

From: [Veldran, Katherine](#)
To: [Pitts, Ted](#)TedPitts@gov.sc.gov
[Soura, Christian](#)ChristianSoura@gov.sc.gov
Date: 6/13/2013 9:43:23 AM
Subject: Fw: Fwd: SCHA SC Hospital Executive Update - June 12, 2013

From: Catherine Templeton [<mailto:templecb@dhec.sc.gov>]
Sent: Wednesday, June 12, 2013 11:08 PM
To: Anthony Keck <KECK@scdhhs.gov>; Jamie Shuster <shustej@dhec.sc.gov>; Veldran, Katherine
Subject: Fwd: SCHA SC Hospital Executive Update - June 12, 2013

Catherine Templeton

Begin forwarded message:

From: "John O. Hutto, MD" <JOHutto@regmed.com>
Date: June 12, 2013, 11:05:14 PM EDT
To: "Catherine Templeton" <templecb@dhec.sc.gov>
Subject: Fwd: SCHA SC Hospital Executive Update - June 12, 2013

Sent from my iPhone

Begin forwarded message:

From: "Thornton Kirby" <mwhitfield@scha.org>
Date: June 12, 2013, 4:07:23 PM EDT
To: "John O. Hutto, MD" <johutto@regmed.com>
Subject: SCHA SC Hospital Executive Update - June 12, 2013
Reply-To: "Melanie Whitfield" <mwhitfield@scha.org>

EXECUTIVE LEADERSHIP SUMMIT—HEALTH CARE REFORM: A HIGH STAKES GAME
July 22-23 AT SCHA'S CONFERENCE CENTER

Most of us decided to pursue health care as a profession because we wanted to help people. Many of us have argued for health care reform because we are concerned about the sustainability of the system. Few of us expected health care reform to divide our nation so bitterly, or to create such uncertainty about the future. But this is where we find ourselves at the close of the 2013 legislative session. Rather than expanding Medicaid and keeping our tax dollars in South Carolina, our state Senate seems more interested in legislation to nullify Obamacare. If ever there were a modern example of a Pyrrhic victory, this is it. (A Pyrrhic victory is a false or temporary victory because the win entails a subsequent loss; it's another way of saying "win the battle but lose the war.") In Washington, the House of Representatives continues in vain to pass repeal legislation; at last count the House had voted to repeal Obamacare some 37 times. Clearly, our elected officials aren't ready to stop fighting over health care reform.

Yet the Affordable Care Act (ACA) has been ruled constitutional, and 2014 will be a watershed year in terms of implementation. As hospital leaders, we find ourselves in a precarious position. If we *don't* change our business model to reflect the new incentives and penalties in the ACA, our hospitals will be severely disadvantaged. If we *do* embrace the ACA's reforms, we will continue to be derided as Obama socialists in our politically ultra-conservative state. Bottom line: we need to be very smart and very deliberate as we chart our strategic course as a hospital community.

For the past decade, SCHA has used our Executive Leadership Summit to assess the environment and recommend strategic initiatives to the SCHA Board. We will do so again next month when we gather July 22-23 at SCHA's headquarters in Columbia. We will begin with a pre-conference symposium on clinical integration brought to us by experts from Dixon Hughes Goodman. Craig Anderson and Edward Stall will facilitate a discussion and planning session on the varying models of clinical integration, how to determine which model is right for your market, and how to engage physicians in the process.

For the main conference this year we will call on Ryan Gish, Senior Vice President of Kaufman Hall, to help us assess the national landscape: trends and strategies that seem to be working for hospitals and health systems across America.

We will also have a focused discussion on value. It's widely accepted that our nation needs to get away from a volume-based payment system and adopt a value-based system, but it's less clear what "value" means in this sense. Given our high performance on quality measures and our better-than-average ranking in terms of the cost of care, my friend and advertising guru Neill Cameron will help me lead a conversation about how we might position SC hospitals as national leaders in high value healthcare.

We will also have a frank discussion about the need to reduce unnecessary care. There's some excellent work emerging nationally from physician specialty societies, and we need to learn how that work could help SC hospitals and how we can work with physicians to make wise choices.

Finally, we will recommend long-term and short-term priorities to the SCHA Board based on the discussions throughout the meeting. It's a meeting I hope you will make every effort to attend; it will be well worth your time. To register, [visit the SCHA website](#) or contact [Lara Hewitt](#) for more information.

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