

OVBC 2027 Preliminary Program

10th Annual Orthopedic Value-Based Care Conference

April 2-3, 2027 | Pendry Newport Beach

Updated September 14, 2026. Program subject to change. Sessions, speakers and times may be updated as planning progresses. Registration opens October 1, 2026.

[View the current online agenda](#)

Friday, April 2 - General Program

06:30 - 07:20	Breakfast / Exhibitors
07:20 - 07:30	Opening Remarks: OVBC 1-1-1 Takeaway Set your priorities for two days of discussion across surgery, anesthesia, hospital operations, and finance. The OVBC 1-1-1 takeaway turns each session into a practical next step: one change to make, one metric to track, and one person accountable. Faculty: Zeev Kain (UCI Health); Ranjan Gupta (Creighton School of Medicine; Medical Director of CommonSpirit Orthopaedic Surgery)
07:30 - 08:00	Fireside Chat: Can Industry and Health Systems Agree on Orthopedic Value? Who pays for orthopedic innovation when the costs and benefits fall on different organizations? Industry and health system leaders debate what evidence justifies adoption, how to share financial responsibility, and which commitments would turn agreement on better care into a workable business relationship. Faculty: Zeev Kain (UCI Health); Frank Lee (Pacira BioSciences); Alice Issai (Adventist Health); Mike Browning (CommonSpirit Health)
08:00 - 08:30	Direct from CMS: TEAM in 2027 and Preparing for CJR-X Hear directly from CMS about TEAM priorities for 2027 and CJR-X readiness for eligible hospitals. Clarify which hospitals each model covers, how expectations for quality and recovery differ, and what surgeons, anesthesiologists, and hospital leaders need to address under the model that applies to them. Faculty: Sacha Wolf (CMMI, CMS)
08:30 - 09:00	From Reactive Surgery to Proactive MSK Management: The Operating Model for Orthopedic VBC What changes when an orthopedic organization takes responsibility for a patient's musculoskeletal condition over time? Connect nonsurgical treatment, decisions about surgery, and functional recovery to the staffing, payment, and clinical relationships needed to support care before and beyond a surgical episode. Faculty: Kevin Bozic (Dell Medical School, University of Texas at Austin)

09:00 - 09:30	Inside a TEAM Hospital: Surgery, Anesthesia, and Operations Redesign the Orthopedic Episode Follow joint replacement and spine pathways inside a TEAM hospital. At each handoff, identify who makes the decision, what information the next team needs, and who intervenes when the plan slips, connecting surgery, anesthesia, nursing, and operations to the patient's recovery. Faculty: Mark Vrahas (Cedars-Sinai); Sharon Isonaka (Cedars-Sinai); Kathy Breda (Cedars-Sinai); Michael Kissen (Cedars-Sinai)
09:30 - 10:00	Who Earns the Savings? Gainsharing Among Surgeons, Anesthesiologists, and Hospitals Panel discussion How should surgeons, anesthesiologists, and hospitals divide savings when their contributions are intertwined? Debate what work deserves payment, who funds coordination before savings arrive, and how to resolve competing claims while protecting patient care and meeting the requirements of a gainsharing arrangement. Faculty: Aaron Chamberlain (Intermountain Health); Zeev Kain (UCI Health); Mike Browning (CommonSpirit Health); Edward White (Nelson Mullins Riley & Scarborough)
10:00 - 10:15	Networking Break / Exhibitors
10:15 - 11:00	When the Bundle Breaks: Surgery, Anesthesia, and Recovery Under Pressure Interactive reverse grand rounds · Audience participation A spinal fusion, a fracture admission, or a perioperative complication puts the episode under pressure. In reverse grand rounds, faculty work through the failures live: where to intervene, which team should act, and what must change to prevent the same breakdown in care. Audience members participate in diagnosing the cases and identifying practical solutions. Faculty: Leo Spector (OrthoCarolina); Mark Vrahas (Cedars-Sinai); Maxime Cannesson (UCLA Health)
11:00 - 11:45	Innovations in Orthopedics: From Concept to Contracting Interactive contracting session A clinician develops a new product; the purchasing committee needs a defensible case. Follow the route from clinical need to a group purchasing organization contract, identifying the evidence, decision makers, and commercial terms that can advance a proposal or stop it along the way. Faculty: Jeromie Atkinson (Intermountain Health); Aashish Shah (HealthTrust); Michael Ast (Hospital for Special Surgery); Frank Lee (Pacira BioSciences); Jonah Davies (UCI Health)

11:45 - 12:15	Outside the Hospital Walls: How Independent Orthopedic Groups Are Taking the Lead in VBC
	How can an independent orthopedic group accept episode responsibility while hospitals, anesthesia teams, and recovery providers make many of the decisions? Group leaders discuss which capabilities to build, which partnerships to negotiate, and how to engage physicians while protecting the practice's financial sustainability. Faculty: Leo Spector (OrthoCarolina); David Jevsevar (OrthoVirginia); Andre Blom (Illinois Bone and Joint Institute)
12:15 - 13:15	Lunch / Exhibitors / Industry Lecture
13:15 - 14:00	Contract Fishbowl: The Terms That Make or Break Orthopedic VBC Live negotiation A payer, orthopedic provider, hospital, and legal counsel negotiate one episode agreement in front of the audience. Watch how changes to pricing, patient risk, quality requirements, and loss protection shift each party's position, and where the participants must compromise to reach a workable deal. Faculty: Richard Snyder (Independence Blue Cross); Leo Spector (OrthoCarolina); Sharon Isonaka (Cedars-Sinai); Edward White (Nelson Mullins Riley & Scarborough)
14:00 - 14:30	Expanding Orthopedic Surgery: The Anesthesia-Hospital Agreement Live negotiation An orthopedic service wants to add cases-but anesthesia coverage, staffing costs, and access to operating rooms remain unresolved. Watch hospital, orthopedic, and anesthesia leaders negotiate who funds the expansion, what each service commits to deliver, and how success will be measured. Faculty: Maxime Cannesson (UCLA Health); Ranjan Gupta (Creighton School of Medicine; Medical Director of CommonSpirit Orthopaedic Surgery); Alice Issai (Adventist Health)
14:30 - 15:00	Who Owns Recovery After Discharge? SNFs, Home Health, and the Orthopedic Episode When a patient struggles after discharge, who takes the call and changes the plan? Use joint replacement and fracture recovery to clarify responsibilities across hospitals, surgeons, skilled nursing facilities, and home health, including escalation, communication with families, and follow-through when the original discharge plan fails. Faculty: Sharon Isonaka (Cedars-Sinai); Kathy Breda (Cedars-Sinai); Bryan Springer (Mayo Clinic Florida)
15:00 - 15:20	Networking Break / Exhibitors

Friday, April 2 - Concurrent Tracks

Choose one session per time slot. Sessions below are grouped by start time; each is labeled with its track.

15:20
- 15:40

TRACK 1 / Clinical Pathways & Episode Reliability

Making PROMs Clinically Useful, Not Just Reportable

How should a patient's report of pain or function change the next clinical conversation? Connect patient-reported outcome measures to treatment choices, recovery goals, and reassessment, with practical attention to when information is collected, who reviews it, and how it returns to the care team.

Faculty: Kevin Bozic (Dell Medical School, University of Texas at Austin)

15:20
- 15:40

TRACK 2 / TEAM Operations, Data & Value Infrastructure

TEAM After Year One: What We Changed and What Still Fails

What did the first year of TEAM force a hospital to change? Focus on the operational choices behind implementation: assigning responsibility, getting usable data to care teams, and addressing failures in coordination. Distinguish changes that improved performance from problems that still need a solution.

Faculty: Kevin Fleming (CommonSpirit Health)

15:20
- 15:40

TRACK 3 / Financial Risk, Contracting & Market Strategy

The NOPAIN Act in 2027: Has Washington Actually Changed Postoperative Pain Management?

Has NOPAIN reimbursement changed what patients can actually receive for postoperative pain? Connect payment for eligible non-opioid treatments with the choices facing surgeons, anesthesiologists, and facilities: evaluating evidence, securing access, agreeing on pain protocols, and addressing barriers between reimbursement policy and everyday care.

Faculty: Scott Sigman (OrthoLazer)

15:45
- 16:05

TRACK 1 / Clinical Pathways & Episode Reliability

Standardizing Surgical Protocols to Improve Episode Performance

Who decides which surgical protocols become standard, and when should a surgeon depart from them? Consider how to agree on the evidence, handle patient-specific exceptions, and resolve disagreements, while judging whether a shared protocol improves recovery and episode performance across different care teams.

Faculty: Antonia Chen (UT Southwestern Medical Center)

15:45
- 16:05

TRACK 3 / Financial Risk, Contracting & Market Strategy

Physician Compensation Redesign Under VBC

How should an orthopedic practice pay physicians for work beyond the procedure? Consider how productivity, quality, and coordination enter the compensation formula, who gains or loses under a redesign, and how to introduce changes that physicians understand and the practice can afford.

Faculty: David Jevsevar (OrthoVirginia)

16:10
- 16:30

TRACK 1 / Clinical Pathways & Episode Reliability

Building a Discharge Decision Algorithm

What must be true before an orthopedic patient can safely leave, and who makes the final call? Work through a discharge decision algorithm using clinical recovery, pain control, mobility, and support at home, including how the team handles unmet criteria and exceptions.

Faculty: Bryan Springer (Mayo Clinic Florida)

16:10
- 16:30

TRACK 2 / TEAM Operations, Data & Value Infrastructure

Preparing for CJR-X: The Hospital Operating Plan for 2028

For hospitals preparing for CJR-X in 2028, what must be ready on day one? Prioritize the work of identifying eligible episodes, assessing financial exposure, funding coordination, and establishing recovery partnerships, with a named owner and a practical sequence for each implementation decision.

Faculty: Kevin Fleming (CommonSpirit Health)

16:10
- 16:30

TRACK 3 / Financial Risk, Contracting & Market Strategy

Managing Downside Risk in Orthopedic Episodes

How much financial exposure can an orthopedic group absorb when episodes cost more than expected? Consider the patient mix, exceptional losses, cash needs, and contract protections behind that decision, then connect the risk assessment to the care processes the group can realistically influence.

Faculty: Andre Blom (Illinois Bone and Joint Institute)

16:35
- 16:55

TRACK 1 / Clinical Pathways & Episode Reliability

Perioperative Optimization Under TEAM: What Anesthesia Must Own

Which perioperative responsibilities should anesthesia lead, and what support is required? Connect preoperative optimization, enhanced recovery, and discharge readiness to decision-making authority, staffing, and funding. Consider how anesthesiologists can demonstrate their contribution to patient recovery and episode performance when negotiating that support.

Faculty: Zeev Kain (UCI Health)

16:35 - 16:55	TRACK 2 / TEAM Operations, Data & Value Infrastructure Gainsharing Model Design: Metrics, Guardrails, and Legal Review Turn a proposed split of savings into an arrangement that can be administered and reviewed. Work through eligibility, the savings calculation, quality conditions, payment allocation, and oversight, identifying the documentation and legal questions hospitals and clinicians need to resolve before implementation. Faculty: Edward White (Nelson Mullins Riley & Scarborough)
16:35 - 16:55	TRACK 3 / Financial Risk, Contracting & Market Strategy Intermountain Health Case Study: Supply Chain as a VBC Strategy Use an Intermountain Health case study to test whether a purchasing decision delivered clinical and financial value. Consider acquisition cost, product use, implementation demands, and patient outcomes together, including how supply chain and clinical leaders judge the result and decide what to change next. Faculty: Jeromie Atkinson (Intermountain Health); Aaron Chamberlain (Intermountain Health)
17:00 - 17:20	TRACK 1 / Clinical Pathways & Episode Reliability Making Episode Reliability a Systemwide Standard A pathway works at one site; now the health system wants it used across many. Consider which standards must travel, what can vary locally, and how leaders respond when adoption or performance lags, assigning accountability while giving clinical teams the support to deliver. Faculty: Randy Fagin (HCA Healthcare)
17:00 - 17:20	TRACK 2 / TEAM Operations, Data & Value Infrastructure Measuring Clinical Value Under TEAM: What Surgeons and Anesthesiologists Need Which measures show whether surgeons and anesthesiologists are improving care, and which reflect the patients they treat? Connect clinical decisions with recovery, complications, and resource use, emphasizing fair comparisons and feedback that clinicians can use to improve an orthopedic pathway. Faculty: Lauren Shapiro (University of California, San Francisco)
17:00 - 17:20	TRACK 3 / Financial Risk, Contracting & Market Strategy Partnering for value: How device companies can use data and insights to accelerate contracting What evidence helps a device company win a value-based contract? Explore how clinical results, product use, implementation costs, and episode economics support a purchasing proposal-and what surgeons, supply chain teams, and hospital executives need to see before saying yes. Faculty: Aashish Shah (HealthTrust)
17:25 - 18:25	Friday Evening Reception

Saturday, April 3 - General Program

07:00 - 08:00	Breakfast / Exhibitors
08:00 - 08:10	Opening Remarks / Day 1 Recap Revisit the first day's most useful ideas and the decisions still unresolved. The recap sets up a second day focused on applying those lessons, testing difficult choices, and exchanging practical experience with faculty and peers across the orthopedic care community. Faculty: Zeev Kain (UCI Health)
08:10 - 08:40	Turning Payers Into Allies: What Orthopedic Groups Need to Learn From the Rothman-Blue Cross Model How do an orthopedic group and a payer agree on value when they start with different priorities? Use the Rothman-Blue Cross model to examine what each side commits, how performance is assessed, and how disagreements are handled once the agreement is operating. Faculty: Alexander Vaccaro (Rothman Orthopaedic Institute); Richard Snyder (Independence Blue Cross)
08:40 - 09:25	From Clinically Integrated to Clinically Engaged: Connecting Sourcing to Service Line The sourcing agreement is signed; will clinicians use it? Work through how surgeons, service-line leaders, and supply chain agree on product choices, manage exceptions, and support implementation, then determine whether adoption is delivering the clinical and financial value used to justify the contract. Faculty: Jeromie Atkinson (Intermountain Health); Aashish Shah (HealthTrust); Kevin Fleming (CommonSpirit Health); Antonia Chen (UT Southwestern Medical Center)
09:25 - 09:55	Hospital-Killer or Hospital-Lifeline? The Orthopedic ASC Decision Build an ambulatory surgery center, partner with one, or let cases move elsewhere? Weigh the hospital's strategic choices alongside surgeon relationships, patient needs, and available capacity, including how ownership and governance affect who controls growth and who shares in its benefits. Faculty: Michael Ast (Hospital for Special Surgery); Bryan Springer (Mayo Clinic Florida); Alice Issai (Adventist Health)
09:55 - 10:25	Optimize, Defer, or Proceed? Surgeons and Anesthesiologists Make the Call Case-based decision forum A patient needs surgery, but the team disagrees about timing. Surgeons and anesthesiologists work through cases where urgency, clinical risk, and the consequences of delay compete, showing how to incorporate the patient's priorities, resolve disagreement, and agree on who acts next. Faculty: Antonia Chen (UT Southwestern Medical Center); Mark Vrahas (Cedars-Sinai); Zeev Kain (UCI Health)

10:25 - 10:45	Networking Break / Exhibitors
10:45 - 12:15	The OVBC Exchange: Faculty at the Table, New Conversations Every 15 Minutes Faculty-hosted tables · Rotate every 15 minutes Get direct access to faculty from across OVBC in small groups and bring your own questions. Every 15 minutes, rotate to a new table to meet different experts and peers. Discuss the decisions facing your organization through direct conversation and practical exchange.
12:15 - 13:15	Lunch / Exhibitors

Saturday, April 3 - Concurrent Tracks

Choose one session per time slot. Sessions below are grouped by start time; each is labeled with its track.

13:15
- 13:35

TRACK 1 / Clinical Pathways & Episode Reliability

When Same-Day Discharge Backfires: Three Case Studies

Three same-day discharge cases put the original plan under scrutiny. Identify the signals the team missed, how pain, mobility, or home support affected recovery, and where communication broke down. Consider what should change in patient selection, discharge decisions, and follow-up before the next case.

Faculty: Bryan Springer (Mayo Clinic Florida)

13:15
- 13:35

TRACK 3 / Financial Risk, Contracting & Market Strategy

Why Orthopedic VBC Fails Financially

How can better clinical outcomes coexist with a program that loses money? Trace the effects of implementation costs, contract assumptions, payment timing, and the distribution of savings, identifying the financial questions an orthopedic organization should answer before investing in a value-based arrangement.

Faculty: Alexander Vaccaro (Rothman Orthopaedic Institute)

13:40
- 14:00

TRACK 1 / Clinical Pathways & Episode Reliability

From Surgical Episode to MSK Journey: Designing a Condition-Based Care Pathway

Map a patient's musculoskeletal journey from first assessment through nonsurgical treatment, possible surgery, and follow-up. Identify who guides each transition, when the care plan should be reassessed, and how functional goals and patient preferences determine the next step in a condition-based pathway.

13:40
- 14:00

TRACK 2 / TEAM Operations, Data & Value Infrastructure

How to Identify High-Cost Variation Without Starting a Civil War

A clinician is labeled high cost and disputes the comparison. Work through how to examine patient complexity, treatment choices, and data quality before drawing conclusions, then frame a conversation that tests explanations and identifies a specific opportunity to improve care.

Faculty: Lauren Shapiro (University of California, San Francisco)

13:40
- 14:00

TRACK 3 / Financial Risk, Contracting & Market Strategy

Moving Orthopedics to the ASC: What Happens to Hospital Episode Economics?

When orthopedic cases leave the hospital for an ambulatory surgery center, which costs leave with them and which remain? Examine the implications for case mix, staffing, fixed costs, and episode responsibility, and how those economics should shape hospital capacity and service-line decisions.

Faculty: Kevin Fleming (CommonSpirit Health)

14:05
- 14:25

TRACK 2 / TEAM Operations, Data & Value Infrastructure

Five Metrics That Predict Orthopedic Episode Performance

What makes a metric useful before an episode becomes expensive or recovery stalls? Consider five measures, asking what each signals, how soon the data are available, what evidence supports its use, and who should respond when performance starts to change.

Faculty: Aaron Chamberlain (Intermountain Health); Lauren Shapiro (University of California, San Francisco)

14:05
- 14:25

TRACK 3 / Financial Risk, Contracting & Market Strategy

How to Negotiate Orthopedic VBC Contracts

Before accepting an orthopedic value-based contract, what must your team know and what should it negotiate? Prioritize the data needed to assess the offer, the responsibilities it creates, and the protections to seek, so clinical and financial leaders enter negotiations with a shared position.

14:30
- 14:50

TRACK 3 / Financial Risk, Contracting & Market Strategy

Private Equity & Orthopedic MSOs: Five Years In - Did the Promise Match the Reality?

What should orthopedic physicians expect in return for joining a private equity-backed organization or management services organization? Assess promises of capital and support against compensation, clinical autonomy, operating performance, and future ownership choices, including the questions practices should ask before signing or after the deal.

Faculty: Scott Sigman (OrthoLazer)