



# TOTAL HEALTH 2025

October 28 - 29, 2025 | Chicago, IL | #RETotHealth

**Build an Enduring Future for Healthcare**

5 Insightful Interviews from  
Industry-Shaping Healthcare Leaders



# Empower Your Workforce. Innovate through Tech. Reinvent Models of Care.

## EXCLUSIVE INTERVIEWS WITH OUR SPEAKERS

The U.S. healthcare system is grappling with a shrinking workforce, escalating costs, and regulatory uncertainties, which threaten to compromise quality of care and the long-term survivability of health systems. As the demand for more efficient and effective healthcare grows, providers are tasked with overcoming these hurdles whilst navigating the shifting policy priorities of a new administration in the White House.

The following interviews offer a unique opportunity to benchmark your strategy against the nation's leading healthcare organizations. You'll discover valuable insights into the strategies and practices these executives are adopting to overcome healthcare's most urgent challenges - from strengthening the healthcare workforce and leveraging the latest AI-driven technologies to implementing value-based models of care.

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## OUR VISIONARY CONTRIBUTORS:



**Aparna Abburi**  
*CEO & SVP, Population  
Health and Health  
Plan Services*  
Sutter Health Plan



**Theresa McDonnell**  
*Chief Nurse Executive & SVP*  
Duke University  
Health System



**Shawn Martin**  
*Executive Vice President  
& Chief Executive Officer*  
American Academy of  
Family Physicians



**Dr. Amy Flaster**  
*Chief Medical Officer*  
Cigna Healthcare



**Dave A. Chokshi, M.D., MSc**  
*Chair & Former Health  
Commissioner of New York City*  
CommonHealth Coalition



**Aparna Abburi**

*Senior Vice President,  
Population Health and Health  
Plan Services and CEO of  
Sutter Health Plan*

As Senior Vice President, Population Health and Health Plan Services & CEO of the Sutter Health Plan, Aparna Abburi spearheads efforts to enhance Sutter's care coordination and preventative care, expand value-based care models, and deliver data-driven, patient-focused solutions that improve health outcomes, expand access to care, and reduce costs for people and communities across California. She collaborates with medical groups and community independent physician associations through a clinically integrated network.

**What makes Total Health 2025 a must-attend event for you this year? Why is this meeting a priority for you?**

I always appreciate opportunities to engage with peers who are navigating similar challenges and opportunities in healthcare transformation. I'm looking forward to exchanging ideas, sharing what we're learning at Sutter Health, and hearing how others are advancing value-based care and driving toward healthier outcomes for all. These conversations help us stay grounded, informed and inspired, accelerating progress across the industry.

**Value-based care models are reshaping healthcare delivery. How is your organization transitioning from traditional fee-for-service models, and what outcomes are you seeing or expecting?**

Sutter Health has a longstanding commitment to value-based care. Our experience reaches back to the 1990s when HMO plans were first introduced. We've participated in multiple emerging CMS models and supported this shift from volume to value. In 2014, we took a significant step by launching our own commercial HMO health plan, which allows us to go deeper into value-based strategies and align incentives across the continuum. Our formation of a clinically integrated network provides the critical foundation needed for providers to work together to improve care

coordination and prevention, and focus on outcomes and the patient experience. And we've built a robust set of population health tools, such as predictive analytics and proactive outreach, to help patients stay well, not just get well. We're already seeing improved care coordination and patient engagement across thousands of lives in these arrangements.

**Patient expectations for healthcare access and experience continue to evolve. In what ways is your organization adapting care delivery models to meet these changing demands?**

Our focus on value-based care and population health is helping us ensure patients receive the right care, in the right setting, at the right time. As patient expectations for healthcare rapidly evolve, we're adapting our care models to meet people where they are and want to be. We're expanding virtual channels, including a fully digital care delivery model called Sutter Sync that lets patients manage certain conditions anytime, anywhere, in collaboration with a dedicated care team for timely support and treatment adjustments. We're also investing in more tailored approaches to primary care—like clinics designed specifically to help seniors stay healthy, remain engaged and access a full range of support services. At the same time, we're expanding our footprint through ambulatory

surgery centers, urgent care sites and physician recruitment. It's all part of a broader strategy to deliver more personalized, accessible and efficient care.

How has your organization's approach to population health management and care coordination evolved in the last 12 months, and what developments do you anticipate for 2025?

We've made significant investments in advanced AI and large language models to identify at-risk patients earlier and intervene before health issues escalate. Our focus is on building universal data sets that support predictive, personalized care. We're also enhancing longitudinal care models and ensuring smoother, more patient-centered transitions of care. In 2025, we'll continue to scale these capabilities and deepen integration across our network. The goal is to deliver smarter, more connected care that improves outcomes and reduces costs.

Healthcare systems are increasingly focused on health equity and addressing social determinants of health. What specific initiatives is your organization implementing to reduce disparities and improve outcomes for underserved populations?

We're taking a "whole person" approach to care, using data to understand and address the root causes behind issues, such as frequent ER visits and hospitalizations or high-risk medication use. Our teams proactively close care gaps by connecting patients to resources that support their physical, behavioral and social needs. This includes care coordination, community partnerships and culturally competent outreach. We're also building on lessons from our population health work to tailor interventions for underserved communities. Advancing healthier outcomes for all is embedded in our value-based care strategy—it's not a separate initiative, it's how we deliver care.





**Theresa McDonnell**  
Chief Nurse Executive & SVP  
Duke University Health System

Theresa McDonnell (Terry) is the Chief Nurse Executive and Senior Vice President at Duke University Health System, leading a nursing workforce of more than 9,000 professionals across multiple hospitals and clinics. Terry is making a difference with transformative initiatives, including the Duke Nursing Innovation Summit, AI-driven workforce solutions, and global collaborations that aim to redefine nursing excellence and healthcare delivery. Widely recognized as a visionary leader, Terry is integrating innovation, technology, and frontline empowerment to advance patient care and workforce sustainability.

What makes Total Health 2025 a must-attend event for you this year? Why is this meeting a priority for you?

Total Health 2025 is a crucial event, as it represents the intersection of innovation, empowerment, technology, and patient-centered care, which align directly with my vision and work at Duke Health. The opportunity to collaborate with fellow leaders and innovators to listen and learn, share best practices and develop new strategies is invaluable, especially during this transformative period marked by significant AI and digital health advances and evolving patient expectations.

Healthcare workforce challenges continue to intensify – what innovative strategies is your organization implementing to address staffing shortages, combat burnout, and build workforce resilience?

At Duke Health, we emphasize workforce resilience by proactively investing in our team's mental well-being, offering intentional professional growth, and empowering our nurses to share their voices. Our AI-powered staffing solutions, developed with frontline input and bedside insights, lessen administrative burdens and offer predictive scheduling capabilities, providing nurses with greater autonomy and significantly reducing overtime and burnout. Additionally, immersive virtual reality training helps

frontline staff build essential skills in managing workplace safety.

Patient expectations for healthcare access and experience continue to evolve. In what ways is your organization adapting care delivery models to meet these changing demands?

To enhance patient experience and accessibility, Duke Health recently introduced a Home Infusion Pharmacy service, allowing patients to receive complex infusion therapies conveniently and comfortably at home. We have significantly expanded our telehealth offerings, enabling remote consultations for a variety of specialties. We've expanded weekend and evening appointments and procedures. We're growing our service footprint. By integrating these innovative care delivery methods, we're effectively reducing barriers and improving patient satisfaction, particularly among rural and underserved populations.

Demonstrating ROI on healthcare technology and care transformation initiatives is critical. What are your top strategies for measuring success and attributing value to these investments?

Our approach to measuring Return on Investment (ROI) involves clear, targeted metrics aligned with operational efficiency, clinical outcomes, and patient satisfaction. At Duke Health, we've developed comprehensive evaluation frameworks to assess the real-world impact of technological investments, including analyzing the reduction in medication errors due to the standardization of smart IV pumps or improved staffing efficiencies through AI-driven scheduling. Regular monitoring ensures these investments continuously deliver tangible improvements and value.

Healthcare systems are increasingly focused on health equity and addressing social determinants of health. What specific initiatives is your organization implementing to reduce disparities and improve outcomes for underserved populations?

Duke Health is committed to overcoming disparities in care, focusing specifically on social determinants, including housing, food security, and transportation. Community health navigator teams and mobile health clinics bring care directly to underserved communities, bridging critical access gaps. By partnering closely with local organizations, we ensure that interventions are culturally sensitive, community-driven, and effective in improving overall health outcomes and equity.



**Shawn Martin**

*Executive Vice President  
& Chief Executive Officer*  
American Academy of  
Family Physicians

Shawn Martin serves as executive vice president and chief executive officer for the American Academy of Family Physicians. The AAFP is the medical specialty organization representing 128,300 family physicians and medical students nationwide. Martin works with the AAFP Board of Directors on the mission, strategy and vision for the AAFP and provides representation to other organizations, including medical, public, and private sectors.

**What makes Total Health 2025 a must-attend event for you this year? Why is this meeting a priority for you?**

Total Health 2025 stands out because of how intentionally it's being designed, by the very people shaping the future of health care. It's one of the rare convenings that brings together leaders from every corner of health care – clinical, innovation, policy, and business – with a shared interest in driving system-level change. You're not just going to be talked at; you're stepping into a conversation that's been built around real questions and real challenges. That's what made this a priority for me. When the organizers reached out, they didn't just ask what I wanted to say, they asked what I wanted to learn. That kind of framing reflects the moment we're in. Whether it's chronic disease, AI, workforce, or health equity, this agenda was shaped by what those of us in the field are actually navigating right now. I'm looking forward to discussions that move beyond the next shiny object and focus instead on rebuilding the relationships, workflows, and trust that make care work. That's the future I want to be part of – and that's why I'll be at Total Health.

**What are your top three healthcare priorities for 2025, and how are they aligned with your organization's strategic goals?**

1. Rebuilding and sustaining the physician workforce – AAFP is deeply focused on addressing burnout, reforming payment, and advancing policies that make primary care a sustainable, fulfilling career path. AAFP is working across the continuum to expand medical student recruitment, advocate for smarter incentives, and strengthen practice environments so family medicine can thrive.
2. Harnessing technology to improve – not replace – the patient-physician relationship. We're advocating for AI and digital tools that reduce administrative burden and restore time at the point of care, particularly in family medicine. Too much of the AI conversation has focused on backend optimization. AAFP is focused on the front line. Our priority is using technology to improve clinical workflow to reduce friction, reclaim time, and help physicians refocus on one-on-one care. The real promise of AI isn't replacement, it's restoration of relationships, trust, and time with patients.
3. Elevating the voice of family physicians in national health care conversations. We're ensuring family medicine isn't just heard – it's centered in conversations around chronic disease management, workforce policy, and care continuity. From Medicare design to rural health access, AAFP is aligning advocacy and visibility to make sure primary care is

seen for what it is: the most effective lever we have for better health outcomes.

Healthcare workforce challenges continue to intensify – what innovative strategies is your organization implementing to address staffing shortages, combat burnout, and build workforce resilience?

The real crisis isn't just numbers, it's meaning. Too many people are walking away from health care careers not because they can't do the job, but because they no longer believe the system is designed to let them provide care well. That's why our strategies focus on rebuilding trust, restoring purpose, and making care delivery sustainable again. At AAFP, we're:

- Expanding recruitment to bring more medical students into primary care, especially those from underrepresented and underserved backgrounds.
- Advocating for payment reforms that reduce administrative complexity and enable physicians to spend more time with patients – not paperwork.
- Promoting team-based care models that scale the capacity of family physicians and reflect how people actually experience health across their lives.

We also understand this isn't just a workforce problem, it's a cultural one. Public narratives have devalued science, undermined expertise, and made health care feel like a thankless path. We're pushing back by lifting up family medicine as a purpose-driven calling. If we want a resilient system, we have to invest in the people who deliver care, not just the structures that surround it.

With ongoing regulatory uncertainty, how is your organization maintaining strategic momentum while preparing for potential policy changes in the current administration?

We've always operated in a complex policy environment, but complexity can't be a reason to slow down. At AAFP, we are staying focused on the fundamentals: making sure primary care is properly resourced, rebuilding the physician pipeline, and rethinking how care is delivered in a way that works. At the center of that is the family physician. No other role in health care spans prevention, acute and chronic diseases, caregiver support, and community care. Family physicians aren't just part of the system – they're often the only constant patients have.

When legislation like HR 1 passes, we don't just read the headlines, we unpack what it means. That includes the risks, like PAYGO-driven Medicare cuts, and the opportunities, like expanded access to Direct Primary Care through HSAs. We help our members navigate what's changing and push policymakers to stay focused on what matters by translating complexity into clarity for both our members and industry decision-makers. That's how we keep family physicians where they've always been: right at the center of care.

Value-based care models are reshaping healthcare delivery. How is your organization transitioning from traditional fee-for-service models, and what outcomes are you seeing or expecting?

I see value-based care not as a trend, but as a necessary evolution – particularly for primary care. The fee-for-service model has long misaligned incentives, making it harder for family physicians to deliver the kind of relationship-based, preventive care patients need. It rewards volume over value, transactions over continuity, and "sick care" over sustained health.



At AAFP, we're supporting our members as they transition toward models that reflect how primary care works: longitudinal, whole-person, team-based care. That includes advancing prospective payment models, promoting physician-led care teams, and expanding pathways like Direct Primary Care, where a simple, fixed-fee structure removes administrative barriers and prioritizes access. We want to direct the system toward patient-centric care that's preventive in its approach to care.

When payment reform is paired with increased investment and better care design, value-based models can reduce disparities, improve health outcomes, and drive efficiency across the system. Through it all, family physicians remain constant. Often the only accessible point of care – and we might find this to be increasingly the case in rural communities – their role becomes even more essential.



**Dr. Amy Flaster**  
Chief Medical Officer  
Cigna Healthcare

Dr. Amy Flaster joined Cigna Healthcare as Chief Medical Officer in December 2024. She is responsible for clinical strategy and oversight of Cigna Healthcare. She works across The Cigna Group companies to support the development of clinical solutions to drive improved value, quality, and health outcomes for our customers. Dr. Flaster plays a critical role in bringing clinical insights and expertise to prospective and existing clients while advancing value-based care.

Most recently, she served as Chief Medical Officer for ConcertoCare, a national value-driven, home-based care provider organization, leading their strategy and clinical product organization. Prior to that, she served as Senior Vice President for Population Health at Health Catalyst, collaborating with providers and plans across the U.S. to support their shift to value-based care. She previously held leadership roles at the Mass General Brigham system in Massachusetts in the areas of Medicare, Medicaid, and Employee Health.

Dr. Flaster earned her M.D. and M.B.A. from Harvard University and completed her Internal Medicine training at the Brigham and Women's Hospital. She serves on the faculty of Harvard Medical School in Boston and continues to serve as an Associate Physician of Internal Medicine at Brigham and Women's Hospital in Boston, where she practices primary care.

What makes Total Health 2025 a must-attend event for you this year? Why is this meeting a priority for you?

At Cigna we are guided by our mission—to improve the health and vitality of those we serve. To deliver on this, we know we must continually strengthen and evolve our capabilities, and it's why we put innovation at the heart of everything we do. In an ever-evolving health care landscape, we remain focused on providing our customers and patients with enhanced support and resources to navigate the health care system with greater ease and peace of mind. Health care is highly interconnected, and, as such, conferences like Total Health 2025 are a meaningful forum to share best practices, make strategic connections, and take cutting-edge innovation to the next level, so that more patients and providers can benefit from the latest advancements.

What are your top three healthcare priorities for 2025, and how are they aligned with your organization's strategic goals?

Earlier this year, we announced a multi-year transformative effort to improve the health care experience for patients and physicians. The actions are part of a commitment by The Cigna Group to make the health care experience simpler and more transparent for the millions of customers we serve.

To drive this, I am focused on advancing our work in three areas: patient support, AI, and value-based care. First, to power our commitment to a better experience, we are investing in supporting patients through enhanced advocacy and ease of navigation for those with complex conditions. Secondly, I am focused on harnessing the power of AI to enhance clinical care delivery and patient engagement to improve health outcomes through personalized outreach and streamlining access to care. Finally, I remain focused on strengthening our value-based care (VBC) models to further extend VBC principles and outcomes into the commercial space to achieve closer alignment between us and our provider partners.

Value-based care models are reshaping healthcare delivery. How is your organization transitioning from traditional fee-for-service models, and what outcomes are you seeing or expecting?

The commercial segment, and employer-sponsored insurance, represent the next frontier of value-based care. Historically, the value-based care discussion has largely focused on Medicare and Medicaid, but the bulk of lives and unexplored opportunity is in commercial. We have made great inroads in this space over decades: Cigna's long-standing value-based care program—Cigna Collaborative Accountable Care (CAC) model—has been in motion for over 15 years, partnering with providers and hospitals to drive down costs and improve outcomes. Through these models, Cigna Healthcare meets or exceeds quality index benchmarks by 72% compared to the market and helps patients avoid unnecessary emergency room visits 75% more effectively. There is more work to do, with enormous opportunity for impact at scale with better alignment between employer, member and provider through novel constructs. We are looking to build on these successes to further develop VBC models in the commercial space, and realize the potential of VBC models to improve outcomes and reduced cost for those in employer-sponsored insurance products.

Patient expectations for healthcare access and experience continue to evolve. In what ways is your organization adapting care delivery models to meet these changing demands?

Patients want simplicity, transparency and convenience, and we are working hard to make it easier for patients to find and get care. Cigna Healthcare recently rolled out a series of new AI-powered digital tools, including the Cigna AI virtual assistant, that can help customers match with providers based on their unique needs and preferences, and provide clear answers around benefits coverage, network options and cost of care. Early results show that the majority of customers using this tool are following through with appointments after engaging with it. We also enable access to care through a variety of virtual care options for customers, such as primary care, dermatology, and behavioral health, and others through MDLive. Virtual care is an important option for patients whose schedules make in-office appointments challenging or for those who live in geographic areas where certain providers or specialists aren't available. While there is still a lot of work to do to simplify health care and improve access, these enhancements are a significant step in our journey to transform the experience and put customers at the heart of it.



**Dave A. Chokshi, M.D., MSc**  
Chair of the Common Health Coalition

Dave A. Chokshi — a practicing physician and public health leader — is the Chair of the Common Health Coalition and Co-Chair of the Health and Political Economy Project. Dr. Chokshi previously served as the 43rd Health Commissioner of New York City. From 2020-2022, he led the City's response to the COVID-19 pandemic, including its historic campaign to vaccinate over 6 million New Yorkers.

Earlier, he was the inaugural Chief Population Health Officer at NYC Health + Hospitals (H+H), the largest public healthcare system in the nation, where he also served as CEO of the H+H Accountable Care Organization. Dr. Chokshi has practiced primary care internal medicine at Bellevue Hospital since 2014. He has held successive senior leadership roles that span the public, private, and nonprofit sectors, and is currently a board member for Community Solutions, Rock Health, and Yuvo Health. A Rhodes Scholar and White House Fellow, he is nationally recognized as a transformational leader, a clinical innovator, a policy expert, and an advocate for a stronger and more equitable health system.

What makes Total Health 2025 a must-attend event for you this year? Why is this meeting a priority for you? (Required question)

At a time when our health system is being tested by policy shifts, economic pressures, and the mounting burden of chronic and infectious disease, we need to be more connected, not less. This meeting offers us an opportunity to convene with leaders across public health, health care, and the broader health ecosystem to reflect on a question at the heart of the Common Health Coalition's work: How can we meet this moment together? The Common Health Coalition was born out of crisis, but it endures because of shared purpose. What began with five founding organizations—the American Hospital Association (AHA), American Medical Association (AMA), Kaiser Permanente, AHIP, and Alliance of Community Health Plans (ACHP)—has grown into a coalition powered by the commitments of more than 300 health care, public health, and payer organizations. I hope to bring this lens to the meeting: that we hold a blueprint for partnership, and now is the time to use it as a map for the road ahead.

What are your top three healthcare priorities for 2025, and how are they aligned with your organization's strategic goals?

Three priorities rise to the top:

1. Strengthening public health–health care partnerships  
We're focused on unlocking what's possible when systems work together, such as aligning goals between health departments and hospitals, innovating ways to better share data, and scaling regional preparedness efforts.
2. Elevating and integrating Community Health Workers (CHWs)  
CHWs are trusted connectors across health care, public health, and social services. Through our inaugural Common Health Challenge, we're working to fully embed CHWs into the fabric of our health systems - not just as links to communities, but as bridges between health sector siloes.
3. Forging new financing pathways  
With the future of government funding for public health in a state of great uncertainty and concern, we're exploring innovative approaches to health financing, such as public health bonds, to mobilize more resources and combat a

scarcity mindset. We're also equipping health leaders with a better understanding of what's at risk as public health funding recedes.

Each of these priorities advances our core mission: better health through better partnership.

**With ongoing regulatory uncertainty, how is your organization maintaining strategic momentum while preparing for potential policy changes in the current administration?**

We're navigating uncertainty by staying nimble and focused on what works. Our Coalition is mobilizing members to act locally and regionally, where there's significant room for innovation and leadership. We've launched efforts like the 2-4-2 weekly digest to help members cut through the noise, stay informed, and stay oriented toward action. We continue to spotlight exemplary models from across the country, while resisting the urge to defend a broken status quo. Our health systems have long needed reform, and rebuilding trust with communities is essential. Fortunately, strong models for doing both already exist—and we're committed to lifting them up.

**Demonstrating ROI on healthcare technology and care transformation initiatives is critical. What are your top strategies for measuring success and attributing value to these investments?**

Metrics matter. The right ones ground our work in equity, trust, and impact. At the Common Health Coalition, we focus on cross-cutting measures that reveal the common ground so many health partners already share. When we align on metrics, we can sustain what works, learn from what doesn't, and build a stronger, more connected system.



# TOTAL HEALTH 2025

October 28 - 29, 2025 | Chicago, IL | #RETtotalHealth

Build an Enduring Future for Healthcare

RESERVE YOUR PLACE NOW

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HEALTHCARE  
LEADERS

50

SPEAKERS

80%

OF ATTENDEES C-SUITE,  
VP OR DIRECTOR LEVEL

8

HOURS DEDICATED  
TO NETWORKING

## Empower Your Workforce. Innovate Through Tech. Reinvent Models of Care.

The U.S. healthcare system is grappling with a shrinking workforce, escalating costs, and regulatory uncertainties, which threaten to compromise quality of care and the long-term survivability of health systems. As the demand for more efficient and effective healthcare grows, providers are tasked with overcoming these hurdles whilst navigating the shifting policy priorities of a new administration in the White House.

Outdated models and practices must be re-evaluated to meet the complex health needs of a diverse and expanding population. Health systems must develop strategies to enhance workforce resilience, adopt emerging technologies, and embrace value-based operating principles to develop a robust model of care that can withstand the financial and systemic pressures of the years to come.

That's why North America's most senior healthcare leaders will be gathering at Reuters Events: Total Health 2025 (October 28th – 29th, Chicago) to forge an enduring future for U.S. healthcare. Gain valuable insights, build strategic partnerships, and discover actionable solutions to propel your organization to the forefront of value-based care delivery. This is your opportunity to set a lasting legacy, ensuring that patient care and smart economics coexist in harmony for a healthier future.

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Great mix of individual speakers, panels, and smaller group breakouts to talk about topics that are top of mind for healthcare leaders today.

– Memorial Hermann

### Inspiring leaders setting the agenda for healthcare's transformation:



**Amy Flaster**  
Chief Medical Officer  
Cigna Healthcare



**David Newman**  
Chief Medical Officer, Virtual Care  
Sanford Health



**Apama Abburi**  
CEO & SVP, Population Health  
and Health Plan Services  
Sutter Health Plan



**Barry Arbuckle**  
CEO  
MemorialCare



**Ceci Connolly**  
CEO  
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