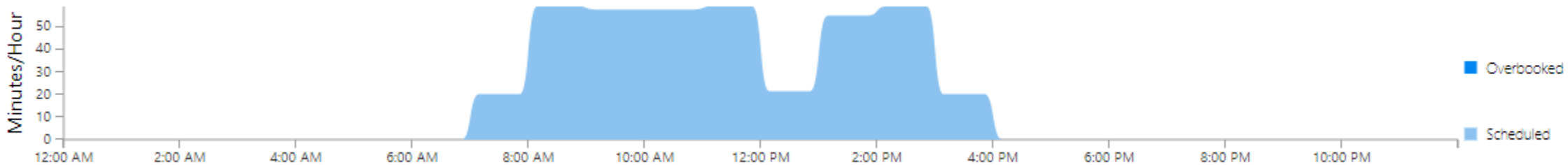
VCU Class of 2003

50%

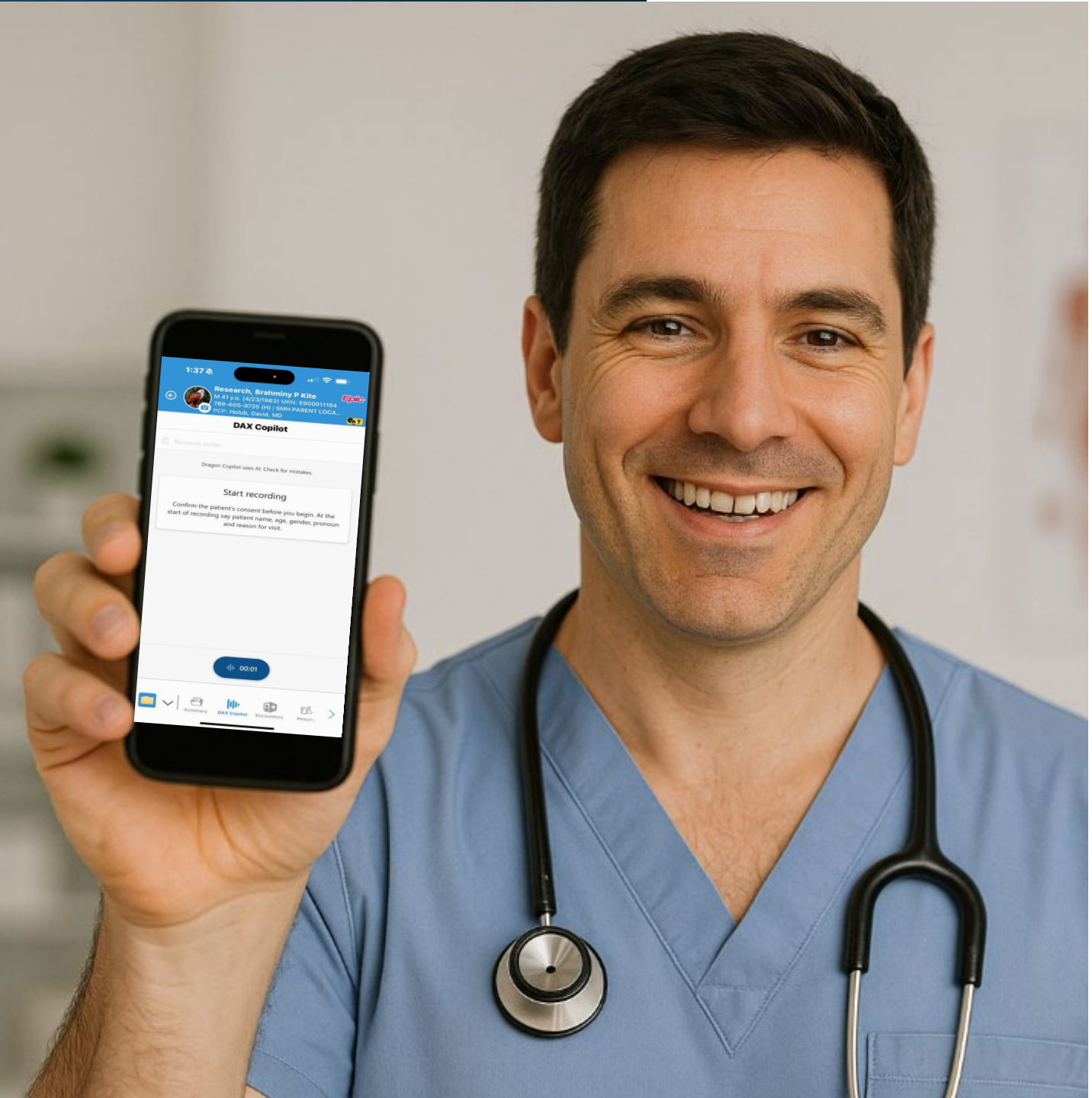
Ambulatory Usage on Average Day



Average Scheduled Time



2023
Office Visit

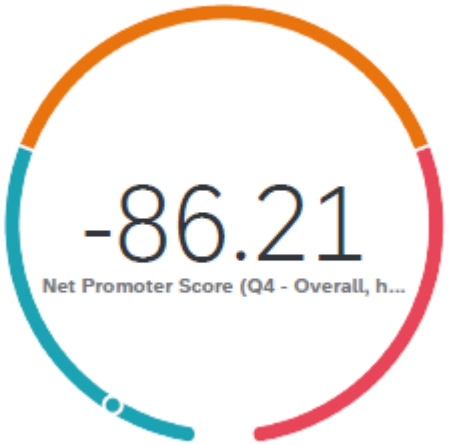


2024 Pilot

- 57 Providers
  - 12 Specialties
- 3 Model Iterations, 3rd to come 7/29
- Encounters Closed with DAX – 14,863

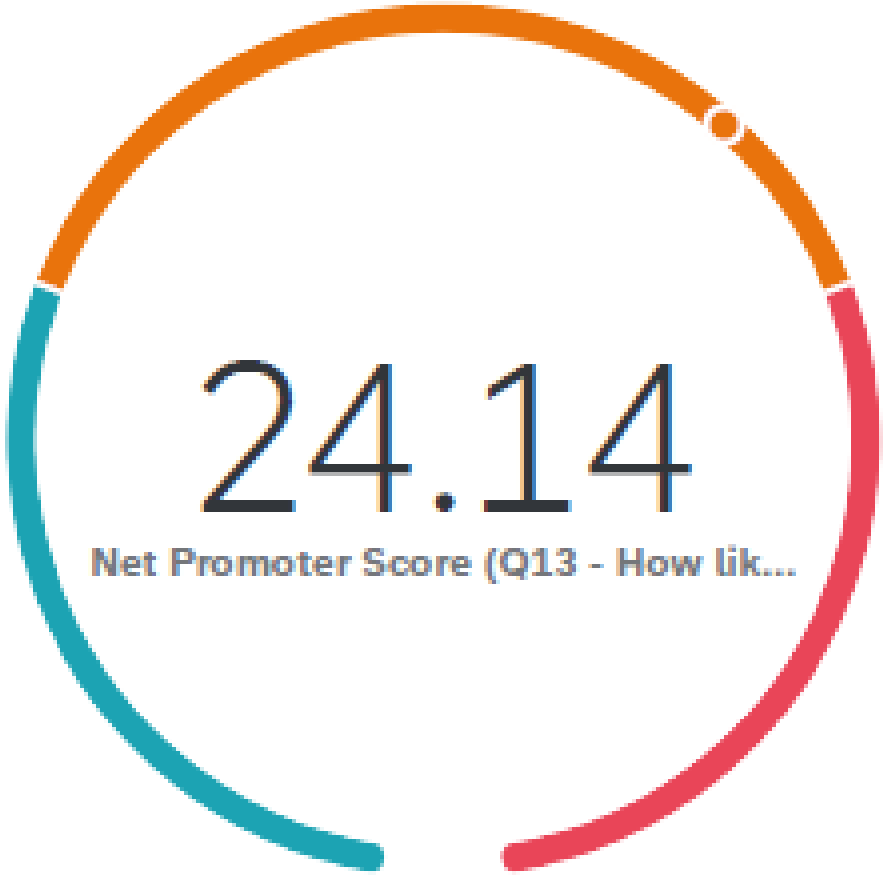
Provider Experience – How satisfied are you with your documentation process?

Pre-Implementation



Post-Implementation

Provider Experience – NPS for DAX



Results

86% of Survey Respondents reported at least moderate alleviation of cognitive load with DAX

80% of Survey Respondents report that having DAX would impact Practice Choice

68% of Survey Respondents report that they would extend length of career with DAX

Average EHR Use With and Without Dax
N = 49

Task	Using Dax [A]	Not Using Dax [B]	[A] - [B]
Appointments per Day	13.01	12.88	0.13
Pajama Time	47.14	52.16	-5.02
Percent of Appointments Closed Same Day	63.60%	61.74%	0.02
Progress Note Length	4,684.47	4,616.13	68.34
Time in Notes per Appointment	9.23	10.66	-1.43
Time in Notes per Day	56.48	61.07	-4.59
Time On Unscheduled Days	62.81	66.60	-3.79
Time Outside of 7 AM to 7 PM	32.52	35.97	-3.45
Time Outside Scheduled Hours	53.65	54.97	-1.32

Patient Experience – Patient Survey

Patients were more likely to rate their experience as "very high quality" and their provider as "very focused" when their providers used DAX versus when they did not.

	Did Your Provider Use DAX?	
	NO	YES
During the visit, how would you desccribe the providers focus on you?		
Very unfocused	2.50%	0.83%
Somewhat unfocused	0.42%	0.00%
Neutral	4.58%	1.65%
Somewhat focused	3.33%	3.31%
Very focused	89.17%	94.21%
Grand Total	**100.00%**	**100.00%**
During the visit, how would you desccribe the amount of time your provider spent on the computer?		
A lot of time	16.32%	12.45%
A little time	44.35%	49.79%
Some time	19.67%	19.50%
No time	19.67%	18.26%
Grand Total	**100.00%**	**100.00%**
During the visit, how would you describe the quality of your interaction with your provider?		
Very low quality (Poor)	1.67%	0.41%
Low quality (Fair)	2.50%	1.65%
Neutral	5.42%	3.31%
High quality (Good)	17.50%	13.64%
Very high quality (Excellent)	72.92%	80.99%
Grand Total	**100.00%**	**100.00%**

Feedback

- "Dax has made it a lot better. I can end clinic about 1 hour after my last scheduled patient. In the past it was 3 hours or more."
- "Dax reduces cognitive burden of remembering details for documentation later."
- "I don’t have to try to remember details and I can focus on the patients."
- “Really love just sitting and facing patients and talking with them. It can cause me to be late just because it has made patient care so enjoyable!”
- "I can use DAX for complicated visits and don’t have to worry about typing the notes up. Reviewing the notes is much easier than starting from scratch."
- Dax Co-pilot is a game changer. I'm getting almost half of my notes done in the office that day which never happened before.
- "HPI section, helps me remembering things we discussed. This is especially helpful when I have to move to the next patient and do not have enough time to complete the chart each visit"
- "DAX has made it much easier to focus on the patient and not worry about missing key pieces of information"
- "I like that the content of the visit is captured by DAX, it improves accuracy and reduces my need to try to remember what was discussed"

Executive Summary

DAX Copilot usage

DAX COPILOT USAGE

409
Active users

55%
% of purchased licenses actively used

114,363
Total encounters

OPERATIONAL EFFICIENCY

7.35
Minutes saved per visit per clinician

1.36
Additional patients per day per clinician

CLINICIAN SATISFACTION

100% Would be **disappointed if couldn't use**

93% **Reduction in cognitive burden**

98% Agree it is **easy to use**

PATIENT FOCUSED

86% Clinicians agree DAX Copilot **improves the patient experience**

89% Reduced time on average using computer during exam

SOURCE: 95 surveys completed as of 6th January 20258

Clinician benefits

CLINICIAN SATISFACTION

81%

Improvements in burnout or fatigue

79%

Higher job satisfaction

85%

Better work life balance

DOCUMENTATION QUALITY

71%

Agree DAX Copilot improves documentation quality

RETENTION

73%

More likely to stay with current organization

73%

More likely to continue practicing medicine

SOURCE: 95 surveys completed as of 6th January 2025

Executive Summary

DAX Copilot usage

DAX COPILOT USAGE

791
Active users

113%
% of purchased licenses actively used

383,119
Total encounters

OPERATIONAL EFFICIENCY

7.71
Minutes saved per visit per clinician

1.27
Additional patients per day per clinician

CLINICIAN SATISFACTION

93% Would be **disappointed if couldn't use**

88% **Reduction in cognitive burden**

96% Agree it is **easy to use**

PATIENT FOCUSED

80% Clinicians agree DAX Copilot **improves the patient experience**

76% Reduced time on average using computer during exam

SOURCE: 241 surveys completed as of July 30, 2025

Clinician Benefits

CLINICIAN SATISFACTION

71%

Improvements in burnout or fatigue

70%

Higher job satisfaction

74%

Better work life balance

DOCUMENTATION QUALITY

72%

Agree DAX Copilot improves documentation quality

RETENTION

60%

More likely to stay with current organization

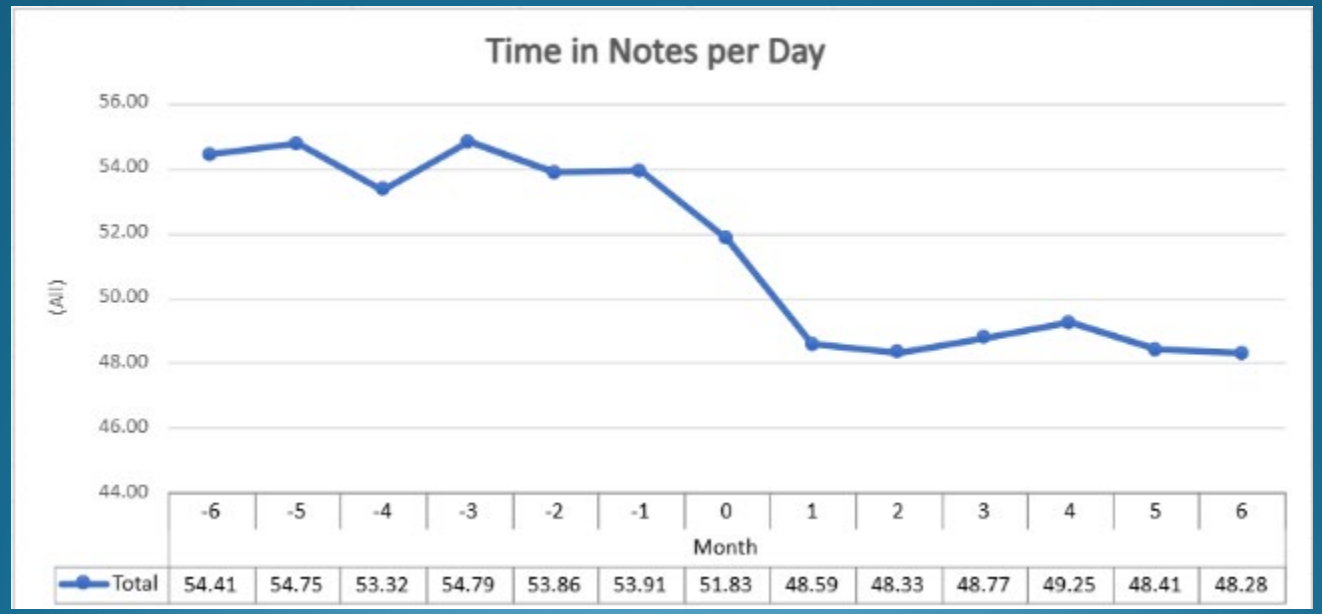
59%

More likely to continue practicing medicine

SOURCE: 241 surveys completed as of July 30, 2025

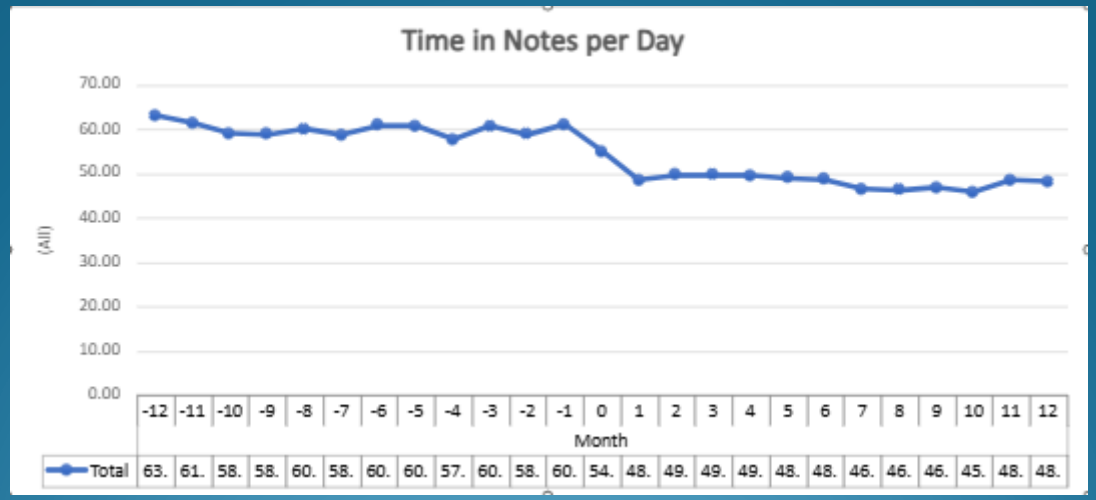
Time in Notes After 6 Months of Use

metricArea	metric	units	Lower Better	% Change in Trainee Value	Pre-Training Trainee Value	Post-Training Trainee Value	Change Score	Pre-Training Distance from Peer Group	Post-Training Distance from Peer Group	trainee Count
Notes & Letters	Time in Notes per Day	Minutes per Day	Yes	-10.83	54.14	48.27	-112.12	4.29	-0.52	463



Time in Notes After 12 Months of Use

metricArea	metric	units	Lower Better	% Change in Trainee Value	Pre-Training Trainee Value	Post-Training Trainee Value	Change Score	Pre-Training Distance from Peer Group	Post-Training Distance from Peer Group	traineeCount
Notes & Letters	Time in Notes per Day	Minutes per Day	Yes	-19.98	60.06	48.06	-235.35	4.13	-5.59	164



- Increased CGCAPS “Care Provider Concern for Patient’s Questions/Worries” 1.9pts
- Decreased Work after Work
- Increased Same Day Chart Completion
- Increased Patient Appointments

Revenue Impact

$ 1,495,466[1]

DAX/Ambient Data Review, Pilot Providers

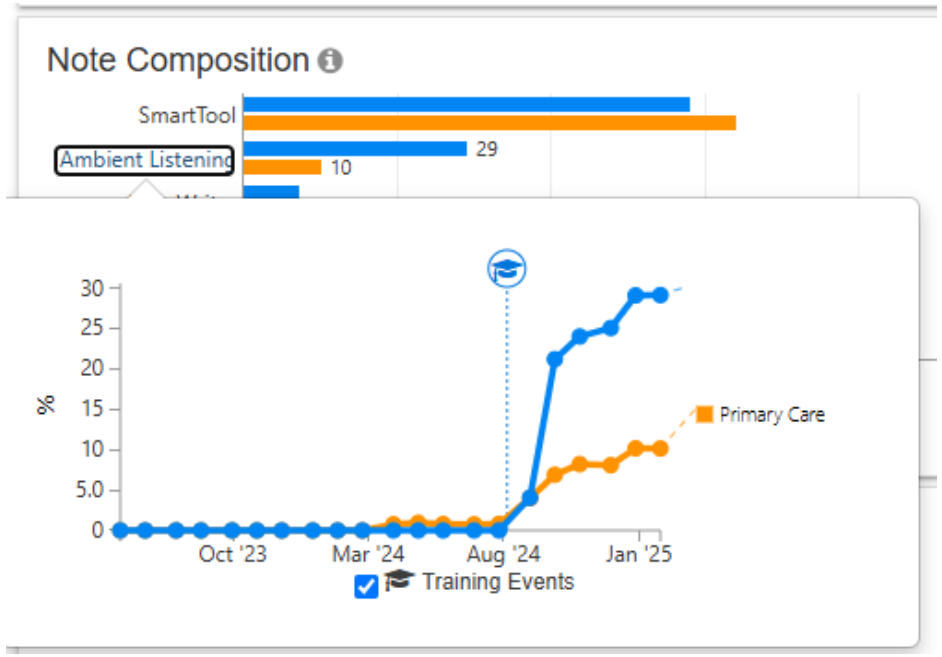
(includes Svdts 202403 - 202505, posted thru 202505)

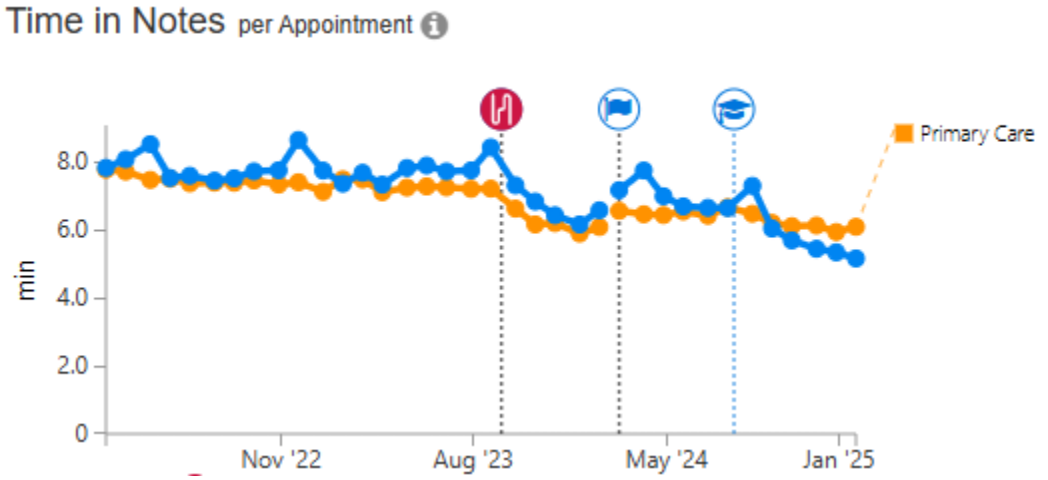
1. Summary All Pilot Providers

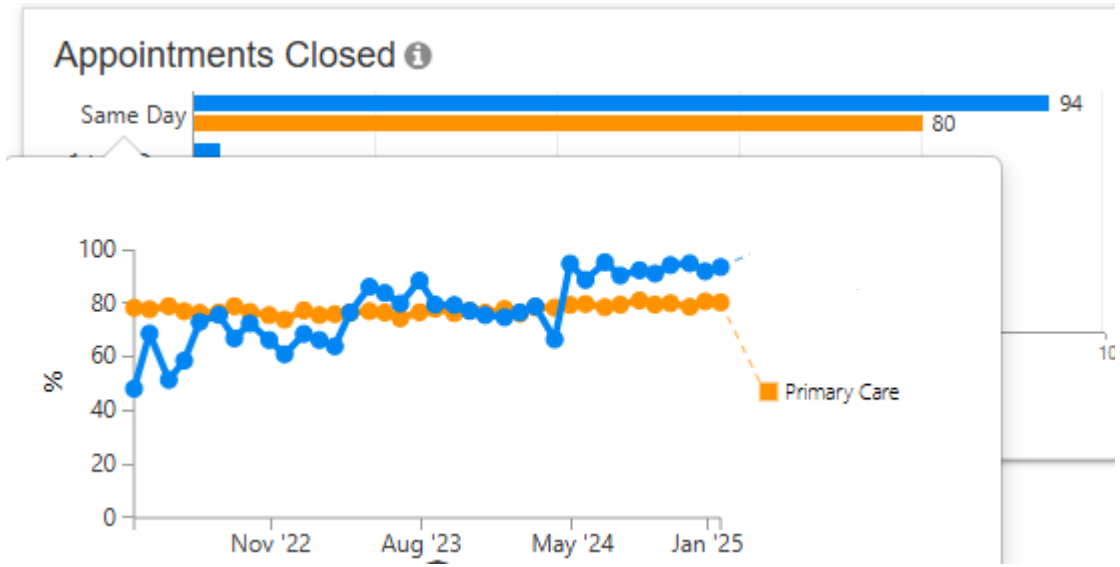
Row Labels	Cnt Enc	Total wRVU	EM non-G wRVU	G-code wRVU	Other wRVU	Enc Avg wRVU	EM Avg wRVU	Gcode Avg wRVU	Oth Avg wRVU
Non-Dax	195,439	407,178	338,499	52,035	16,648	2.08	1.73	0.27	0.09
Dax	162,089	350,294	292,349	50,888	7,060	2.16	1.80	0.31	0.04

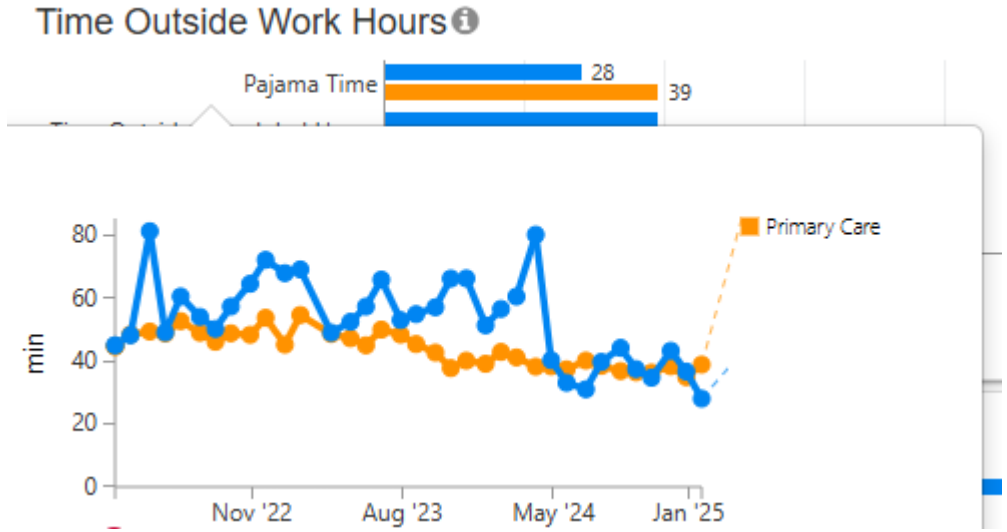
[1] *Using total volumes (Dax + Non-Dax) multiplied by +/- wRVU per encounter multiplied by average $75 revenue per work RVU.*

Signal Data


Note Composition
SmartTool
Ambient Listening
29
10
30
25
20
15
10
5.0
0
%
Oct '23
Mar '24
Aug '24
Jan '25
Primary Care
Training Events


Time in Notes per Appointment
8.0
6.0
4.0
2.0
0
min
Nov '22
Aug '23
May '24
Jan '25
Primary Care


Appointments Closed
Same Day
94
80
100
80
60
40
20
0
%
Nov '22
Aug '23
May '24
Jan '25
Primary Care


Time Outside Work Hours
Pajama Time
28
39
80
60
40
20
0
min
Nov '22
Aug '23
May '24
Jan '25
Primary Care

Coming Soon!

THANK YOU!!!

Please Welcome Our Speaker

Rizwan Pasha, MD
Chief Medical Information Officer,
Microsoft Health & Life Sciences,
Nuance

Please Welcome Our Speakers

Gregg Nicandri, MD
Chief Medical Information Officer, URMC

Rizwan Pasha, MD
Chief Medical Information Officer, Microsoft Health & Life Sciences, Nuance

Michael Hasselberg, Ph.D., RN, PMHNP-BC
Chief Transformation & Digital Officer, Nebraska Medicine

Patrick Ostendarp
VP Innovation & AI, RRH

Questions and Answers

Text Questions to 585-738-7397

Poll Question 2

How would you rate the quality of healthcare in our community?

- Excellent
- Good
- Fair
- Poor

Single Choice

Please Welcome Our Speakers

Jon Freedman
Partner, Digital Technology & Transformation
Chartis

Matt Goldstein
Engagement Manager
Chartis

CHARTIS

NorthStar Network: Cracking the Code on Healthcare IT

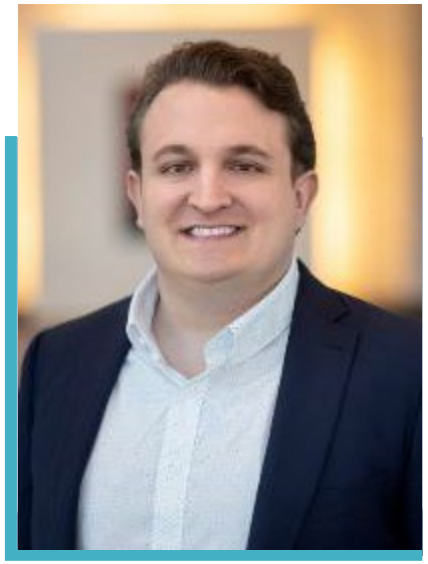
The Care at Home Imperative

October 9, 2025

northstar NETWORK
THE NEW BUSINESS of HEALTHCARE

INTRODUCTIONS

Who is here today…



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72
98
16
98

Which would you prefer?

or

One day, hospitals will just be ERs, intensive care units, and operating rooms. Everyone else will be treated at home… It is now completely within our reach to create a full, home-based care continuum.

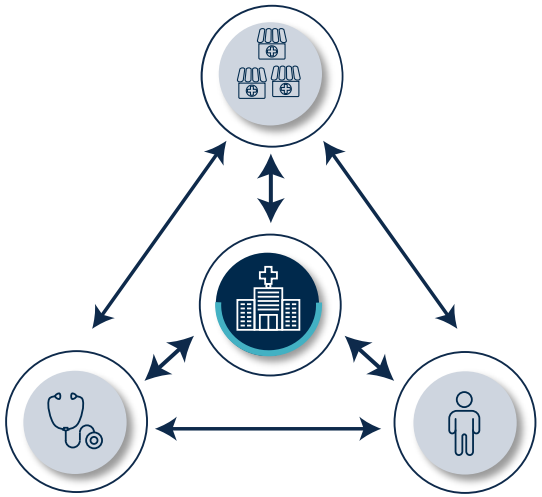
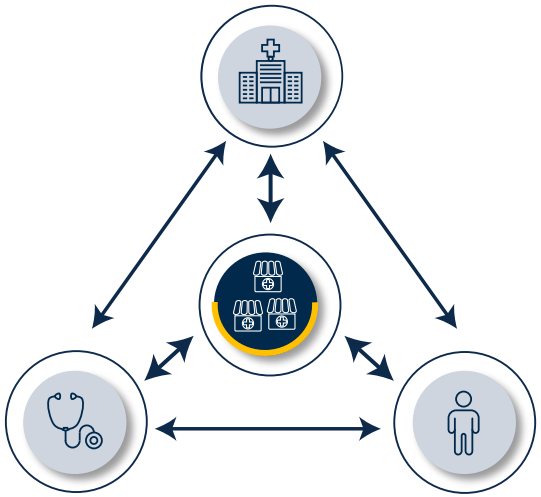
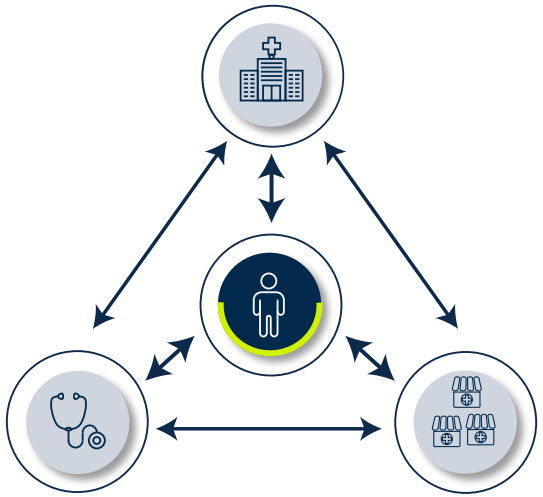
— *Bruce Leff, MD, Director, The Center for Transformative Geriatric Research and Professor of Medicine, Johns Hopkins Medicine*

Agenda

Why Care at Home?

Health systems' transformation journey

Technology has only begun to transform care delivery. The future of healthcare delivery will seamlessly integrate highly-coordinate care teams and AI enabled applied technology platforms across diverse care settings to deliver superior outcomes at lower cost.

Distant past: Hospital-centric	Not So Distant Past: Ambulatory-centric	Yesterday: Tech-enabled	Tomorrow: AI & Digitally-transformed
Acute Care Centers	***Integrated Health Systems***	***Integrated Delivery Networks***	***Integrated Technology Healthcare Delivery Systems***
			
Hospitals were the central economic engine for care delivery, with physician and ambulatory alignment	*Focus on value and entry of 'retail' healthcare shifted care delivery to a more ambulatory-forward model*	*Venture and Fortune 500 investments in healthcare seek to make healthcare a 'consumer good'*	*AI / Digital transformation will enable an entirely new, integrated, lower-cost, patient-centered clinical delivery model*

Instigating the Shift of Healthcare to the Home

A confluence of market forces continues to accelerate the shift of care to the home.

Traditional facility-based care

- Hospital
- Post acute
- Urgent care
- Physician office
- Diagnostics
- Infusion

Persistent financial pressures

11% annual decrease in the median operating cash flow margin for non-profit hospitals from 2019 to 2023[1]

Changing regulatory landscape and favorable reimbursement policies

~420 hospitals in 147 systems and 39 states have secured a CMS waiver to provide acute care at home[2]

Care team burnout

81% of doctors say they're overworked[3]

Evolving consumer expectations

Top 3 reasons that patients leave their primary care provider includes lack of convenience[4]

Technology advancements

50%+ of surveyed medical workplaces have used AI for at least 10 months[5]

These market forces are evolving care at home offerings…

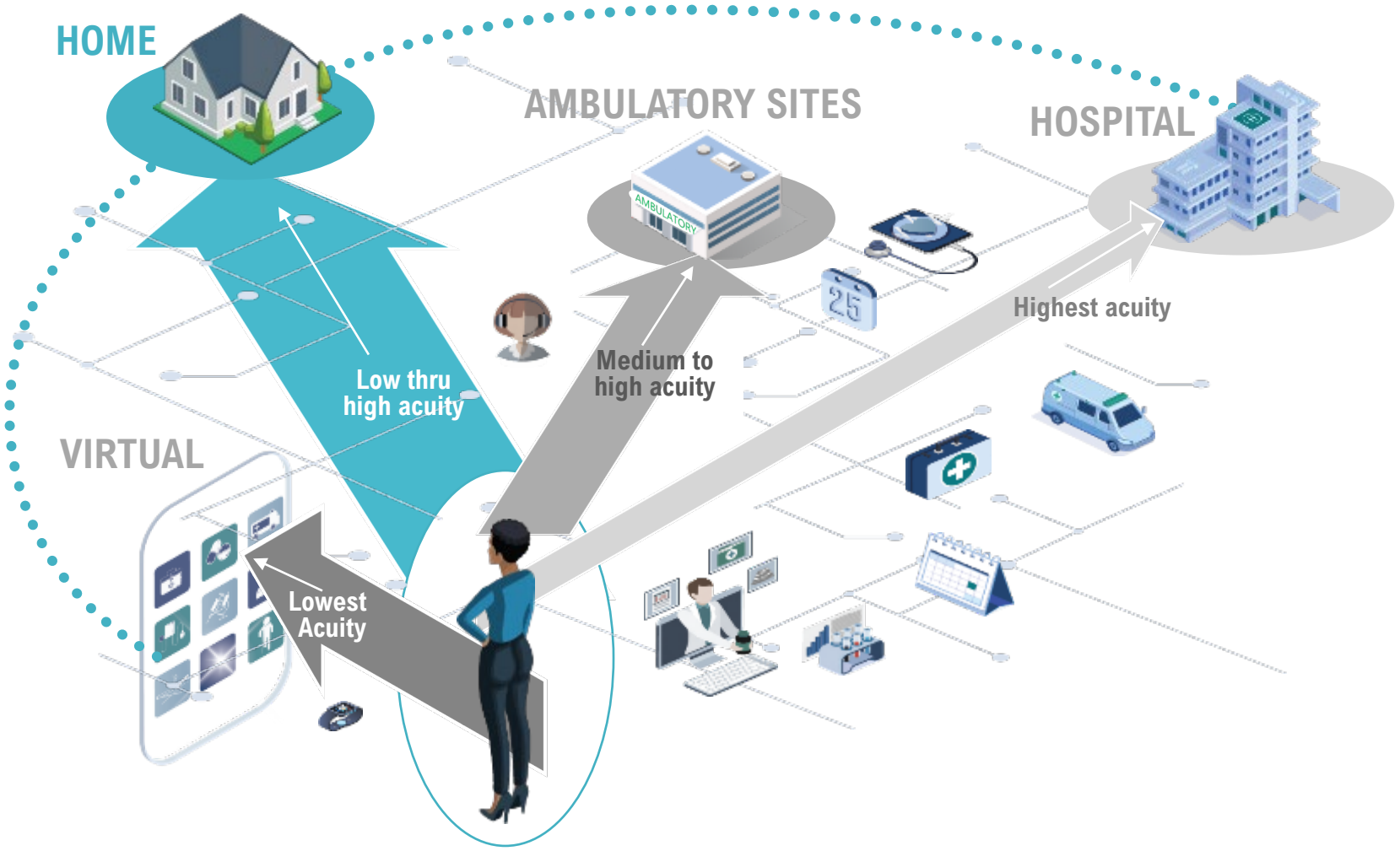
…to enable better patient outcomes, convenience, and satisfaction at a lower cost than traditional settings

Strategic imperative

As much as 25% of acute care volume is eligible for hospital at home.* An intentional approach for designing and implementing a comprehensive care at home portfolio will mitigate against prevailing trends, enhance the health system's market position, and allow progressive differentiation and growth.

Advancing towards the Healthcare Ecosystem of the Future

By leveraging a diverse array of care destinations, providers will effectively match patient acuity with the most appropriate care setting, and hospitals will be redesigned to support more narrow services with intensive short stays.



The Impact of @Home Care on Health Systems

Health systems realize several benefits when shifting care to the home – financial performance, quality, patient access and satisfaction.

@HOME VALUE DRIVERS

Primary Drivers

Top 3 financial performance drivers in an FFS environment

Dimension	Description
1. Relieve Capacity Constraints	Mitigate capacity constraints through admission avoidance and early supported discharge
2. Capital Avoidance	Increase capacity for acute-level care could obviate the need to build or acquire beds
3. Backfill High-Acuity Cases	Transition cases from IP to C@H could unlock capacity for higher acuity cases
4. Reduced Cost of Care	Lower costs by providing a tech-enabled care model and shifting the site of care to the home
5. Reduced LOS	Reduce LOS as an effective lever for hospital operators to find cost efficiencies, net of any revenue impacts
6. Care Model Transformation	Fundamentally transform the care delivery model

Secondary Drivers

Dimension	Description
7. Improve Population Health	Improved quality outcomes could drive pay-for-performance results – e.g., readmissions, TCOC bundles, incentivized patient satisfaction – and/ or value-based purchasing
8. Advance Health Equity	Allowing care teams to deliver care in patient homes can advance health equity outcomes for patients and their families
9. Improve Patient Satisfaction	With appropriate education, physicians and care teams deliver C@H care that improves the care experience for patients and their families
10. Increase Provider Engagement	Demonstrated provider engagement in pursuing innovative methods of care delivery and increase retention
11. Expand Physician Network	Attract experienced talent, specifically in nursing, to support C@H patients
12. Deepen Presence in the Community	Provide care where patients live, even if there isn't a large footprint, meet the evolving needs of patients, and grow share of population across the care continuum

And there are substantial positives for PEOPLE

ENHANCED PATIENT EXPERIENCE

- Increases **access, convenience,** & **comfort**
- Improves patient **satisfaction**
- Digital tools can enable **equitable access**
- **Facilitates meaningful connections** with providers
- Care delivered in the **consumer's place of comfort**

IMPROVED QUALITY OUTCOMES

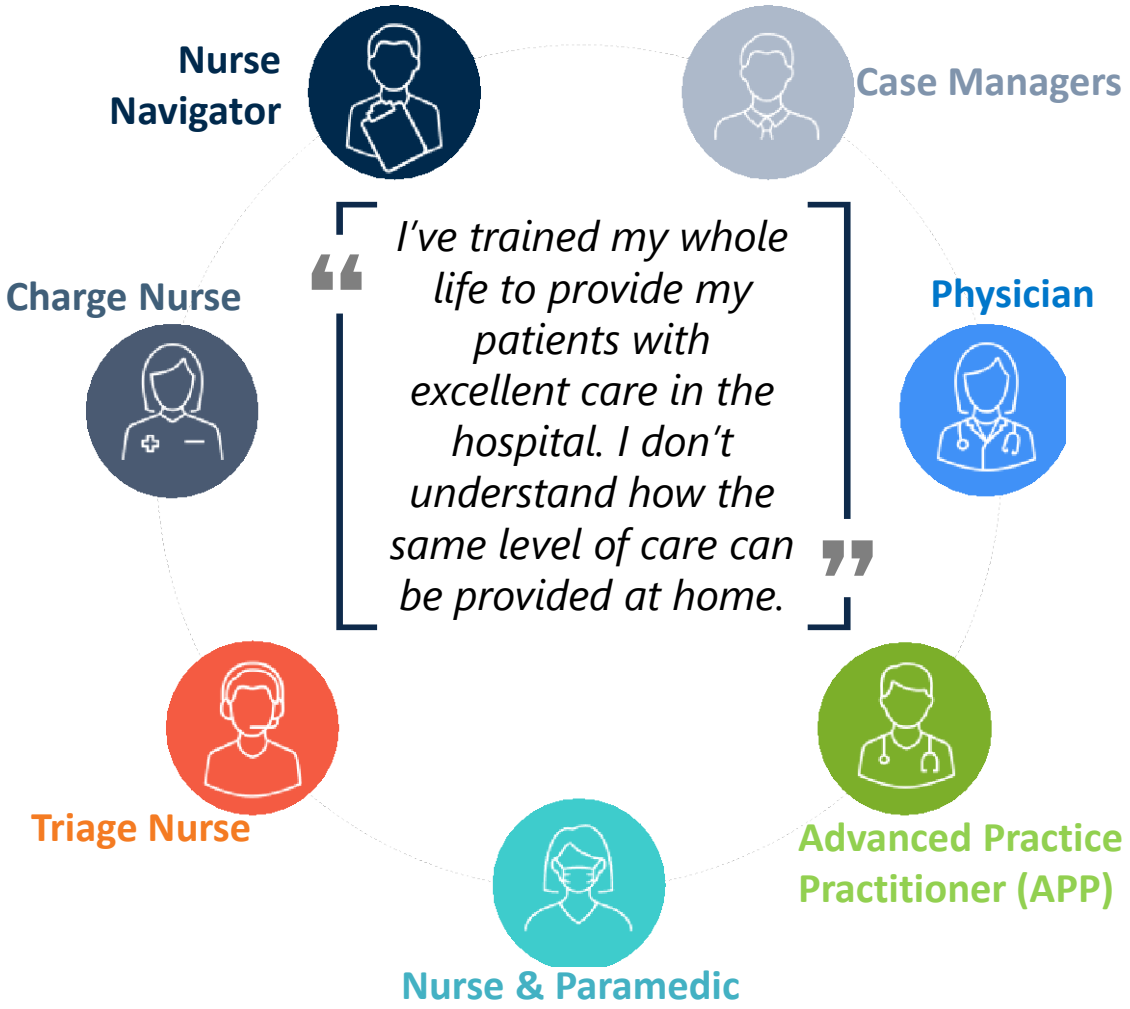
- Improved **functional recovery**
- Lower **mortality rates**
- Reduced **readmission rates**
- Shorter **length of stay**
- Lowers **complication** rates
- Lower **cost of care**
- Reduces **Emergency Department** utilization

PROVIDER & WORKFORCE EXPERIENCE

- Greater **clinician satisfaction**
- Provides **relief for inpatient care teams**
- **Facilitates meaningful connections** with patients
- Deploys clinicians and resources to their **highest value use**
- Creation of **new specialty practice** area and alternate care setting

What is Care at Home?

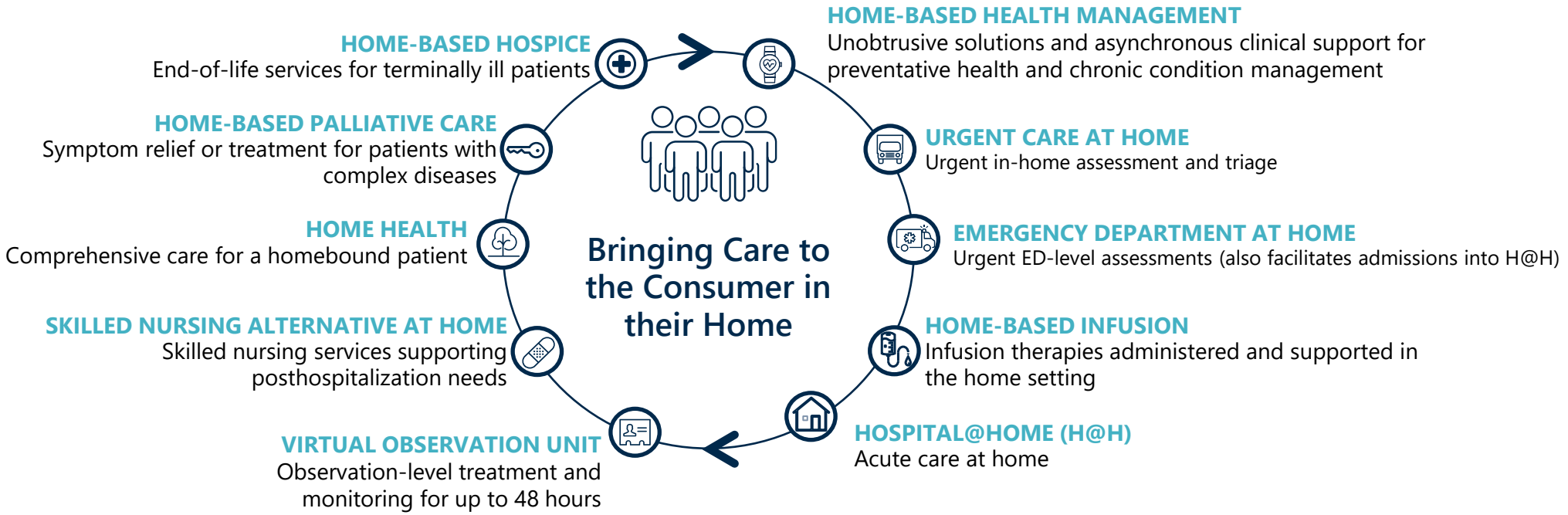
Providers, care team members, and patients all have evolving expectations, and fears, around how care is delivered



The C@H Ecosystem

Care at Home utilizes technology to create complementary care models to traditional care provided in centralized brick-and-mortar facilities.

Illustrative Care @ Home Ecosystem



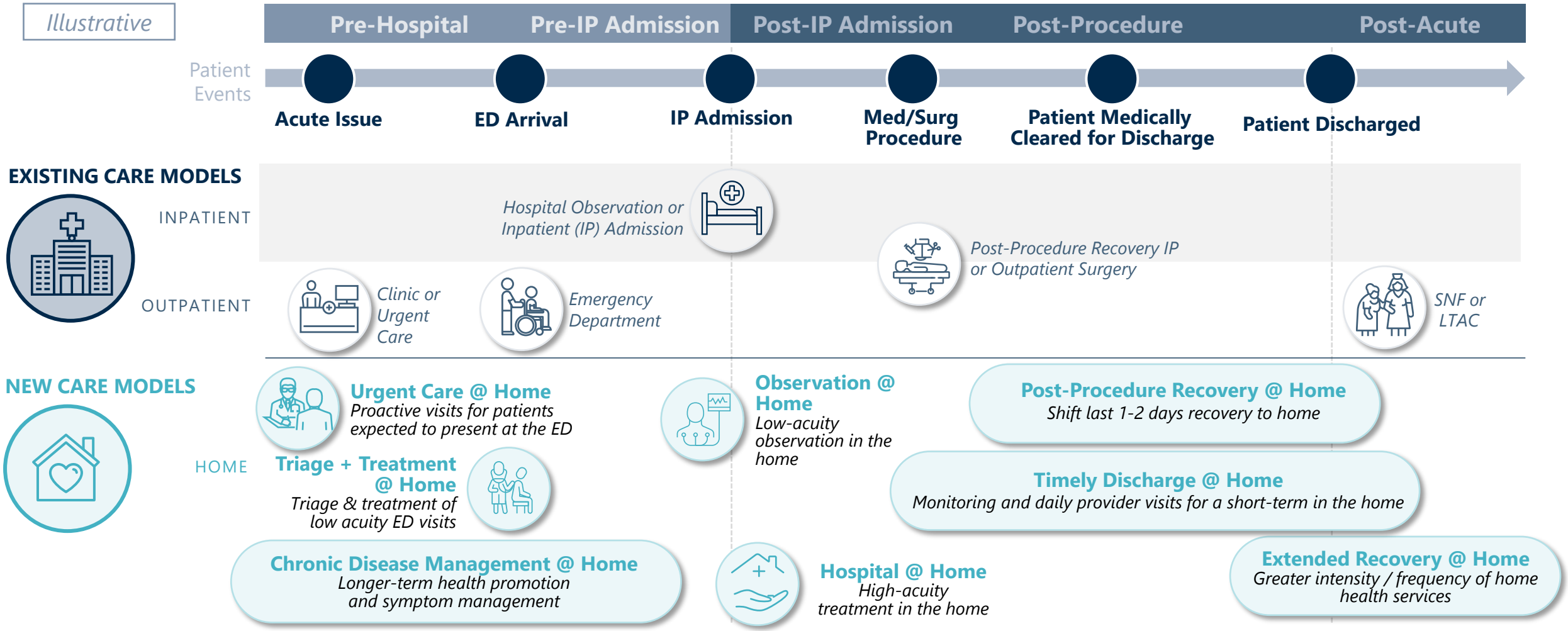
FOUNDATIONAL CAPABILITIES & STANDALONE SERVICES

- Remote Patient Monitoring
- Home-Based Diagnostics
- Home-Based Therapeutics
- Mobile Integrated Health
- Virtual Care
- Real-Time Logistics Orchestration

& more

C@H Care Models Complement In-Facility Care

Across the care continuum, patients can be treated at home – from triaging acute issues to shifting to patients' home for the last few days of an IP stay. These new care models provide alternatives to existing in-facility care and ease transitions between events.



Delivering care at home safely and efficiently requires complex orchestration across a wide array of clinical and ancillary services

Centralized Services

- **Command Center**
- **Program Management**
- **Supply Chain & Logistics**
- **Shared Services**

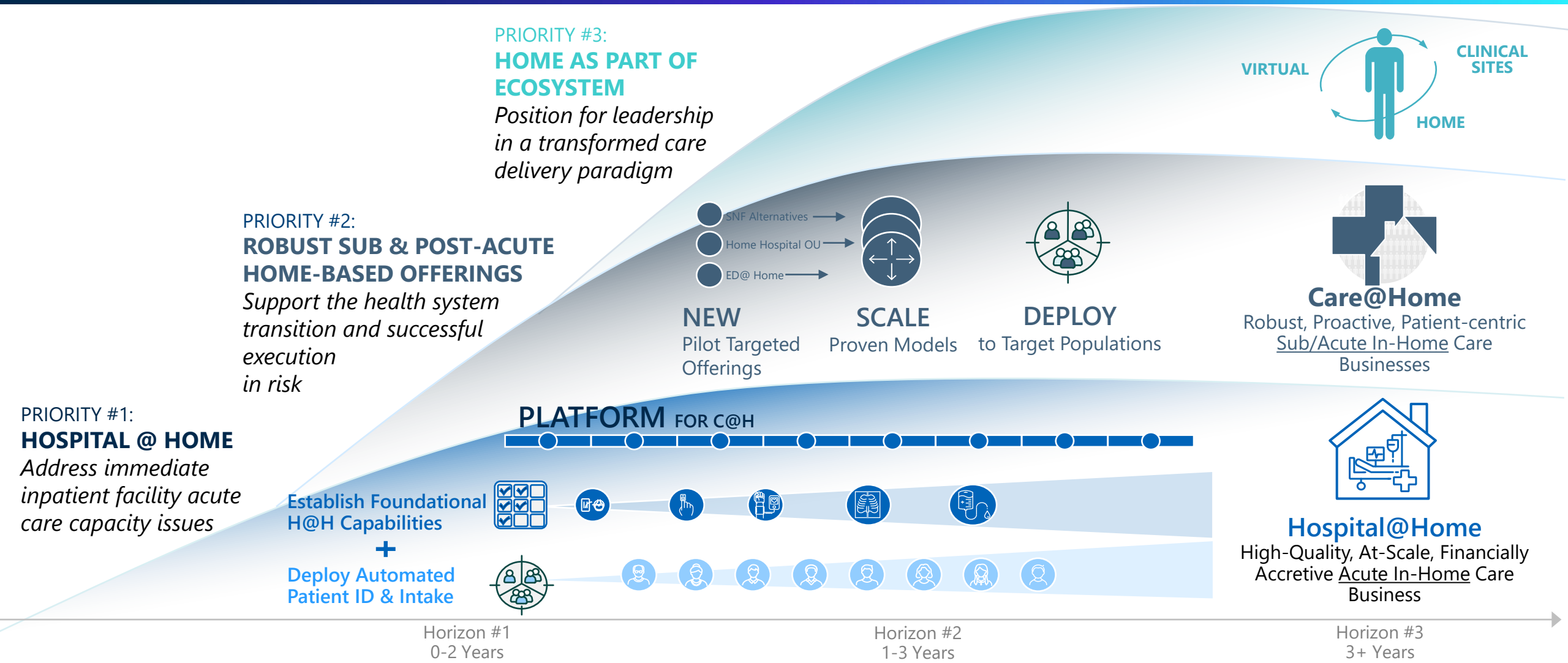
Clinical & Ancillary Services

- Non-Emergent Transport
- EMS
- Hospitalist & Specialists
- Nursing
- Rehab
- Social Work
- Community Paramedicine
- Respiratory Therapy
- Courier
- Pharmacy/ Medication
- DME/ Equipment
- RPM/Tech Kits
- Lab
- Mobile Diagnostics
- Dietary

Non-exhaustive

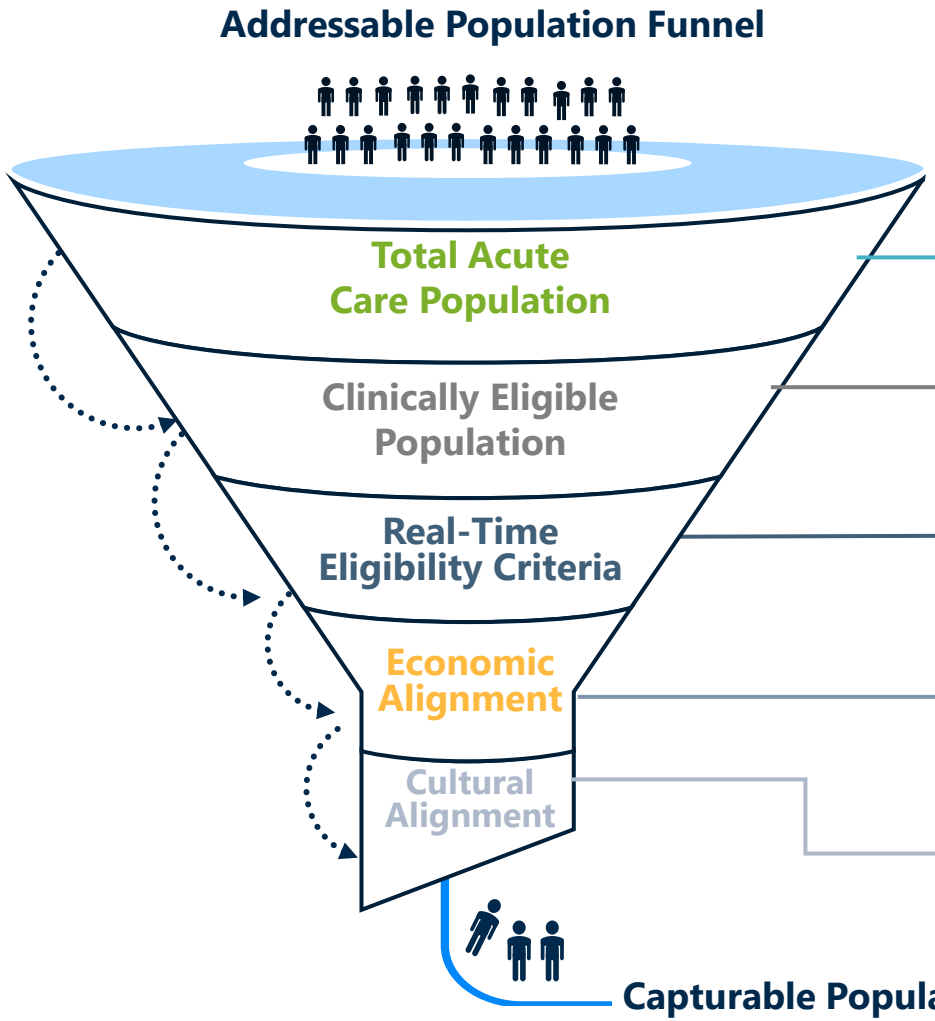
The Operating Model and related insource/outsource decisions dictate the cost profile of the program

The home is an entirely new delivery arena, so the strategy to develop it must focus on a logical, sequenced capability build that aligns with the health system's economics and enables the transition to a future transformed business model, over time.



How does Hospital at Home look?

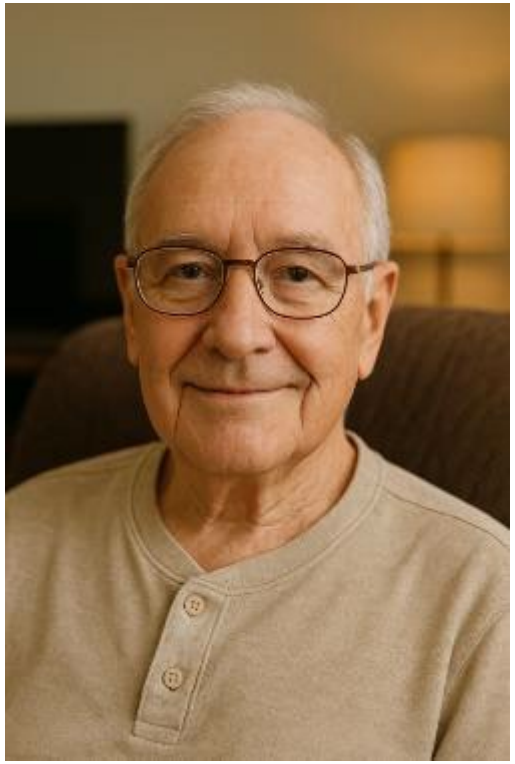
Hospital-at-Home Patient Selection



	Description	Considerations
Total Acute Care Population	• Total IP volumes (e.g., Discharges, Patient Days)	• Future populations (e.g., OBS, Surgical sub/post-acute)
Clinically Eligible Population	• Retrospective DRG-based analysis • Preliminary condition set	• H@H Program Capabilities • Service Line Strategies
Real-Time Eligibility Criteria	• Geographic coverage • Social eligibility • Patient consent	• Needs assessment/ SDOH • Patient mobility • Health equity
Economic Alignment	• Payer contracts • Legislative reform	• Payor strategy & VBC • Competitive threat of loss (e.g., site-neutral payments)
Cultural Alignment	• Employed clinician willingness • Aligned clinician willingness	• Leadership buy-in & commitment • Organizational readiness • Physician alignment

Introducing Gary, a 75-year-old man with Congestive Heart Failure

Gary



Other Hospital at Home Patients

Elaine is recovering from an acute kidney infection.

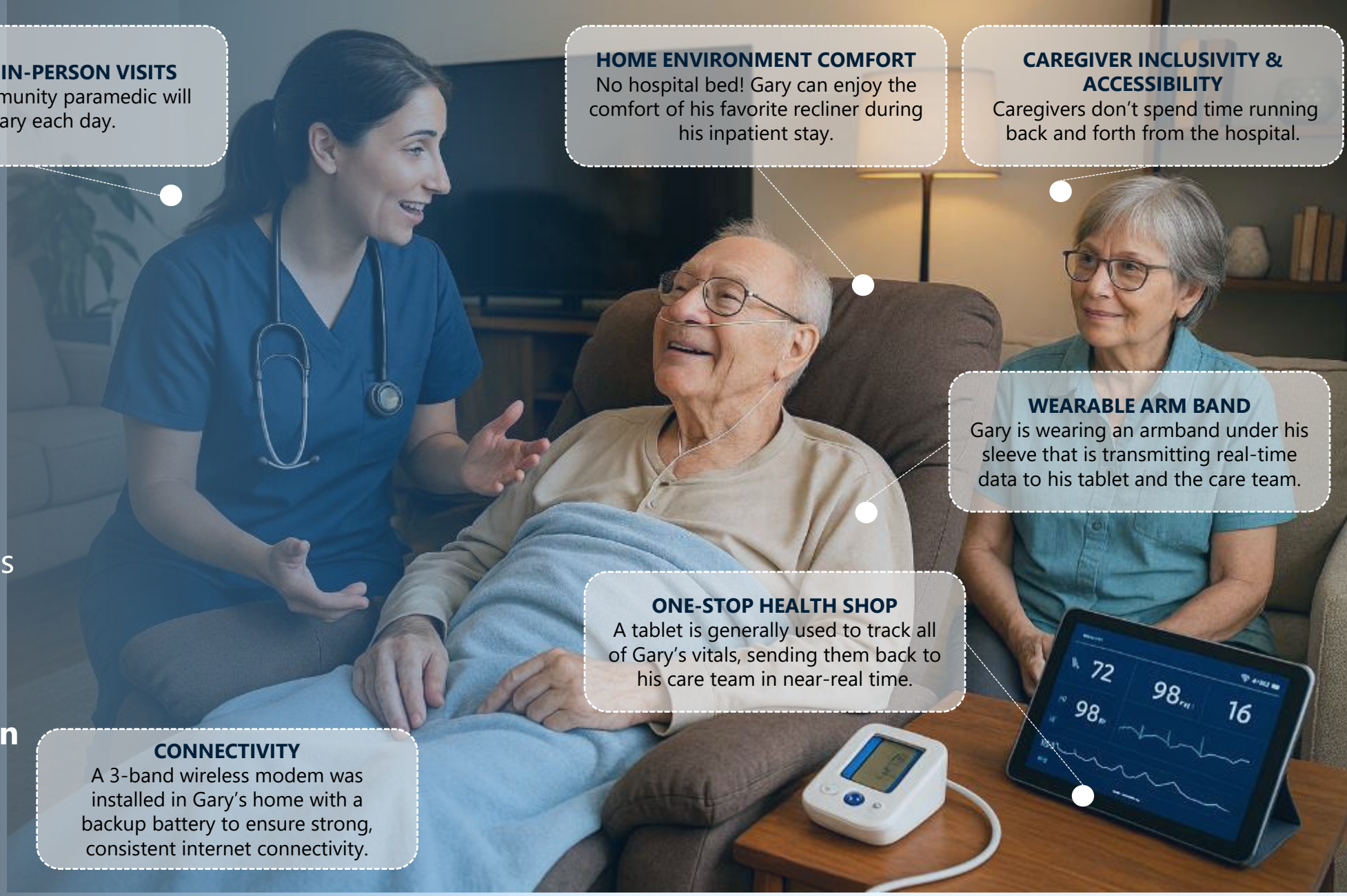
Sarah is in post-op from bariatric surgery.

Michael underwent liver transplant three years ago and is now being admitted for a skin infection.

Tom is a patient with cancer who needs monitored chemotherapy.

From the Patient's Perspective

Hospital at Home provides acute-level care in the comfort of the patient's home **utilizing a combination of in-person visits and continuous remote monitoring.**



2x PER DAY IN-PERSON VISITS
An RN or community paramedic will visit Gary each day.

HOME ENVIRONMENT COMFORT
No hospital bed! Gary can enjoy the comfort of his favorite recliner during his inpatient stay.

CAREGIVER INCLUSIVITY & ACCESSIBILITY
Caregivers don't spend time running back and forth from the hospital.

WEARABLE ARM BAND
Gary is wearing an armband under his sleeve that is transmitting real-time data to his tablet and the care team.

ONE-STOP HEALTH SHOP
A tablet is generally used to track all of Gary's vitals, sending them back to his care team in near-real time.

CONNECTIVITY
A 3-band wireless modem was installed in Gary's home with a backup battery to ensure strong, consistent internet connectivity.

From the Provider's Perspective

Most Hospital at Home programs lean into a care team approach with **Field RNs or Community Paramedics visiting the patient's home while Hospitalist APPs and Physicians provide care remotely.**

HYBRID APPROACH
Visits with the APP or Physician can be scheduled when a Field RN is in-person as needed.

"SUPERVISORY MODEL"
Many Hospital at Home programs are staffed by care teams of Hospitalist Physicians and APPs - in some programs, this can be the programs first time leaning into the care team approach with APPs

REAL TIME MONITORING
Along with the typical medical record, providers have access to the real-time or near real-time remote patient monitoring data.

From “Mission Control”

Patients are monitored 24/7 from a central “Mission Control”. This mission control can **act as a foundation for launching other Care at Home programs.**

24/7 REMOTE PATIENT MONITORING
RNs keep an eye on patients at all time and are available to the patient at a push of a button.

REAL-TIME ALERTS
Advanced software is collecting data via wearables in the patient’s home – notifying the RNs of any metrics that end up out-of-bounds.

CENTRALIZED COMMAND
Mission control can eventually become the “central nervous system” of a Care at Home program.

AI - ASSISTANCE
AI can assist in all points of the patient journey, from patient selection to flagging abnormalities in medical data.

Questions?

Click the QR code to see more about our approach to Care at Home

Thank *you*

CHARTIS

Poll Question 3

Which of these would have biggest impact on quality of healthcare?

Multiple Choice

- Increased staffing
- Healthcare transformation
- Broader adoption of technology
- Better focus on equitable care
- Better use of data
- None of the above

Break

Please Visit our Exhibitors

Meet Our
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Please sign the sheet as you leave if you are interested in learning more about the Healthcare Business Academy Fellowship Program

Or call Lauren Burruto, Executive Director at 585-259-4553.

Poll Question 4

Will the Buffalo Bills reach the Super Bowl this season?

Single Choice

- Yes
- No
- Don’t know

Please Welcome Our Speaker

Paul Duck
Chief Strategy Officer
Open Minds

OPEN MINDS

northstar NETWORK
THE NEW BUSINESS of HEALTHCARE

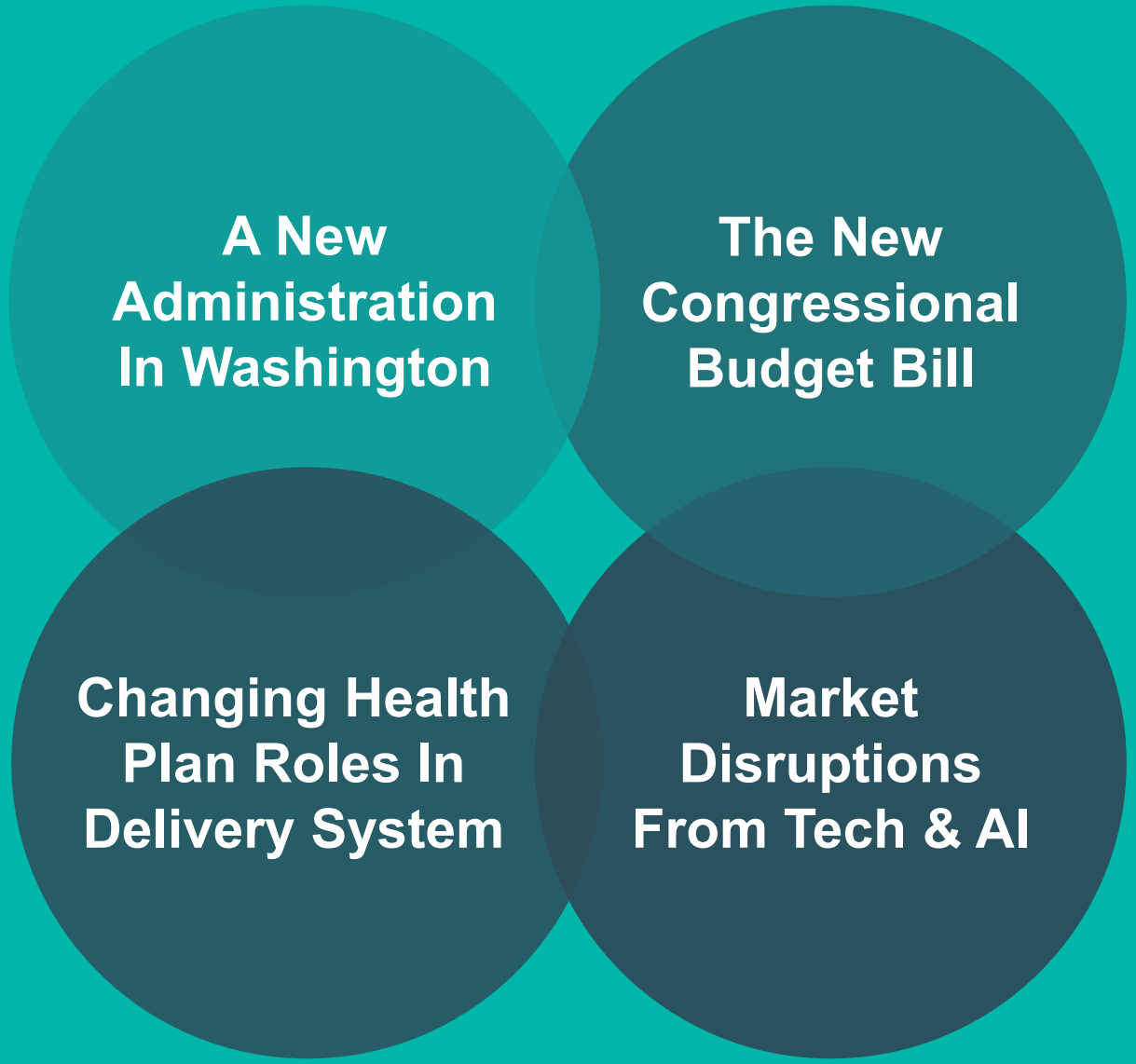
Trends Briefing

October 9, 2025

Let's Connect

Paul M. Duck
Chief Strategy Officer
OPEN MINDS

Health & Human Service Market Verticals In Midst Of Chaos



The Shifting Health Plan Landscape

1

Increased Market Share & Market Consolidation

- 50%+ Medicare
- 70%+ Medicaid
- 90%+ commercial and employer

- 10 largest health insurers have 53% of insureds

2

New Consumer & Service Segments

- LTSS including I/DD (30% of consumers with ASD have I/DD)
- Child welfare services (95% of children in foster care have mental health diagnosis)
- Justice-involved individuals
- Social services

3

Payvider Repositioning

- United/Optum – Refresh Mental Health and more
- Centene – Denova
- Elevance/Carelon – clinic operations
- Cigna/Evernorth – new behavioral health provider group
- Risant Health (Kaiser Permanente, Geisinger, Cone Health) – insurer with own delivery system

4

Digital/Virtual Service Delivery Platforms

- Contracting with digital-first provider networks
- Building 'digital front doors' for consumers with consumer-directed AI-driven therapies
- Offering non-clinical resources to members – coaches, peers, etc.

5

Capitated "Integrated" Primary Care/Behavioral Service Model With Consumer Assignment

- Denova (Centene)
- Oak Street (CVS/Aetna)
- Cityblock Health
- Amae
- Lee Specialty Clinic
- Cortica

Accelerated Digital Transformation Required For Future Sustainability

Digital transformation – the process of using technology to change how an organization operates and delivers value to customers…

1. Administrative process/productivity improvements
   - Clinician productivity
   - Supplement clinician services
2. Reengineering the clinician experience
3. Reimagining the consumer experience
4. Measuring consumer outcomes
5. More robust analytics for decision support and decision automation – service line portfolio management and management of value-based reimbursement

➢ Solid tech foundation needed – compliance, cybersecurity, data governance, AI policy

The AI unknown….

IT - Loving Life at Home: Trends + Real-World Examples

1. Remote Monitoring & Data Analytics
2. Smart Home & Assistive Automation
3. Telehealth / Virtual Supports & Digital Therapeutics
4. Geo-fencing, Locational Tracking, & Safety Systems
5. AI, Personalization & Predictive Interventions
6. Integrated Digital Ecosystems & Interoperability
7. Assistive & Augmentative Technology (A/AT) for Communication, Navigation & Independence
8. Ethics, Privacy & Adaptive Consent

1. Remote Monitoring & Data Analytics

Trend: From episodic to continuous, proactive monitoring

Health systems are shifting away from relying only on occasional in-person checkups and toward continuous or semi-continuous monitoring using sensors, wearables, and smart devices. The goal is early detection of warning signs, triggering timely interventions.

Also, analytics and AI are being layered over the data streams to detect patterns or anomalies (e.g. rising agitation, sleep disruption, physiological stress) before crises emerge.

Examples:

- **Wearables & sensors**

  Devices such as smartwatches, fitness trackers, or clinical-grade patches can collect heart rate, activity, sleep, skin conductance, etc.

  For instance, studies have used Apple Watch–derived metrics to look at heart rate variability or changes in activity as correlates of depressive symptom changes.

- **Remote Patient Monitoring (RPM) in mental health**

  Systems that integrate mood, physiological measures, sleep, etc., to allow clinicians to track patients outside clinic visits.

  For example, RPM platforms alert clinicians when a patient's metrics diverge significantly from baseline, facilitating early outreach.

- **Behavioral health monitoring with AI**

  AI models that analyze multivariate streams (e.g. patterns in movement, phone usage, speech tone) to predict decompensation or crisis risk.

  Some mental health clinics have trialed systems that alert staff when signals suggest early psychosis or risk of escalation.

2. Smart Home & Assistive Automation

Trend: Interoperable, context-aware smart environments

Homes are increasingly equipped with devices and systems that can act autonomously or semi-autonomously based on sensed context (motion, time, behaviors). Rather than stand-alone smart gadgets, the trend is toward integrated **ecosystems** where devices "talk" to one another.

Also, assistive home tech is becoming more tailored to cognitive, not just physical, needs - e.g. prompting, reminders, adaptive settings.

Examples:

- **Smart sensors & automation**

  Motion sensors, door/window sensors, stove-use monitors, smart locks, and environmental sensors (smoke, CO, flood) help detect risky events (e.g. wandering, forgotten stove on) and trigger alerts or mitigations.

  For example, a system might turn off a stove if left unattended or dim lights at night to reduce disorientation.

- **Assistive ambient systems**

  Voice assistants or home automation (lights, thermostat, reminders) can prompt a person to take medication, engage in routines, or transition between tasks.

  E.g. Alexa or Google routines that say, "It's time to take your pill," or "Lights will turn off in 10 minutes."

- **Contextual assistive tech for IDD**

  Smart displays, simplified interfaces, or reminders adapted to cognitive load (visual cues, icons, audio prompts) help bridge gaps in executive functioning.

  Some homes embed assistive tech that adapts the environment dynamically (e.g. reducing distractions during times of distress).

3. Telehealth / Virtual Supports & Digital Therapeutics

Trend: Hybrid care models + on-demand support

While telehealth is now mainstream for clinical visits, more care models are becoming hybrid: periodic in-person, frequent digital, and continuous remote support. Also, digital therapeutics (apps providing behavioral health interventions) and virtual coaching are growing.

Examples:

- **Telepsychiatry / teletherapy**

  Patients access psychologists, psychiatrists, or therapists via video, reducing transportation/time barriers.

  Particularly valuable for individuals with mobility or cognitive challenges who struggle traveling to appointments.

- **Digital therapeutic / behavior-change apps**

  Apps that guide users through CBT, DBT, or self-management modules, sometimes augmented with human support.

  E.g. mood-tracking + cognitive restructuring, guided breathing and grounding tools, journaling, behavioral activation.

- **Remote Therapeutic Monitoring (RTM)**

  A variant of RPM focused on symptoms, therapy adherence, cognitive states (rather than vital signs). Clinicians or systems monitor patient engagement with psychotherapeutic regimens.

- **Asynchronous supports & chatbots**

  AI chatbots or text-based agents available 24/7 to provide coping tools, check-ins, or crisis de-escalation until a clinician becomes available.

  Automated surveys or check-in prompts help monitor mood or behavior in between sessions.

4. Geo-fencing, Locational Tracking, & Safety Systems

Trend: More nuanced, consent-based location safety

Rather than purely restrictive measures, systems increasingly allow **geofencing** with graduated alerts or prompts, preserving autonomy while safeguarding. Also, wearables or devices are becoming more discreet and acceptable.

Examples:

- **Geo-fence alerts**

  For individuals prone to wandering (e.g. some with dementia or IDD), caregiver apps receive alerts if the individual leaves a safe zone.

  Some devices allow the wearer to receive cautions (“you’re leaving home”) before caregiver alerts.
- **Wearable SOS / fall-detection devices**

  Smart watches or pendants that detect falls, allow for emergency calls, or alert caregivers if abnormal motion or inactivity is detected.

  Some also combine with location features so that, in a crisis, emergency services can find the person.
- **Smart watches with communication / tracking**

  E.g. AngelSense Watch provides GPS, geofencing, SOS button, and caregiver communication features.

5. AI, Personalization & Predictive Interventions

Trend: Tailored, adaptive systems

Rather than “one-size-fits-all,” AI models are being trained in clinical and home settings to adapt support to each individual’s patterns, risk thresholds, and preferences. Over time, systems learn what “normal” is for a person and detect deviations.

Also, AI is enabling more “just-in-time” interventions (nudges, prompts) when risk is detected.

Examples:

- **Adaptive alert thresholds**

  Systems calibrate what constitutes deviation or danger based on each person’s baseline (e.g. typical sleep times, movement patterns) and only alert when warranted.

- **Behavioral prediction models**

  Using multivariate data - e.g. combining activity, sleep, mood logs, physiological signals - to forecast potential crises, e.g. suicidal ideation, episodes, self-harm risk. Some clinics use such models to alert care teams.

- **Smart prompting / intervention scheduling**

  If an AI model detects low engagement or rising risk, it might trigger a prompt: “Would you like to call your care coach?” or “Let’s do a guided breathing exercise.”

6. Integrated Digital Ecosystems & Interoperability

Trend: From silos to unified systems

Rather than having disjointed apps or devices, care is shifting toward integrated platforms that combine medical records, care coordination, home automation, monitoring, and analytics in one ecosystem. This supports continuity, avoids duplication, and improves data flow across providers.

Also, shifting payment models (e.g. value-based care) are pushing for measurable outcomes, which require integrated data.

Examples:

- **Unified care dashboards**

  Care providers use platforms aggregating data from sensors, RPM, telehealth, behavior logs, and caregiver notes, enabling holistic view of an individual's status.

- **Medicaid "enabling technology" benefits**

  Some states or managed care organizations now include a benefit for home-based enabling tech (smart devices, sensors) coordinated via a digital platform. For example, UnitedHealthcare offers "Enabling Technology" to connect members with tailored tech tools to support home care.

- **Data-driven service planning in IDD services**

  Disability service organizations are moving toward measuring outcomes (client well-being, independence) using digital tracking and analytics to justify funding and improve service efficacy.

7. Assistive & Augmentative Technology (A/AT) for Communication, Navigation & Independence

Trend: Smarter, more adaptive assistive tools

Assistive tech is evolving from static devices (e.g. simple speech boards, switches) to dynamic, AI-enhanced, context-aware systems - e.g. devices that understand speech intent, gesture, environmental context, and adapt accordingly.

Examples:

- **Speech-generating devices & communication apps**

  For people with communication challenges (e.g. IDD, autism, after stroke), modern AAC (augmentative and alternative communication) systems adapt to usage, predict phrases, integrate with ambient devices.
- **Hands-free / gaze / head-movement input devices**
- Devices like GlassOuse (hands-free mouse via head motion) or similar interfaces let users control computers, tablets, or smart-home systems without manual fine-motor input.
- **Smart glasses / AR prompts**

  Glasses that visually overlay cues or prompts (e.g. social cues, reminders) can aid people with cognitive or social challenges.
- **Smartphone / tablet apps with simplified UI**

  Apps built for users with cognitive impairment: large icons, minimal text, voice prompts, customizable routines.

8. Ethics, Privacy & Adaptive Consent

Trend: Consent-aware, privacy-preserving designs

As more monitoring enters the home, systems are increasingly built to respect autonomy, minimize intrusion, and allow the user (where possible) to understand and control what is monitored and shared.

Data security, anonymization, role-based access, and clear consent protocols are more central in design.

Examples:

- **Tiered access & caregiver controls**

  Users might allow caregivers to see safety alerts but not all details; some data remain private or on-device.
- **Edge computing / local processing**

  Some systems process sensitive data locally (on-device) rather than sending all raw data to cloud, reducing exposure.
- **Transparent user controls / opt-in features**

  Interfaces letting users or guardians choose which sensors operate, thresholds for alerts, what data is shared.

Summary & Reflections

- The trend trajectory is toward more continuous, adaptive, integrated, and less obtrusive systems.
- The line between therapy, monitoring, assistive tech, and environment control is blurring; more systems aim to be holistic.
- The biggest current challenges include funding / reimbursement models, ensuring acceptance and usability, and maintaining privacy & autonomy.

Administration Actions With The Most Impact On Organizations Serving Consumers With Complex Needs

CMS withdrawal of the two guidance documents for including health-related social needs in Medicaid

NIH cuts current research grants by $4 billion per year by lowering the "indirect cost rate" – pending grants not likely to be funded

Dissolving the Administration for Community Living – moving programs that support older adults and people with disabilities to other departments

Cancelled grants to states for public health, including $1 billion from SAMHSA

Creating Administration for a Healthy America – collapsing HRSA and SAMHSA

Plan to **cut 80,000 employees of the Veterans Administration** (scheduled for June)

Plan to eliminate minimum wage and overtime for home care workers

HHS workforce reduction – from 82,000 to 62,000 full-time employees – 10% reduction in SAMHSA staff, with another 50% proposed

New policy on homelessness and involuntary commitment / incarceration

Deportation of immigrant and refugee populations causing workforce disruptions

Congressional Budget Bill Market Implications For Organizations Serving Complex Consumers

Rise in number of people without insurance – an estimated additional 10 to 16 million more uninsured (increasing uninsured rate from ~8% to 12% in the U.S. adult population)

In Medicaid, **allows HCBS 1915© waivers** for those that don't require institutional levels of care

Medicaid expansion work requirements for individuals ages 19 to 64 *plus* eligibility redeterminations are required every 6 months

For **Medicaid, state-directed payments will be lowered** to Medicare rates

Imposes **new pre-enrollment verification processes** with new documentation requirements for ACA/ Exchange plan members

Prohibits states from creating new provider taxes or increasing rates on existing taxes (states can no longer use provider taxes to fund Medicaid)

Higher average consumer acuity and expenditures in Medicaid expansion and ACA/Exchange health plans

Allows the premium tax support for premiums to expire for ACA/Exchange plan members

Estimated $500 billion in cuts to Medicare spending between 2026 and 2034 – capped at 4% a year ($45 billion a year)

An **estimated $1 trillion less in Federal Medicaid spending** over 10 years (15% reduction from current spending) – with higher proportion of costs to be borne by state and local governments

Likely Macro Market Effects Of The Policies Of The New Administration

Substantial reductions in federal grant funding for health and human services, including behavioral health – and claw backs of grant money

Rise in the proportion of uninsured and underinsured consumers

- Decrease in ACA enrollment – due to decreased federal support, reduction in eligibility categories, and lower individual subsidy
- Downshift of financial responsibility for the uninsured and/or safety net to state and local government
- Increase in hospital emergency department volume from uninsured consumers

Downshift of financial responsibility for the uninsured and/or safety net to state and local governments

New Market Dynamics Due To The Policies Of The New Administration

State Medicaid plan policy is increasingly shaped by state political factors and by lobbying

- Decrease in federal share of Medicaid, particularly for Medicaid expansion
- More state Medicaid plan variability
- More full-risk state Medicaid managed care
- More Medicaid managed care for LTSS and I/DD

More managed care in Medicare

- Medicare Advantage as default for Medicare consumers
- Move reimbursement of Medicare Advantage plans to competitive bidding model
- More risk-based contracts with provider organizations

Delay of the enforcement of parity rules

More demand for uncompensated services from non-profit provider organizations and state/local government authorities

More consumers presenting at hospital emergency rooms for treatment for non-emergency reasons

The Effect Of Policy & Budget Changes On Health Plans

Increased competition among health plans for members

Medical loss ratio management issue for health plans – higher acuity of remaining members

Health plans will determine what services and reimbursement models will be preferred – including for health-related social needs

The Sustainability (& Quality) Impact

More "paperwork" to keep members eligible for services – with more unreimbursed services due to waiting times

For non-profits, more demand for no cost/low cost services as uninsured population increases

More provider organization contracts with health plans with downside financial risk – and less negotiating power

Financial sustainability challenges for provider organizations – potential decrease in the 2-3% operating margins of community-based provider organizations

New Business Models Emerging For Provider Organizations Serving Consumers With Behavioral & Cognitive Disorders

Emerging Business Models

1. Payvider (at-risk delivery system)
2. Bundled rate/case rate services
3. Capitated community-based integrated services with member assignment

Hybrid, value-based outpatient service delivery models – in clinic, in home, virtual, and/or remote monitoring

- Changing model for best practice – What can be done by telehealth? What needs to be done “face to face”? Clinic vs. home vs. community? Remote asynchronous?
- The rise of hybrid service bundles - bundled/case rates for outpatient therapy and services
- Capitated rates with consumer assignment for primary/behavioral health care

Facility-based services moving to hybrid longitudinal continuum of care models with bundled rates

- Home-based/virtual addiction treatment and eating disorder treatment
- Home-based/virtual long-term care and in-home supports
- SNF at home
- Hospital at home

Growth Opportunities In This Market

- **Creating high-value, low-cost programs for cash-paying consumers**
  - A “virtual service system”
  - Group therapies and support programs
  - Capitated direct care programs with monthly payments
- **Meeting health plans needs for serving high-needs consumers with behavioral/cognitive conditions**
  - Behaviorally-led primary care for consumers with behavioral and cognitive disabilities
  - Admission and readmission prevention programs
  - Community-based follow-up after admissions
- **Developing partnership with hospitals re: emergency room/crisis management and diversion**
- **Acting on market failures – picking up services and geographic markets discontinued by other provider organizations**
- **For non-profit provider organizations, designing a financial management model to manage free and subsidized services as a fixed fund using population health management tools**
  - Guidelines for who is eligible for no/low cost services
  - Eligibility documentation processes for no/low cost services
  - Definition of services will be available at no/low cost
  - Medical necessity/clinical appropriateness guidelines for those services

Successful Leadership & Management Through Uncertainty:
The *OPEN MINDS* Framework

1 Scenario-Based Planning

1. Scenario-based strategic plan
2. Executive team competency development – market aware, data competent, nimble decision making

2 Nimble Metrics-Driven Portfolio Management

1. Metrics-based, data-driven management practices and culture
2. Service line decision matrix for ongoing management
3. Cash flow management
4. Financial strength management
5. Competency-driven fractional staffing strategy

3 Aggressive Growth Strategy

1. Current service line revenue maximization
2. Optimization of current payer relationships
3. Diversification strategy
4. Affiliation strategy
5. Accelerated digital transformation plan

Strategy With A Focus On Sustainability –
The *OPEN MINDS* Model Links Performance To Strategy

Understand The Landscape – Your Organization's Performance Metrics + Industry Market Metrics

Market Framework
Planning starts with metrics – both your organization's own performance metrics and the metrics from the market

Build A Future Vision

Build Future Vision – On Purpose, Values & Strengths
Create a strategy for competitive advantage – current and future with a focus on potential market scenarios

Set Organizational Objectives

Performance-Driven
Objectives drive the strategies selected and the tactics in the plan, aligning investments in new services, people, and technology

Implementation-Focused
No strategy is successful without a focus on implementation. Performance metrics are used to create and manage implementation plans

Organizational Performance Management

Strategy For Each Key Scenario

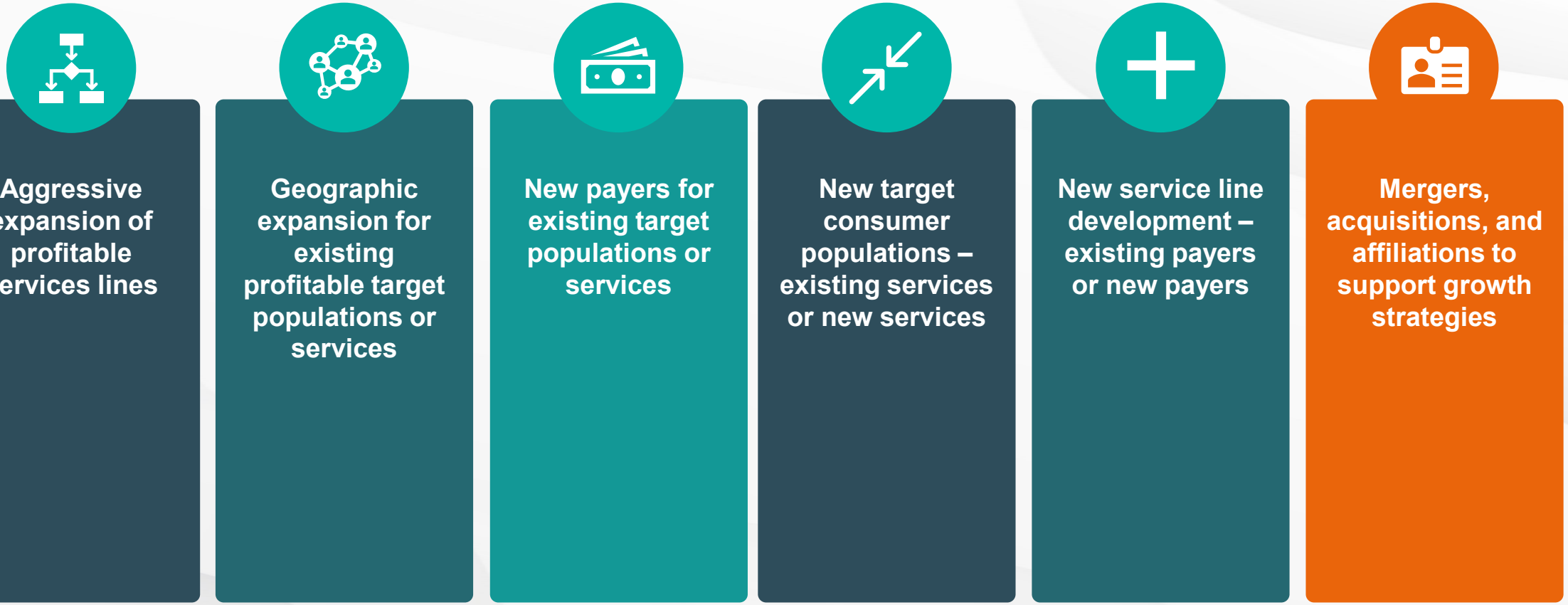
Strategic Initiatives To Implement Strategy
- Development of integrated care approaches and programs
- Improved managed care functionality with optimized revenue cycle management
- Improved consumer access and engagement
- Service line development, diversification, and new revenue streams
- New technology strategy and investments
- Mergers, acquisitions, and affiliations

Six Scenarios To Consider…

1. The Preferable
2. The Probable
3. The Projected
4. The Plausible
5. The Possible
6. The Preposterous

- Focus advocacy efforts on the preferable
- Have a contingency plan for the possible and the preposterous
- Build the operational strategic plan around the probable and the projected

The Growth Strategy Blueprint



Why Mergers & Affiliations Matter

- Path to sustainability and growth
- Achieving scale and efficiency
- Market positioning and influence (think payer contracting)
- Access to capital and innovation
- Real-world examples of resilience through affiliation


CENTERSTONE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The Big Question For Boards & Executive Teams – When Do You Know You Can't Go It Alone?

- Do we have the capital, the talent, and time to achieve our strategic objectives and remain financially sustainable?
- And if the market shifts to a new scenario? What possible scenarios compromise our strategic position?

- The answer is not – "when we can't make payroll." Waiting too long creates partnership terms are less favorable.

The *OPEN MINDS* Partnership Assessment Checklist –
Knowing When Your Team Needs To Pivot…

Financial (each 4 points)

____ Less than 60 days of cash on hand
____ No margin – and continual deficits
____ Net collection percentage of less than 90+%
____ Short-term debt ratio of less than 1.5
____ Long-term debt ratio of over 1.0
____ Sudden negative and unexplained changes in profit or cash levels over the past three years
____ Pending negative financial judgements – lawsuits, Department Of Labor violations, unresolved audit issues

Strategy, Market Position & Brand (each 3 points)

____ Lack of a robust, metrics-driven, scenario-based strategic plan that addresses growth and ongoing sustainability?
____ Lack of board and executive team aligned around the strategy. Strategic initiatives 'on hold' and not implemented.
____ Lack of capital and talent to implement the strategic plan in the time required for achieving objectives and maintaining sustainability: lack of capital and talent to invest in the technology needed.
____ Over reliance on a single payer or revenue source? (>35%)
____ Loss of major contracts and/or terminations from networks
____ Decline in market share over past three years
____ Service line portfolio has no 'cash cow' or 'star' for current and future positive margins

Governance (each 2 points)

____ Strategic and organizational performance metrics not available/not managed by board and executive team
____ No clear criteria for CEO and executive team decision making
____ Critical decisions not made in a timely fashion
____ Compliance, accreditation, licensure activities are not solid
____ Confusion among stakeholders – employees, consumers, payers, donors, community – around market position, mission, and strategy?

Talent & Culture (each 2 points)

____ Chronic staffing problems – recruitment, turnover, productivity, etc. – over 40%
____ Chronic leadership turnover – over 40%
____ No agreed upon board governance model – between board and CE) and/or among board members
____ Lack of leadership team to thrive in a data-driven competitive market

40+ points = Immediate action required with sustainability at high risk without a partner

30+ points = Initiate formal exploration of partnership options

20+ points = Rethink key strategic initiatives

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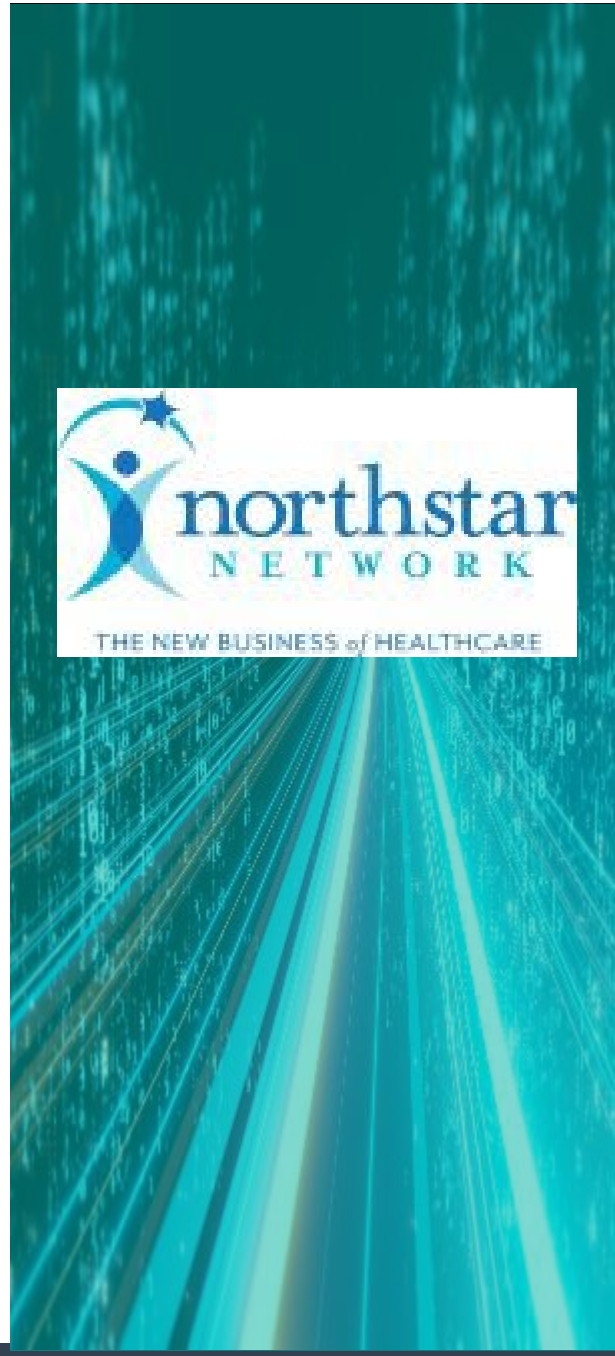
Four Rules For Leaders In Times Of Uncertainty…

1. Have an action plan for the unthinkable
2. Advocate for the preferable
3. Don’t delay managing for the probable – by the plan, by the numbers
4. Be brave – be nimble in decision making and act quickly

“You can never have enough cash or enough data.”

Key Takeaways & Summary

Impact Area	Key Effects on New York Constituents
Insurance Coverage Loss	More uninsured/underinsured individuals in New York due to Medicaid/ACA rollbacks
Demand for Safety Net Services	Surge in demand for free/low-cost behavioral and community-based services
Emergency Room Utilization	Increased non-emergency visits from uninsured individuals — pressure on hospital systems
Operational Burden	More administrative effort to keep consumers eligible for services; risk of unreimbursed care
Financial Sustainability	Margin pressure as grant funding declines; need to rebalance budgets and service lines
Health Plan Relationships	Plans facing higher-acuity populations; more pressure on providers for outcomes and cost management
Competition for Members	Increased plan competition in Medicaid/Medicare; may affect contract terms and stability
Strategic Imperative	Accelerate financial planning, hybrid service delivery, and digital transformation



Turning Market Intelligence Into Business Advantage

OPEN MINDS market intelligence and technical assistance helps over 830,000+ industry executives tackle business challenges, improve decision-making, and maximize organizational performance every day.

OPEN MINDS

Let's Connect

Paul Duck
Chief Strategy Officer
OPEN MINDS

Poll Question 5

Would you like to attend the October 2026 Cracking the Code on Healthcare event?

- Yes
- No
- Don’t know

Single Choice

Continuing Education Sign-out and Evaluations

Continuing Education Credits

Don’t forget to sign-out on roster (in-person attendees)

Take online evaluation you will receive in email (in-person and Zoom attendees)

HBA Fellowship Program

Please sign sheet as you leave today if you have interest in learning more about the Healthcare Business Academy Fellowship Program.

Or call Lauren Burruto, Executive Director at 585-259-4553.

Luncheon Details

Group	Event	Location	Time
Speakers and Invited Guests	AI Luncheon	**Family Grill**	11:45 am -1:45 pm
HBA Fellows and Guests	Graduation Luncheon Celebration	**Donald Ross Dining Room**	11:45 am -1:45 pm

- **Please allow those participating in the morning session only to exit**
- **Please visit the Exhibitors and the Ronald McDonald House Mobile Unit as you leave**
- **Don't forget to sign-out for Continuing Education**

Thank you