2023 MATRC SUMMIT

Mid-Atlantic Telehealth Resource Center

TELEHEALTH EQUITY:
Is the "Solution" for Addressing Inequities in Health Quality and Access Now Exacerbating those Same Issues?

Telehealth in a Post-PHE World

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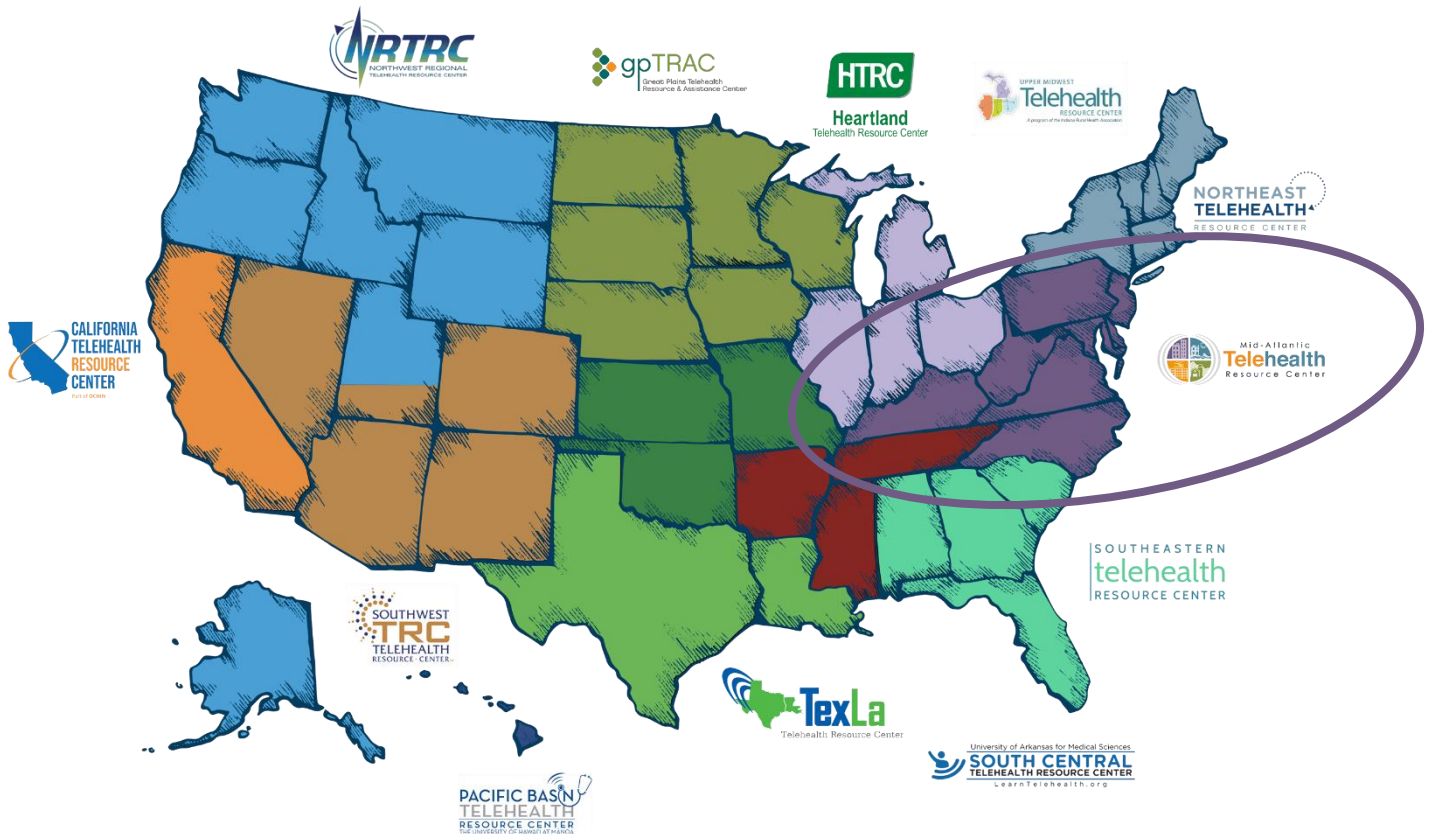

NRTRC	gpTRAC	NETRC
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12 REGIONAL RESOURCE CENTERS

TRC NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

TTAC TelehealthTechnology.org

CCHP

2 NATIONAL RESOURCE CENTERS

2023 MATRC SUMMIT

Mid-Atlantic Telehealth Resource Center

This webinar is being presented as a precursor to our **Leading Transformation Track:**

Supporting and equipping attendees with resources, tools and skills to:

Manage, Lead and Accelerate Digital Transformation

JOHNS HOPKINS
MEDICINE

Telehealth Flexibilities: Timeline, Impact, and Preparation

Public Health Emergency (PHE) End Planning, 151 Day Extension, and the Omnibus Bill

Key Questions

- What is the PHE and how did/does it impact virtual care?
- What has Congress done to make these telehealth flexibilities permanent?
- How long will the telehealth flexibilities last?
- What do we need to get ready for or be thinking about?

Anticipated Timeline

Key Dates:

2022 Dec – Omnibus extends some flexibilities 2 years
2023 Feb – Notice of PHE End
2023 May – Anticipated PHE End 5.11.23
2023 Sept – 151 Day Extension End, narrow impact
2024 Jan – CMS CY24 Telehealth Codes Begin
2024 Dec – Omnibus Flexibilities and CMS CY24 End
2025 Jan – CMS CY25 Telehealth Codes Begin

Note: Congress is expected to act within the Omnibus extension to allow Medicare video visits in the home permanently.

151 Day = Consolidated Appropriations Act of 2022
Omnibus = Consolidated Appropriations Act of 2023

What do YOU think is changing or going away?

- Do your homework
- The following are some resources to help inform you
- Nothing in this presentation is intended as legal advice or interpretation of laws, regulations, and policies
- Pull in your legal, billing, and compliance teams to help

Note: Things change everyday. The following screenshots may no longer be relevant.

	Pre-Pandemic	Public Health Emergency	PHE EXPIRES	151 Day Transition	Omnibus Bill
Telehealth and the PHE	Telehealth just emerging, covered by commercial payors broadly but limited by Medicare/Medicaid	PHE was declared for Covid-19 and within it were waivers for Medicare telehealth that were matched by Maryland Medicaid and HSCRC		Telehealth waivers extended by 151 days post PHE Expiration, matched by Maryland Medicaid and HSCRC	Telehealth Flexibilities extended until Dec. 31, 2024. Note: Preserve Telehealth Act, Maryland Medicaid, expected to extend into CY2025
Patient Location	Medicare/Medicaid only covered video if rural or in another medical facility	Medicare/Medicaid covered video visits no matter where the patient was located			
	Home not allowed	Home Allowed			
	Commercial payors cover video visits at parity with no patient location restrictions				
Audio Only	Audio only reimbursed lower	Medicare/Medicaid Audio only covered at parity			Medicare/Medicaid Audio only Allowed. Payment parity varies by State Medicaid.
Providers Types	Limited to ordering providers	Multiple roles allowed, including most allied health		Multiple roles allowed, including some allied health	
Supervision	No Virtual Supervision, Direct Supervision required for RPM	Virtual Supervision allowed, General Supervision allowed for RPM/RTM Through Dec. 31, 2023			Not Addressed
Inpatient	Limited inpatient codes	Expanded Inpatient Codes Through Dec. 31, 2023			Not Addressed
Platforms	HIPAA compliant platforms only, BAA required	HIPAA compliance non-enforced, BAA required		HIPAA compliant platforms only, BAA required	

Consolidated Appropriations Act of 2022 = 151 Day Transition
Consolidated Appropriations Act of 2023 = Omnibus Bill

Foley and Lardner

https://www.foley.com/en/insights/publications/2023/02/public-health-emergency-ends-may-11-telehealth

1. Temporary Medicare Changes through December 31, 2024

The Consolidated Appropriations Act (CAA) of 2023 extended the following telehealth flexibilities authorized during the COVID-19 PHE through December 31, 2024:

Health care providers eligible to bill Medicare can bill for telehealth services regardless of where the patient or provider is located (i.e., the patient can be at home).

Audio-only telehealth visits will continue to be reimbursable.

The list of providers eligible to deliver telehealth services remains expanded to include physical therapists, occupational therapists, speech language pathologists, and audiologists.

The acute hospital care at home program can continue to be utilized to provide hospital services to patients in their homes, including through telehealth.

Telehealth can be used to conduct recertification of eligibility for hospice care.

Patients with High Deductible Health Plans coupled with Health Savings Accounts can utilize first dollar coverage for telehealth services without first having to meet their minimum deductible.

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can provide telehealth services to Medicare beneficiaries (i.e., can be distant site providers), rather than being limited to being an originating site provider for telehealth (i.e., where the beneficiary is located).

The CAA also delayed the imposition of the pre-requisite in-person requirement for mental health services furnished through telehealth until after December 31, 2024.

2. Medicare Payment Parity

During the pandemic the Centers for Medicare & Medicaid Services (CMS) initiated higher reimbursement for telehealth services at non-facilities, such as a patient's home. In other words, Medicare has been paying for telehealth services as if they were provided in-person, meaning the telehealth visits are being paid by Medicare at the same rate as regular, in-person visits. These higher reimbursement rates are scheduled to end this year. After that, rates could return to lower pre-pandemic levels unless lawmakers choose to extend the policy.

Foley and Lardner cont.

3. Telemedicine Controlled Substances and Ryan Haight Act

During the PHE, the Drug Enforcement Agency (DEA) acted swiftly to waive the Ryan Haight Act's in-person exam requirement for the prescribing of controlled substances, thereby ensuring millions of both established and new patients were able to receive medically necessary prescriptions via telemedicine.

Thus, when the PHE expires on May 11, without further action on the part of the DEA, the in-person requirement is set to revert, without any special registration rule or other process established to ensure continuity of care. Therefore, continued prescribing of controlled substances for patients never seen in-person, and only through virtual means during the PHE, will be prohibited and these patients would either need to be seen in-person or have their care transitioned to a local provider.

4. End of Telehealth & RPM Copayment Waivers

During the PHE the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) issued a policy statement and FAQ notifying health care providers that they will not be subject to administrative sanctions under the federal Anti-Kickback Statute or the Civil Monetary Penalty and exclusion laws for reducing or waiving cost-sharing amounts (like copayments and deductibles) for telehealth services or remote patient monitoring (RPM) services furnished to Medicare beneficiaries during the PHE.

The guidance documents expressly tie this waiver to the duration of the PHE. Thus, unless the OIG issues additional guidance or an extension, after May 11, health care providers offering telehealth or RPM services to Medicare beneficiaries may no longer reduce or wave any cost-sharing obligations that patients may owe for such services. Digital health companies without payment and collection mechanisms for these payments will need to act swiftly to operationalize new process to ensure these amounts are charged and collected.

5. RPM Services Again Limited to "established patients"

In 2021, CMS reiterated that outside of the PHE, RPM services are limited to "established patients." However, for the duration of the PHE, CMS waived the "established patient" requirement and allowed practitioners to bill for RPM for new patients. When the PHE ends, CMS will require that RPM services be furnished only to established patients. CMS' statements suggests after the PHE the physician must first conduct a new patient evaluation and management service before rendering RPM to such patient.

Foley and Lardner cont.

6. Virtual Direct Supervision Scheduled to End This Year

Among the PHE waivers, CMS temporarily changed the direct supervision rules to allow the supervising professional to be remote and use real-time, interactive audio-video technology. That change did not require the professional's real-time presence at, or live observation of, the service via interactive audio-video technology throughout the performance of the procedure.

In the 2023 physician fee schedule, CMS declined to extend this temporary policy beyond the end of the calendar year in which the PHE ends. Therefore, virtual direct supervision will expire at the end of this year unless CMS revises its policy in future rulemaking.

7. End of HIPAA-related Enforcement Discretion

For the duration of the PHE, the HHS Office for Civil Rights (OCR) exercised enforcement discretion allowing providers to use telehealth in good faith even if their platforms or software did not follow Health Insurance Portability and Accountability Act (HIPAA) rules. However, this enforcement discretion only remains in effect until the end of the PHE.

Thus, after May 11, the OCR will resume enforcement of penalties on providers for noncompliance with HIPAA rules for technology use. Ahead of the end of the PHE, OCR has provided clarification on how and the circumstances under which the HIPAA rules apply to telehealth.

AHA

https://www.aha.org/system/files/media/file/2023/02/Special-Bulletin-Public-Health-Emergency-to-End-May-11.pdf

Key PHE-related Provisions Ending May 11, 2023

- Use of temporary expansion sites (such as convention centers, vacant stores, tents or others allowed under the Hospital Without Walls program) and spaces within the hospital that do not conform to the conditions of participation requirements for patient rooms, such as conference rooms and surgical suites.
- Use of provider-based departments that were relocated to settings outside the hospital, including patients' homes, after receipt of an extraordinary circumstances waiver and that provide education and therapy services to hospital outpatients.
- Skilled nursing facility (SNF) beds available for patients not meeting SNF requirements.
- EMTALA waiver allowing hospitals to redirect patients from their emergency departments to screening tents for COVID-19 testing.
- Flexibility on limit of 25 beds for Critical Access Hospitals (CAHs) and the 96- hour rule for average length of stay.
- Reduced information requirements for post-acute care discharge to a SNF, rehabilitation center, long-term care hospital or home health agency.
- Flexibility to not have a separate nursing plan of care for each patient.
- Permission from the Drug Enforcement Agency to prescribe controlled substances without an in-person visit.
- Medicare's 20% add on payments for patients diagnosed with COVID-19 to offset the cost of complex COVID-19 patient care.
- Free COVID-19 at-home tests and no cost sharing for testing services and therapeutics for Medicare beneficiaries (including those in Medicare Advantage plans) and those enrolled in private coverage. After the PHE ends, patient cost sharing will be required except for Medicaid beneficiaries who have at least an additional year of tests and therapeutics access at no cost. Additionally, Medicare will continue to pay $40 for COVID-19 vaccines administered in outpatient settings through Dec. 31, 2023.
- State option to provide Medicaid eligibility for certain uninsured individuals to cover COVID-19 testing, testing-related services, vaccination and treatment coverage at 100% federal match. 12.Health plan requirements to reimburse out-of-network providers for COVID-19 vaccines and testing.

AHA

https://www.aha.org/system/files/media/file/2023/02/Special-Bulletin-Public-Health-Emergency-to-End-May-11.pdf

Key PHE-related Provisions Ending Dec. 31, 2023

1. Enhanced federal funding to state Medicaid programs of 6.2% (See note below for additional details on Medicaid coverage).
2. Reimbursement for cardiac, intensive cardiac and pulmonary rehabilitation services provided via telehealth under the physician fee schedule.
3. Reimbursement parity for services performed via telehealth that typically would have been performed in person.
4. Permission for physicians and non-physician practitioners to directly supervise diagnostic services virtually through audio/video real-time communications technology (excluding audio-only).

Key PHE-related Provisions Ending at a Future Date

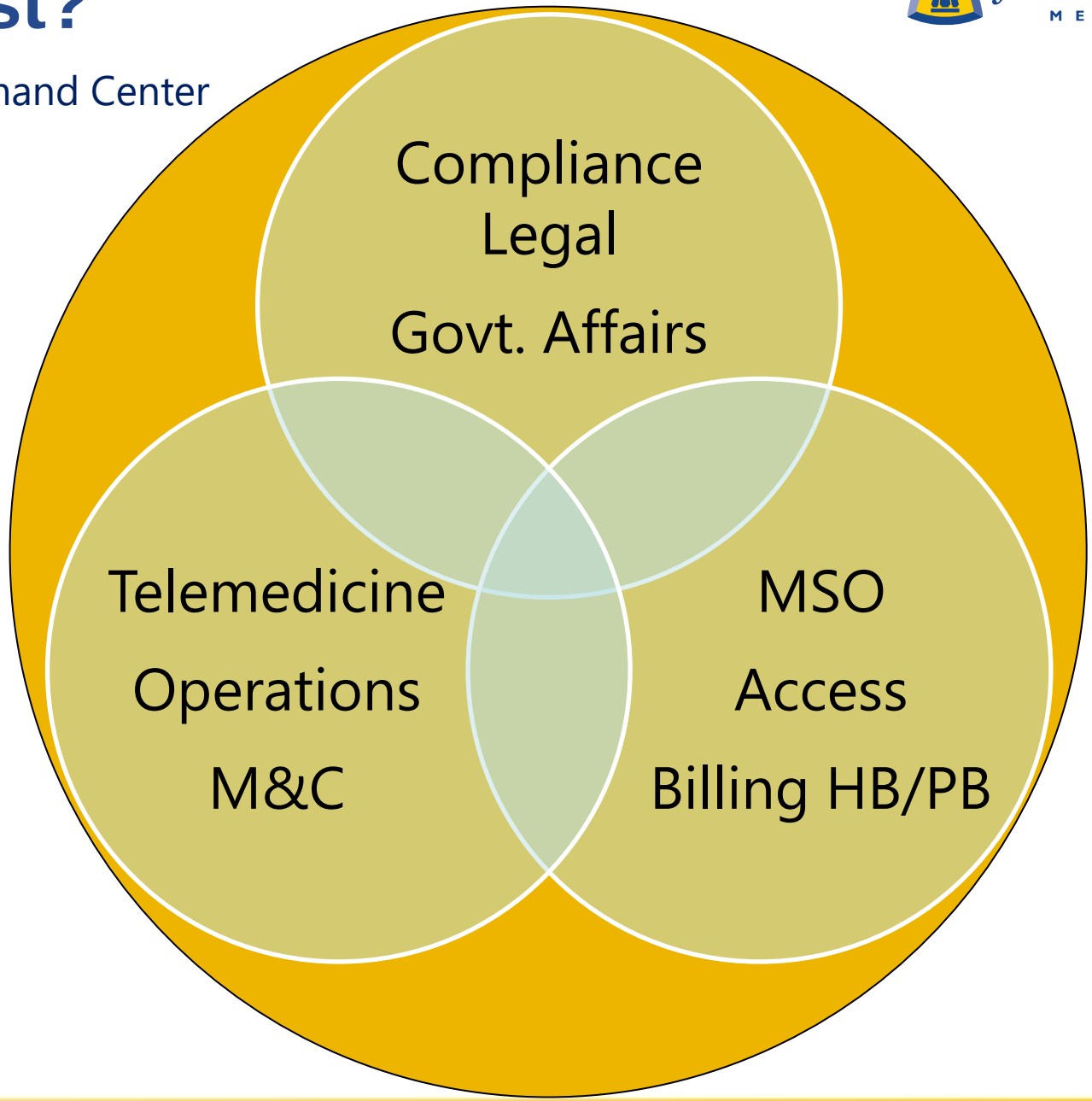
1. Liability immunity for use of countermeasures for COVID-19 will end Oct. 1, 2024, which is the end of the Public Readiness and Emergency Preparations (PREP) Act declaration.
2. Certain telehealth flexibilities that congress extended through **Dec. 31, 2024:**
    1. Waiver of geographic and location requirements
    2. Reimbursement for telehealth services furnished by physical therapists, occupational therapists, speech language pathologists and audiologists reimbursement for audio-only services
    3. Reimbursement for telehealth services furnished by federally qualified health centers and rural health clinics
    4. Use of telehealth to recertify eligibility for hospice
    5. Implementation of the in-person visit requirement for initiation of tele-behavioral health services is delayed until the end of 2024.
    6. Acute Care Hospital at Home program, which congress extended through Dec. 31, 2024. 4. Food and Drug Administration (FDA) emergency use authorizations (EUAs) for drugs and devices do not have a specified ending.
    7. Hospital COVID-19 data reporting requirements that were instituted in 2020. CMS revised the CoP to require hospitals to continue reporting COVID-19-related data after the conclusion of the PHE through Apr. 30, 2024, unless the Health and Human Services Secretary establishes an earlier end date.

External Resources

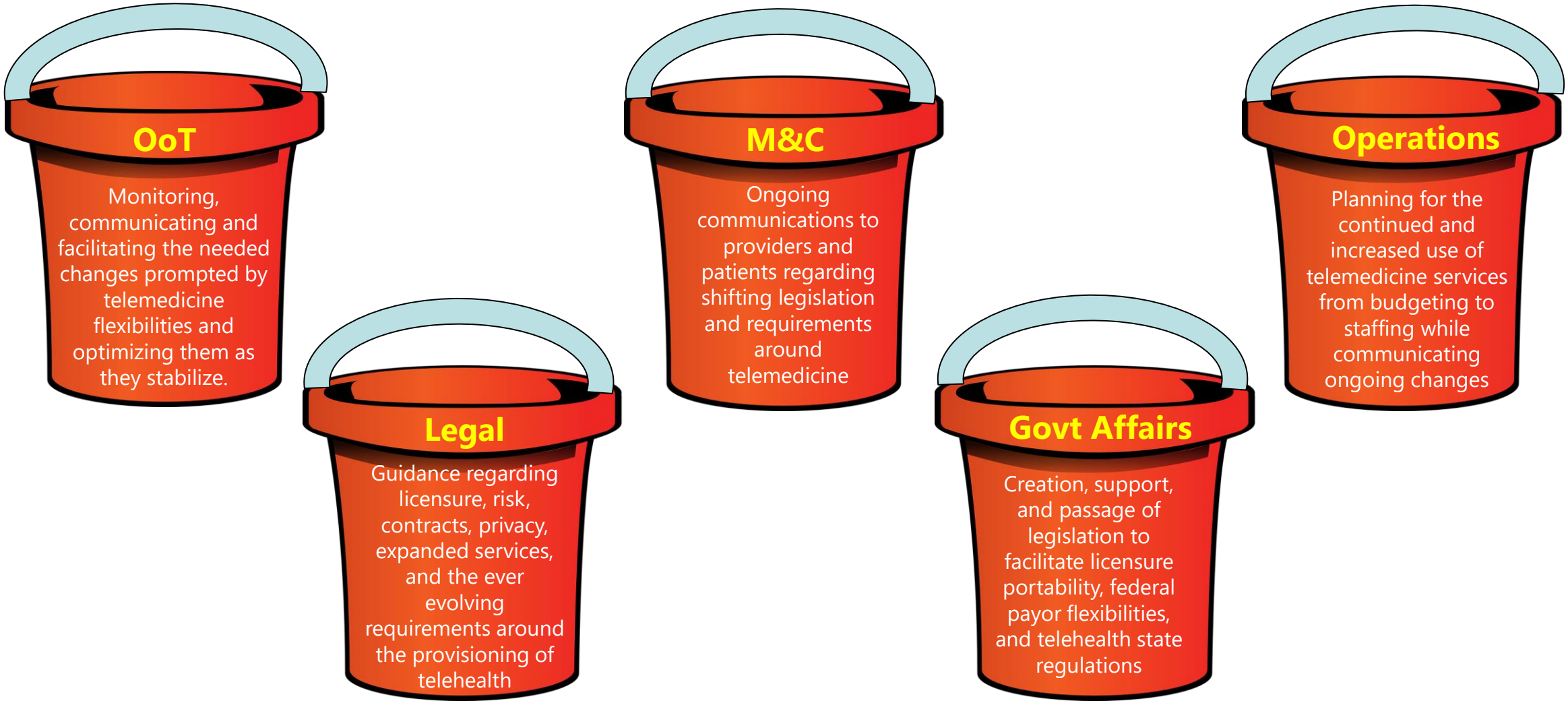
PHE Resources	Key Information
AAMC – **Association of American Medical Colleges**	➢ Communities PHE Waivers and Flexibilities
Foley and Lardner	➢ Public Health Emergency Ends May 11th
AHA – **American Hospital Association**	➢ Public Health Emergency Flexibility Endings
ACC - **Alliance for Connected Care**	➢ Count down clocks ➢ **https://connectwithcare.org/**
DEA – **Drug Enforcement Agency**	➢ Controlled Substance Proposed Rules
CMS – **Centers for Medicare and Medicaid Services**	➢ Medicare Telehealth FAQs ➢ Covid-19 Waivers ➢ 2.27.23 CMS PHE New Overview Fact Sheet
NCTRC – **National Consortium of Telehealth Resource Centers**	➢ Preparing for Change: Federal Telehealth Flexibilities

What do I need to do first?

Assemble the SWAT team and a Virtual Command Center



Buckets-o-fun



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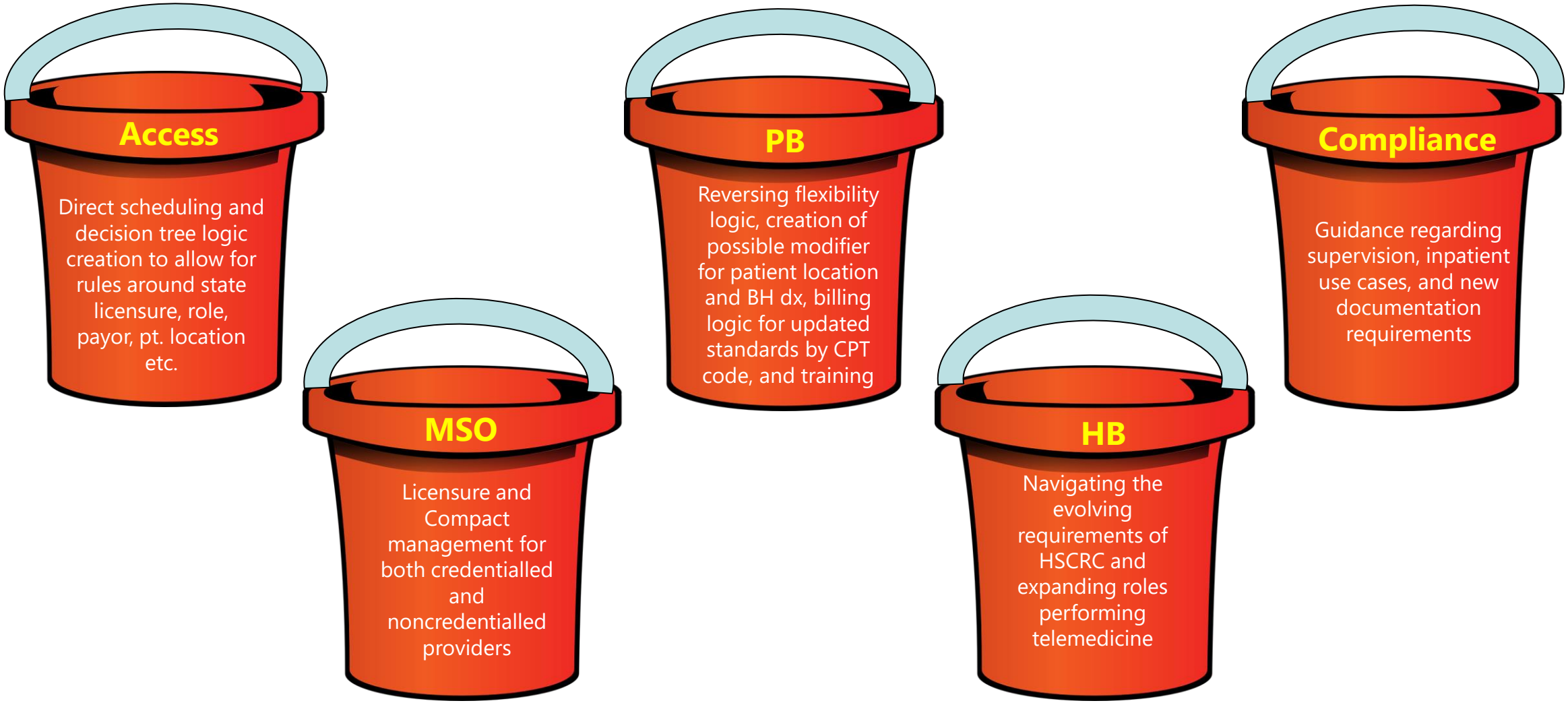

What do I need to do next?

Make an overarching plan with broad milestones, outputs, responsible parties, and triggers

Step #	Action	Trigger (If applicable)	Responsible Group	Responsible person	Back Up
1	Tracks PHE end date/Flex and associated legislation	PHE Expiration/Flex	Govt Affairs		
2	Track State Waiver expiration date and licensure impact	Waiver projected to expire	Legal / OOT		
2	Communicates PHE/Flex/Waiver expiration date and legislative impact	PHE / Waiver expiration	Govt Affairs		
3	Pulls Epic Report, Filtered by Home State AND/OR Reported State (state waiver only)	Waiver projected to expire	OOT		
4	Performs Impact analysis and sends to Medical Director	Waiver/Flex projected to expire	OOT		
5	Communicate to OOT leadership T-14 for expirations	Projected Expiration Date	OOT		
6	Consider Scheduling logic change submission pending impact analysis (if Y, Step 18,19)	Impact Analysis Complete	OOT		
7	Communicate to leadership T-10 for expirations	Projected Expiration Date	OOT		
7	Communicate Prep Info with SWAT Team	Projected Expiration Date	OOT		
8	Validate PHE or Waiver end	PHE / Flex / Waiver expiration	Legal		
9	Sends out announcement with process reminders/links to toolkits	PHE / Flex / Waiver expiration	Office of Telemedicine		
10	Pulls Epic Report, Filtered by Payor and Specialty, Posts to Teams	PHE / Flex / Waiver expiration	Office of Telemedicine		
11	Activates SWAT team	PHE / Flex / Waiver expiration	Office of Telemedicine		
12	Preps report with Televox, stagger texting by appt date (planned)	Impact Analysis Complete	CPA		
12	Runs report with Televox, stagger texting by appt date (emergent)	SWAT email	CPA		
13	Posts failed report on Teams	Completed Televox Report	CPA		
14	Prep Media Release (High Impact State/PHE/Flex) if needed	Impact Analysis Complete	M&C		
14	Prep MyChart announcement (if needed)	Impact Analysis Complete	M&C		
14	Order MyChart announcement (planned or emergent)	SWAT email	M&C		
15	Releases MyChart announcement	M & C request	MyChart Epic Team		
16	Order MyChart message (if needed)	SWAT email	M&C		
17	Releases MyChart message	M & C request	MyChart Epic Team		
18	Prep Scheduling Jira's (State or Payor)	Impact Analysis Complete	OOT		
18	Enter Jira's for change in Epic Scheduling (Emergent)	SWAT email	OOT		
18	Enter Jira's for change in Epic Scheduling (Non Emergent for High Impact States)	SWAT email	OOT		
18	Enter Jira's for Payor changes in Epic Scheduling	SWAT email	OOT		
19	Completes Epic Scheduling logic change Jira	Jira ticket	ACCESS		
20	Enter/Update Murdock for Epic Billing Logic (Emergent hold and release criteria)	SWAT Email	Billing		
20	Enter/Update Murdock for Epic Billing Logic (Non-Emergent new billing criteria)	SWAT Email	Billing		
20	Build and Test all anticipated PB billing logic changes (PHE end)	Murdock request	PB Epic		
20	Build and Test all anticipated HB billing logic changes (PHE end)		HB Epic		
21	Move Epic Billing logic into PRD - ProFee (PB)	Murdock request	PB Epic		
21	Move Epic Billing logic into PRD - Facility (HB)		HB Epic		
22	Update staff and distribute inbound talking points	SWAT email	Access Staff		
23	Reschedule appointment to in person (outside of ramp down period)	Patient Calls	Access Managers		
24	Update clinics and distribute outbound talking points	SWAT email	Operations Leadership		
25	Use Failed Report to prioritize, Follow Up by pulling weekly report (T+7, T+14, T+21)	T+7, T+14, T+21	Clinic/Practice Managers		
26	Call affected patients and reschedule to in person if needed	Report shows affected patient	Clinic Staff		
27	Asks patient for location at time of service (licensure issue)	Appointment	Provider		

Note: This plan should be flexible enough to use for each change, planned or unplanned

Tips: Billing

- Take a code/billing inventory
  - CPT code, RVU's, reimbursement, if you are using/billing it, where it is billed, who is using it, and how the logic is built in the system
- Assess and prioritize
- Determine billing logic changes
- Tackle and Test

CPT[1]/ HCPCS	Description	Work RVUs[2]	Rate Location	CPT Codes	IP/OP/IP&OP	PB/HB/PB&HB	Currently billing (Yes/No)	Program	Appendix P /Virtual/Tel	Notes	Modifier	Related Jiras	Tied to PHE (Yes/No)
90785	Psytx complex interactive	0.33	-	90785		PB&HB	Yes	Psychiatry	Appendix P		95		
90791	Psych diagnostic evaluation	3.84	-	90791		PB&HB	Yes	Psychiatry	Appendix P		95		
90792	Psych diag eval w/med srvcs	4.16	-	90792		PB&HB	Yes	Psychiatry	Appendix P		95		
90832	Psytx w pt 30 minutes	1.70	-	90832		PB&HB	Yes	Psychiatry	Appendix P		95, GT		
90833	Psytx w pt w e/m 30 min	1.50	-	90833		PB&HB	Yes	Psychiatry	Appendix P		95		
90834	Psytx w pt 45 minutes	2.24	-	90834		PB&HB	Yes	Psychiatry	Appendix P		95		
90836	Psytx w pt w e/m 45 min	1.90	-	90836		PB&HB	Yes	Psychiatry	Appendix P		95		
90837	Psytx w pt 60 minutes	3.31	-	90837		PB&HB	Yes	Psychiatry	Appendix P		95		
90838	Psytx w pt w e/m 60 min	2.50	-	90838		PB&HB	Yes	Psychiatry	Appendix P		95		
90839	Psytx crisis initial 60 min	3.13	-	90839		PB&HB	Yes	Psychiatry	Appendix P		95		
90840	Psytx crisis ea addl 30 min	1.50	-	90840		PB&HB	No	Psychiatry	Appendix P		95, GT		
90845	Psychoanalysis	2.10	-	90845		PB&HB	Yes	Psychiatry	Appendix P		#N/A		
90846	Family psytx w/o pt 50 min	2.40	-	90846		PB&HB	Yes	Psychiatry	Appendix P		95		

Tips: In Depth Planning

- Use in depth planning once you know specific changes
- Make it flexible! Dates are changing with legislative updates

Task ID	Proj ID	Lvl	Task	Stage	Team	Lead	Schedule & Progress: Start	End	Progress	Duration	Status
1		P	Medicare PFS for CY23 (CMS PFS CY23)								
1.1	1	S	Send announcement about Final CMS PFS CY23 -Dec 15 2022 and update Ambulatory and Inpatient Tip Sheets	Medicare PFS for CY23 (CMS PFS CY23)	OoT	RC/MC	##########	Thursday, December 15, 2022	100%	1	Completed
1.2	1	S	Identify changes from PFS CY23 (create workgroups, submit murdock, test)	Medicare PFS for CY23 (CMS PFS CY23)	OoT	EO/KS	Friday, January 13, 2023	Friday, January 20, 2023	100%	6	Completed
2		P	End of PHE (May 11 2023)								
2.1	2	S	Send announcement about official End of PHE on May 11 2023 and FAQ	End of PHE (May 11 2023)	OoT	RC	Tuesday, January 31, 2023	Tuesday, January 31, 2023	100%	1	Completed
2.2	2	S	Create a teams channel with list of stakeholders - SWAT TEAM	End of PHE (May 11 2023)	OoT	RC	Thursday, February 2, 2023	Thursday, February 2, 2023	100%	1	Completed
2.3	2	S	Create summary presentation about PHE and Timeline	End of PHE (May 11 2023)	OoT	RC	Friday, January 20, 2023	Monday, January 23, 2023	100%	2	Completed
2.4	2	S	Present to OoT IT/Operations team	End of PHE (May 11 2023)	OoT	RC/EO	Monday, January 23, 2023	Monday, January 23, 2023	100%	1	Completed
2.5	2	S	Present to Operation Leaders Systemwide	End of PHE (May 11 2023)	OoT	RC/EO	Thursday, January 26, 2023	Thursday, January 26, 2023	100%	1	Completed
2.6	2	S	Present to Billing Group	End of PHE (May 11 2023)	OoT	RC/EO	##########	Wednesday, February 8, 2023	100%	1	Completed

- Be ready for change and to start over
- If discouraged - phone a friend – *we are in this together*

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2023

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MARCH 15-17, 2023 / HYBRID EVENT

LOCATION:
Hilton Norfolk The Main
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- Telebehavioral Health Track
- Leading Transformation Track

TELEHEALTH EQUITY:

Is the "Solution" for Addressing Inequities in Health Quality and Access Now Exacerbating those Same Issues?

MATRCSummit.org

Keynotes and Plenary Sessions

Opening Keynote: Audio-Only vs. Audio-Video Telehealth: Policy Considerations for Achieving Sustainable Equitable Outcomes

During this session attendees will learn about novel research on State Medicaid Director perceptions of audio-only versus Audio/Video telehealth, learn about the new CPT 93 modifier for audio-only telehealth and hear about policy actions that can be taken to move the needle on more sustainable and equitable outcomes for patients.

Andrey Ostrovsky MD, FAAP
Managing Partner, Social Innovation Ventures and Former U.S. Medicaid Chief Medical Officer

Morning Plenary: Equity through Digital Health Readiness

Dr. Rising will explore the concept of digital health readiness as an action-oriented approach to facilitate equity through access to healthcare through telehealth. She will introduce the digital health readiness screener recently developed by her team and discuss practical implications for use of this screener in both clinical and community sites. In addition, she will highlight key findings and developments from a PCORI-funded national consensus conference focused on developing a patient-centered research agenda to reduce disparities in telehealth uptake that took place Fall 2022.

Kristin Rising, MD, MSHP
Director, Center for Connected Care; Professor, Emergency Medicine, Thomas Jefferson University

Luncheon Keynote: The Art of Resilience: Make Your Life a Masterpiece

Prepare to be taken on a journey. With her perceptive view inside the patient experience, Allison Massari's riveting and insightful keynote illuminates the immense value that healthcare providers have upon a patient who is suffering. This dynamic and poignant program offers real solutions to the struggle of how to keep the patient first despite limited time and other practical constraints. By weaving her remarkable journey with potent life-lessons, Allison highlights the integral nature of patient-centered care and fortifies audience members, reigniting their passion for why they went into healthcare in the first place. She explains, "The power of what you do goes far beyond the technical part of your job. You are healing the places medicine cannot touch. In fact YOU are the medicine." Hailed as "life-changing", Allison's keynote offers a sincere and direct approach to navigating adversity, transcending life's difficulties, and always finding a way to be the healer in the room. This content rich and deeply moving speech also offers applicable tools for managing change, adversity, and the everyday challenges of being human.

Allison Massari
Keynote Speaker, Executive Coach, Celebrated Artist

www.allisonmassari.com

Closing Keynote: Artificial Intelligence in Health Care: Friend or Foe to Health Equity?

Mike Capps, CEO of Diveplane, will outline how he believes AI has true potential to deliver improved health care outcomes, but it's critical the right technical approach is adopted. Mike will discuss the dangers of 'black box' technology and the need to ensure the AI is understandable and transparent in a true partnership with healthcare professionals.

Michael Capps, PhD
Co-founder and Chief Executive Officer, Diveplane and Former President, Epic Games

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Leading Transformation Track

Pre-Summit Session: Innovate or Die: Yikes, But I Don't Have the Time!

02:00 PM - 05:00 PM | March 15, 2023

Leading Transformation

YES, AND... Using Improvisation to Transform Team Culture

04:30 PM - 05:30 PM | March 16, 2023

Leading Transformation

Building Cultures of Innovation: Leading through Crisis

02:30 PM - 03:30 PM | March 16, 2023

Leading Transformation | CEs available for all attendees

Achieving Transformation through Strategy-Driven Execution

08:45 AM - 09:45 AM | March 17, 2023

Leading Transformation

2023 MATRC SUMMIT

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Leading Transformation Track

Creating Communities of Innovation Practice

10:45 AM - 11:45 AM | March 17, 2023

Leading Transformation

Learn & Do Post-Summit Webinar Series

- **Deciding What Problem to Solve**
- **Innovation is Best Practices as a Team Sport**
- **Iterative Prototyping**
- **Evidence-Based Storytelling**

For more information and to register:
http://www.MATRCSummit.org

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Thank You For Joining Us Today!

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