Greetings!
The fall conference committee is excited to announce the details for the 64th annual HFMA MI Chapters Fall Conference.

This year's Fall Conference courses are designed to equip its attendees with ideas and tools that can be used to make the transformation from volume to value-based care.

We hope you have fun and build connections as you learn. We also welcome participants from Midwest Chapter of American College of Healthcare Executive (MCACHE) and our student members.

Our sincere THANKS to our valued Platinum sponsors for making this conference possible.
Wednesday, October 25, 2017

7 AM
Registration, Breakfast & Vendor Exhibits

8:00 - 9:15 AM
Keynote
A Look into the Healthcare Crystal Ball: What’s Next?

A National look at Healthcare now and in the future.

**Trine Tsouderos**, Director, Healthcare Research Institute, PricewaterhouseCoopers, Health Research Institute, Chicago, IL. Trine develops national thought leadership on the healthcare industry’s new entrants and innovators such as PwC’s report, Healthcare’s new entrants: Who will be the industry’s Amazon.com? A former, journalist, Trine has 17 years of newsroom experience. Most recently, she was medical reporter at the Chicago Tribune, winning state and national awards for her work. Her work has been cited in books and scientific papers. Trine is also a seasoned panel moderator and speaker and has given presentation at organizations such as the New York Academy of Sciences, the Illinois Chapter of the American Academy of Pediatrics and the Healthcare Businesswomen’s Association.

8:15 - 9:30 AM
Welcome
HFMA Michigan Chapter Presidents
**Sharon Bayliss, CPA** - Eastern Michigan Chapter
**Jason Roher** - Western Michigan Chapter
**Tom Matonican** - Great Lakes Chapter

9:30 - 9:45 AM
Vendor Exhibits & Break

9:45 - 11:00 AM
Concurrent Sessions 1

**1. Michigan Update and Medicaid Payment Methodology 2018**

A Michigan update and strategic assessment of emerging healthcare trends in both regulatory and legislative arenas some topics to be discussed are what is changing, the impact of recent CMS final and proposed rules, Medicaid Reimbursement and other current Medicaid topics, and national changes that may impact healthcare in Michigan

**Marilyn Litka-Klein**, Vice President of Health Finance, Policy and Data Services Michigan Health & Hospital Association. Since joining the MHA in 1996, her responsibilities have included a variety of health policy issues for the major Michigan payers (Medicare, Medicaid, Blue Cross), including healthcare funding and marketplace development, contracting, payment policy, graduate medical education, disproportionate share, hospital reimbursement, pay for performance and managed care for both Medicaid and Medicare. She is the MHA staff secretary of the Blue Cross Blue Shield of Michigan Payment Practices and Benefit Administration committees. Other activities include participation in the Healthcare Financial Management Association, the American Hospital Association, and state hospital association finance and policy group. Her previous employment includes Sparrow Hospital, Burroughs and Ernst & Ernst.
2. What is My Package Worth?

The session examines the valuable essential elements in a compensation package that every individual should know. As every health care organization tries to re-invent itself, each finance professional faces the prospect of major disruptions in their organization, new responsibilities, increased stress, and even the possibility of an outplacement. Some may choose or need to move to new organizations, altogether. Some of the changes may be predictable, but often the timeline is short. Some may even require major adjustments to totally new situations, such as, moving from employee status to an independent contract status.

During the change, many individuals focus on the pay level and incentives with little regard to the value of the other elements in the package. Later, the individual only discovers the benefits after it is needed and just happens to be present. Too often, if it is not included, the individual is exposed to additional financial risk.

Dave Roberts, CFP, Financial Advisor. Dave earned his license as a CERTIFIED FINANCIAL PLANNER™ Professional more than 24 years ago as he served as a healthcare financial executive and consultant. Dave, who lives in Lansing, provides financial services to families and individuals throughout the Mid-West. He also holds licenses as an Accredited Asset Management Specialist®, Chartered Retirement Planning Counselor® and Accredited Portfolio Management Advisor®. He holds Series 7 and 63 securities licenses as well as a license as an insurance agent in the State of Michigan. He is a registered representative and investment advisor representative of Securian Financial Services, Inc. Securities and investment advisory services offered through Securian Financial Services, Inc. Member FINRA/SIPC. Securian Financial Advisors of the Great Lakes is independently owned and operated. Securian is a trademark of the Securian Financial Group, Inc., and it has been licensed for use by Securian Financial Advisors of the Great Lakes.

Dave served more than 40 years in healthcare management positions throughout the US and overseas. Among his positions in health care, he served as an executive for corporate planning as well as a financial consultant, chief financial officer and chief executive officer. He earned a MHA with a concentration in healthcare finance and BA in Economics from Ohio State as well as a MBA in finance from DePaul University. He expects to complete a Master of Science degree in Personal Financial Planning over the next year. He holds a distinction as a Fellow in both the ACHE and HFMA. He serves on the education committees of ACHE and HFMA chapters in Michigan. He is a former college finance instructor and presently serves a personal financial counselor to the military in Michigan.

3. Cybersecurity: A New Paradigm

The last few years have seen a continued increase in data breaches, ransomware, phishing, and cyber-fraud. What have we learned from these breaches and what can be done to improve the effectiveness of cybersecurity at all levels?

This session will cover:

- Why technology isn’t working
- How latest attacks are executed
What can be done to improve security?

David Barton, CRISC, MBA, Managing Director, & Practice Leader of the Internal Audit, Risk and Compliance Practice, UHY Advisors. David provides consulting and audit services around information technology controls, cybersecurity, and compliance. He has over 25 years of practical experience in information systems and technology risk and controls.

David is frequently asked to speak at national and regional events, such as SecureWorld and the Cloud Security Alliance Congress. He is the primary author of the CSA position paper on AICPA Service Organization Control Reports. He regularly provides his input and opinions for national publications such as Compliance Week, Accounting Today, and the Atlanta Journal Constitution.

David holds an MBA and BS in Business Administration from Appalachian State University. He is Certified in Risk and Information Systems Control (CRISC), received the Certified Information Systems Auditor (CISA) designation in 1988, and is a member of the Atlanta chapter of the Cloud Security Alliance. David has active civic memberships with the Atlanta chapter of the Porsche Club of America and the Tire Rack Street Survival® program for teen driver education. He is also a certified high-performance driving instructor and former Porsche Club racer.

4. Driving Patient Satisfaction Through Teamwork and Collaboration

With today’s patients bearing more responsibility for the cost of their healthcare than ever before, their expectations have risen as well – along with their willingness to shop around when things go wrong. How do providers meet these expectations, increase patient satisfaction, and maintain a high level of patient loyalty? The answer lies in knowing what patients need and want, and how to use collaboration and teamwork to deliver those very things.

During this session, we will share our experience with successful patient engagement and developing collaborative teams that deliver. With new and significant changes to the ACA forthcoming, we will discuss what these changes may mean for providers, and the impact they may have on patients as well.

There’s never been a better time for the discussion of Patient Satisfaction through Teamwork and Collaboration. Together we'll examine the factors that contribute to patient satisfaction, and share strategies for creating an environment of teamwork that delivers exceptional patient care.

Takeaways:

- Discover what drives patients to stay with a provider.
- Identify the factors that result in challenges to teams, and learn how to overcome the obstacles that prevent the delivery of excellent patient care and service.
- Master the Eight Steps to a Positive Patient Experience.
- Bonus: Learn how to benefit from the "Halo Effect."

Jeff Johnson, Chief Marketing Officer, Hawes Group. Jeff Johnson is a nationally acclaimed motivational trainer, speaker, and facilitator, as well as a veteran in the credit and collections industry.
Prior to joining Hawes, Jeff had more than 10 years of experience as manager of client relations for Columbia Ultimate Business Systems, a premier provider of collection and receivable management software. Jeff also served as a director of the International Division of the Franklin Covey Leadership Center in Salt Lake City, Utah, where he worked with many Fortune 500 companies to improve internal processes through pinpoint training.

Originally from Colorado, Jeff earned a Bachelor of Science degree in business management with a minor in human resources from Brigham Young University. He is a certified 7-Habits Trainer and has numerous professional memberships, including the Healthcare Financial Management Association (HFMA). Jeff is the Oregon HFMA’s past president and serves on the HFMA regional committee.

11:00 - 11:15 AM
Vendor Exhibits & Break

11:15 - 12:30 PM
Concurrent Sessions 2

5. Provider Payment Transformation

Provider payment is the essential function of a health plan’s operations and the life blood of a health system. Recent federal and state legislation and policy has fast-tracked the shift of provider payment from volume- to value-based reimbursement. This session will explore the waters of payment transformation, the use of data, and essential administrative strategies and technologies associated with emerging payment initiatives in government health coverage programs. Join subject matter expert, Adele Allison, to explore these growing trends, opportunities and administrative challenges. Armed with the proper infrastructure and knowledge, stakeholders can create tremendous value and become strong contenders to accept emerging value- and risk-based contracts being demanded government agencies, private payers and employers.

By the end of the presentation, attendees will be able to:

- Identify the four categories of value-based reimbursement transforming economics under legislative and policy mandated changes.
- Describe the role data capture, technology and administration determine the value of services and healthcare reimbursement under emerging patient-centered and population-based payment (PBP) models.
- Articulate strategies that align with government-sponsored policy and result in effective payment modernization.

Adele Allison, Director, Provider and Payment Innovation Strategies, DST Health Solutions. As the director of provider innovation strategies, Adele Allison monitors healthcare reform for DST System’s health solutions division, a leading provider of health IT solutions for payers, providers and pharmacies dedicated to improving the delivery and administration of healthcare in terms of clinical, financial and patient health outcomes.

Having served as the co-chair of the ONC Beacon-EHR Vendor Affinity Group and a current co-chair for HHS’ Workgroup for Electronic Data Interchange (WEDI) Payment Models Workgroup, Allison has over 25 years of healthcare experience and has been the guest speaker at dozens of national events, sharing her expertise on health IT, federal legislation/policymaking, healthcare reform and many other topics.
A published author, Allison is a member of the University of Alabama at Birmingham (UAB) advisory board on curriculum development and serves on UAB’s HITECH Committee for health IT curriculum development; and, is a member of the board of directors for Alabama HIMSS.


Back by popular demand to the conference is Ms. O’Connor with a more in-depth look at Cost Accounting. This session will include a very brief overview of Cost Accounting basics and then focus on the most vexing challenges to calculating reliable cost and how breaking through barriers in costing methodology can lead to improved decision making in an organization.

There will be a look at how data structure, data access, general ledger structure, organizational structure and organizational culture impacts costing methodology. The discussion will explore how to prioritize the costing challenges and leverage process improvement to best support decision making on the care continuum, physician networks, ACO/CIN activity, alternative payment methodologies in addition to traditional acute operations.

Kathleen O’Connor, MBA, Director of Decision Support Integration, Trinity Health. She received her B.S. from U of M and her M.B.A. from Wayne State University. Her career in healthcare finance started at Metro Medical Group (former division of Henry Ford Hospital) in Budgeting & Reimbursement. She was Director of Finance at Horizon Health System where she worked for 13 years. Kathleen returned to Henry Ford Hospital as Corporate Director of Managerial Finance before taking her first position at Trinity Health. Beginning at St Mary Mercy Hospital as Director of Finance she also held the positions of Revenue Cycle Director, Controller, and CFO. She went on to become the VP of Finance for St. Joseph Mercy Hospitals with controller responsibility for four hospitals. She had the opportunity to pursue a career long passion in the field of decision support when Trinity embarked on system wide standardization of cost accounting, and she accepted the position she currently holds.

7. Who the Health Knows? What’s Next for Healthcare in Michigan

ACA, BCRA, AHCA—there has been a lot of confusion within the United States healthcare system in recent months. This session will shine a light on some of the key details by discussing the impacts of the Patient Protection and Affordable Care Act (ACA) nationally and in Michigan, efforts to repeal and replace the ACA, and the current health insurance landscape within the state.

Ezinne Ndukwe, MPH, Healthcare Research Analyst, Center for Healthcare Research & Transformation. Ezinne performs data analysis and provides analytical support on statewide surveys developed by CHRT. Additionally, she conducts program evaluation for various Washtenaw Health Initiative projects and assists in managing projects that aim to translate research findings into policy and practice.

Prior to joining CHRT, Ezinne worked as a graduate research assistant at the VA Ann Arbor Center for Clinical Management Research, providing support on innovative programs that aimed to improve chronic disease management. She has also conducted
research to evaluate the breast and cervical cancer screening practices of African immigrant women. Ezinne holds a Master of Public Health in Health Behavior and Health Education from the University of Michigan School of Public Health, and a B.S. in Science-Business from the University of Notre Dame.

8. Be Incredible: Stepping Away from the Ordinary

Definition of incredible: beyond belief or understanding – Webster’s Dictionary
Every staff member and leader has the ability to be “incredible.” But everyday challenges and daily responsibilities at patient access, in your business office, or in your call center tend to get in the way, preventing us from making that “incredible” happen. The truth is that most people want to be incredible, but are often left wondering how to get started. Sometimes they focus on abstract ideas and advice, but do not execute specific principles that allow them to start being incredible. This seminar’s purpose is to change that by introducing the principles that change “ordinary” to “incredible.”

Takeaways:

- Learn the key traits that all “incredible” staff have in common
- Realize that “incredible” is within you and your coworkers.
- Witness hands-on examples of the impact that being “incredible” can have on personal and professional lives.
- Comprehend what is truly needed to push staff to the next level of greatness.
- Participate in valuable and interesting activities.
- Learn while having fun.

Jeff Johnson, Chief Marketing Officer, Hawes Group. Jeff Johnson is a nationally acclaimed motivational trainer, speaker, and facilitator, as well as a veteran in the credit and collections industry.

Prior to joining Hawes, Jeff had more than 10 years of experience as manager of client relations for Columbia Ultimate Business Systems, a premier provider of collection and receivable management software. Jeff also served as a director of the International Division of the Franklin Covey Leadership Center in Salt Lake City, Utah, where he worked with many Fortune 500 companies to improve internal processes through pinpoint training.

Originally from Colorado, Jeff earned a Bachelor of Science degree in business management with a minor in human resources from Brigham Young University. He is a certified 7-Habits Trainer and has numerous professional memberships, including the Healthcare Financial Management Association (HFMA). Jeff is the Oregon HFMA’s past president and serves on the HFMA regional committee.

12:30 – 1:15 PM
Lunch & Vendor Exhibits

1:15 – 2:45 PM
General Session 1-Physician Panel – Physician Hospital Integration in the 21st Century

Strategies to integrate physician and hospital interests are a necessary component to providing quality care and the achieving of economic goals for both parties. The degree
of integration varies from minimal to full integration models and has panelists address their success and challenges in the process.

**Panelists:**
**Steven D. Brown, MD, FACP, FCCP,** Vice President of Clinical Operations, Trinity Health Provider Network Organization  
**Peter Watson, MD, FACP, SFHM,** Medical Director, Health Alliance Plan Midwest at Health Alliance Plan  
**Mohammad Salameh, MD, FACP, FHM,** Internal Medicine Department Chair, IHA

**Moderator:** **Terrance McWilliams, MD, FAAFP,** Chief Clinical Consultant, Healthcare Strategy Group, LLC

**2:45 - 3:15 PM**  
Vendor Exhibits & Break

**3:15 – 4:45 PM**  
**General Session 2-Cost-Effective Health Care = Better Health Care?**

As reimbursement models are morphing to encompass all aspects of patient care, and in population health, it becomes imperative to understand the continuum of patient care. Panelists will discuss their work and how they are building models to reach patient care and financial goals.

**Panelists:**
**Mary Beth Kuderik,** Chief Strategy and Financial Officer, UAW Retiree Medical Benefits Trust  
**Vickie Boyle, RN, BSN,** Director, Quality Management Accreditation, BCBSM  
**Katherine Scher, RN, CCM,** Director, Population Health Management, Henry Ford Health System  
**Paul Harkaway, MD,** Senior Vice President, Clinical Integration and Accountable Care, Trinity Health

**Moderator:** **Deborah Sieradzki, PhD,** Partner, Lubaway, Masten & Company Ltd

**4:45 – 5:45 PM**  
Hospitality Hour Cocktails and Hors d’oeuvres & Vendor Exhibits

**Tuesday, October 26, 2017**

**7:00 AM**
Registration, Breakfast & Vendor Exhibits  
Certification Update – for those interested in the HFMA certification process meet in the Grade Ballroom.

**8:15 - 9:30 AM**
**General Session 3- Amidst Overwhelming Change, What Are Our Enduring Principles and Values**

Notwithstanding the industry’s pervasive gloom and doom, we find ourselves objectively at least several decades into a global revolution in health care that shows every indication of everywhere accelerating. Health system leaders witness these changes up close and often intimately, but as the drivers of these changes we can find the responsibility daunting, even overwhelming. This session will lay out some practical,
enduring, and profoundly optimistic and resolute management principles and common sense values that health system leaders can use to ground and frame their work.

**David Butz, PhD**, Senior Research Fellow, William Davidson Institute and Faculty and Ross School of Business, University of Michigan.

David Butz is a Senior Research Fellow for WDI’s Healthcare Initiative. He is also Adjunct Lecturer of Business Administration at the University of Michigan’s Ross School. He received his PhD in Economics in 1986 from Northwestern University and then served on the faculty of the Economics Department at the University of California at Los Angeles from 1987-1994. Butz was then part of the University of Michigan Business School faculty from 1994-2002 where he taught core Applied Microeconomics and Operations Management to 1st-year MBAs, and a 2nd-year MBA elective on supply chain management. He has won many teaching awards, and Business Week’s Guide to the Best Business Schools has identified him as one of Michigan’s best teachers. His research focuses on healthcare economics and outcomes. Butz has led a health system strategic pricing initiative, performed an economic analysis of Medical School NIH funding, and continues to develop course content for the UMHS/UMBS leadership development program.

**9:30 - 9:45 AM**
Vendor Exhibits & Break

**9:45 - 11:00 AM**
Concurrent Sessions 3

9. **Mitigating Payment Risks Lurking in Medicare Enrollment**

Enrollment has long been recognized as the process by which providers and suppliers obtain Medicare billing privileges. Enrollment also plays an increasingly important role in CMS’ program integrity efforts through enhanced screening methods and ACA authority. These efforts to prevent billing fraud can often trip up unwary providers. Health care managers must exercise more effective oversight of enrollment in their organizations to meet more precise enrollment expectations and mitigate payment risk.

**Takeaways:**

- Develop an appreciation of the extent to which Medicare enrollment has transformed from a system focused on granting billing privileges to a system focused on program integrity.
- Learn to evaluate internal processes to meet CMS expectations.
- Learn how enrollment program integrity efforts cast a wide health care fraud net that can catch honest but inattentive providers.
- Be aware of how enrollment data may be used by CMS and the OIG in the future.

**Donna O’Connor, JD**, Senior Counsel, Health Care Practice Group, Dykema Gossett. Ms. O’Connor represents health care clients and has broad expertise in health system operations, compliance programs and investigations, state and federal health care regulatory law, physician compensation and referral source contracting and regulatory matters. Ms. O’Connor brings to the practice of law fifteen years of experience as in-house counsel and as a compliance officer for nonprofit and profit hospital systems.
**Eric Klein, JD**, Member, Health Care Practice Group, Dykema Gossett. Mr. Klein represents clients in the health care sector with respect to corporate and regulatory issues, including hospitals, physician groups, long-term care facilities, dental service organizations (DSOs), and others. Mr. Klein counsels such clients on compliance and reimbursement issues as well as health facility and physician practice acquisitions and other changes of ownership, including related licensure and Medicare/Medicaid certification matters.

**10. Revenue Recognition – How to Smoothly Sail Through Upcoming Changes**

The new revenue recognition standards will impact all healthcare entities. This session will cover the new standard in detail, including examples of how entities will be affected.

The session will cover:

- When the new standard is effective
- How the new standard will affect you
- How you can prepare for the new standard
- What major changes will result from the implementation of the new standard

**Dawn Stark, CPA, CHFP**, Partner, Healthcare Professional Standards Leader, Plante Moran PLLC. Dawn is the firm’s leader of professional standards for the healthcare industry group. She has over 18 years of experience in public accounting, with significant involvement with not-for-profit and for-profit healthcare organizations. Her responsibilities involve oversight of the technical aspect of the firm’s healthcare practice including implementation and continued compliance with auditing and financial accounting standards, as well as responsibilities for training the staff serving in this industry. Dawn also leads various technical client training and consultation efforts, including live and webinar-based training opportunities focused on providing easy-to-understand applications of the financial accounting standards.

She is a member of the American Institute of Certified Public Accountants, the Ohio Association of Certified Public Accountants, and the Healthcare Financial Management Association. She has a B.A. in Accounting and Business Administration from the University of Mount Union.

**Josh Richards, CPA**, Associate, Healthcare, Plante Moran PLLC. Josh is a member of Plante Moran’s healthcare team and has over eight years of healthcare public accounting experience. He spends 100 percent of his time serving free standing hospitals, multi-facility health system clients, and senior living organizations. He is responsible for the overall planning, budgeting, and supervising of assurance engagement teams. He also has experience performing audits of governmental (GASB) healthcare entities and performing Single Audits (formerly Circular A-133 audits). In addition to overseeing assurance engagements, Josh spends a significant amount of his time assisting healthcare clients with reimbursement consulting, due diligence, capital related projects (feasibility and debt capacity), and presentations on new accounting pronouncements.

He is a member of the Healthcare Financial Management Association (HFMA), the American Institute of Certified Public Accountants (AICPA), and the Michigan Association of Certified Public Accountants (MICPA). Josh has a B.S.B.A (Cum Laude) in Accounting from Central Michigan University.
11. Connecting the Dots on Value-Based Reimbursement

Health care providers will increasingly experience the need for comprehending the “value” to them of value-based reimbursement. For this to occur, it will be crucial for providers to develop a fully integrated perspective of several, or many, disparate payment initiatives, including bundled payments, total cost of care arrangements with gain-sharing or risk-sharing, comprehensive primary care reimbursement, quality and efficiency incentive programs, and pricing transparency (just for starters). By integrating the collective impacts of each of these initiatives and methodologies, a provider can determine the ultimate value to them, rather than evaluating them in isolation.

Attendees will:

- Gain an understanding of the proliferation of value-based payment strategies and tactics.
- Recognize how these separate components to reimbursement can be integrated to create a cohesive view of total reimbursement from a third-party payer.

Richard O’Donnell, MPH, Vice-President, Provider Contracting and Reimbursement, Priority Health. After five years as an administrator of a network of community health centers in southwest Michigan, he became employed at one of the first Health Maintenance Organizations in Michigan, which later was renamed Blue Care Network.

In 1993, Rick became the first Director of Managed Care for Blodgett Memorial Medical Center in Grand Rapids, Michigan, which, upon merging with Butterworth Hospital, became Spectrum Health.

In December, 2008, after a 15-year run with Spectrum Health, Rick joined Trinity Health, first as Michigan Regional Director of Payer Strategies and Contracting and, subsequently, Corporate Vice-President.

In October, 2012, Rick accepted the offer to head up the Provider Contracting and Reimbursement Division for Priority Health, the full-products health plan subsidiary of Spectrum Health.

Rick has taught multiple college courses in Health Care Economics, and lectured extensively for HFMA at the national level.

Rick O’Donnell received his undergraduate degree in Psychology and a graduate degree from the School of Public Health at the University of Michigan. (Go Blue!)

Rick, who is a native of Detroit, and his wife, Alice, a Registered Nurse, reside in Northville, Michigan. They have three adult children, none of whom have exhibited the slightest interest in health care careers.

12. Hello and A Handshake

Have you ever been a reluctant networker? Do you wish you could walk with confidence into any networking event? Would you like to see more bottom-line results from your
connections? If the answer is yes, this session will give you the techniques and tactics to do just that. Participants will learn not only how to make first connections, but also discover the tools to turn those five-minute conversations into long-term, profitable relationships.

During the session, you will learn:

- The specific benefits you personally can gain from your network.
- How to start conversations with anyone at the networking event.
- Tools to develop and maintain profitable long-term connections with those you meet.

**Greg Peters, MSE**, Coach, Author, Speaker, The Reluctant Networker. Have you ever felt a little “reluctant” when it comes to networking? Greg Peters understands. A computer programmer by training, he was the original reluctant networker. Through study, practice, and lots of trial and error, he has been able to transform himself into a true networking professional, using the skills he learned to build a thriving Web development business.

Now, as the founder of The Reluctant Networker, LLC, Greg coaches’ individuals, trains staff, and presents to associations and other groups on how to get past their reluctance and start building better connections and stronger networks. He is a professional member of the National Speakers Association and the author of Hello and a Handshake: A Reluctant Networker’s Guide to Survival and Success at Your Next Business Gathering.

**11:00 - 11:15 AM**
Vendor Exhibits & Breaks

**11:15 - 12:30 PM**
General Session 4 – Creating Connections with Success

Most people don’t need networking skills at all -- unless they want to advance in their career, or get access to resources to make their job easier, or find a job in the first place...or deal with their fellow human beings in any way, shape, or form.

During this session, you will discover:

- The many reasons even non-salespeople need networking.
- The mindset that holds you back from making successful connections.
- A simple tool to build an initial meeting into a long-term professional relationship.

**Greg Peters, MSE**, Coach, Author, Speaker, The Reluctant Networker. Have you ever felt a little “reluctant” when it comes to networking? Greg Peters understands. A computer programmer by training, he was the original reluctant networker. Through study, practice, and lots of trial and error, he has been able to transform himself into a true networking professional, using the skills he learned to build a thriving Web development business.

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member of the National Speakers Association and the author of Hello and a Handshake: A Reluctant Networker’s Guide to Survival and Success at Your Next Business Gathering.

12:30 – 1:30 PM
Lunch & Vendor Exhibits

1:30 – 3:00 PM
General Session 5 – Leadership Panel – What’s Next Successfully Leading Change

The healthcare environment is constantly changing, and provider organizations must adapt in order to survive and thrive. Organizations are frequently asked to respond to legislative changes, market fluctuations, safety concerns, and patient or staff demands. Panelists will discuss and share approaches that were successful and those that impeded the change process.

Panelists:
Ondrea Bates, DNP, MSN, RN, Senior Vice President Operations and Continuum of Care, Henry Ford Allegiance Health
John Kerndl, MBA, Executive Vice President and Chief Financial Officer, Beaumont Health
Jean Meyer, MSN, RN, Chief Operating Officer, Ascension Michigan
Marcus Shipley, MBA, Senior Vice President and CIO, Trinity Health

Moderator: Chad Schafer, CPA, Partner, Plante Moran

General Information

- Business casual attire is appropriate for the entire conference
- A total of 14 CPE credits could be earned
- Vendor Exhibits
- No refunds given for cancelled reservations after October 13, 2017
- Questions? Contact: Susan Stokes susan-stokes@comcast.net
- You may pay by credit card using PayPal
- Those who register and pay before October 13, 2017 will qualify for express check-in which means no waiting in line.

A special room rate of $155 is available for conference attendees at the Inn at St. John's. Click on the link below to make your reservations.
http://bookings.ihotelier.com/bookings.jsp?groupID=1660998&hotelID=6153

Group Code: 10K24H

You will then select the dates of your stay and will then be prompted to select your room type. The group access code should be already entered, if not use the code above. The group access code must be entered to receive the group rate. Reservations must be cancelled by 4 pm day of arrival to avoid penalty of one-night room & tax.

To make reservations over the phone, please contact the hotel at (734) 414-0600 and reference the group name HFMA Fall Conference.
Make your reservations early, price guaranteed through October 3, 2017 only. After October 3rd the rooms that have not been reserved will be released.

**Registration Information**

Register online at:

http://conta.cc/2f0bFQJ

You can pay by PayPal on the registration page or mail your check to:

HFMA Fall Conference
Attn: Susan Stokes
13064 Burningwood Drive
Washington, MI 48094

Questions
Contact Susan Stokes
susan-stokes@comcast.net
or (586) 786-9532