



Heartland Healthcare Coalition

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FRIDAY, APRIL 28, 2023

WEAVER RIDGE GOLF CLUB

PEORIA, IL

20th Annual Heartland Healthcare Coalition Conference

"Healthcare Challenges for Employers and Providers: Today's Reality"

KEY SPONSORS





HHC 20th Annual Conference

Weaver Ridge Golf Club

Friday, April 28, 2023

“Healthcare Challenges for Employers and Providers: Today’s Reality”

7:30—8:15 a.m.
Registration/Continental Breakfast/Vendor Exhibits

8:15—8:30 a.m.
Welcome and Opening Remarks
*Jerry Custer HHC Executive Director,
Jenny Keigher, HHC Chairperson,
Town of Normal*

8:30—9:15 a.m.
“Mental Health in the Workplace: My Boeing Experience”
Jason Parrott,
SVP Growth & Partnerships
Vida Health
San Francisco, CA



9:15—10:00 a.m.
“Price Transparency in Hospitals”
Peter Cram, MD,
Department Chairperson, Internal Medicine
University of Texas Medical Branch
Galveston, TX
Adjunct Professor of Medicine
University of Toronto
Toronto, Canada
Co-Founder
International Health System Research Collaborative (IHSRC)



10:00 - 11:00 a.m.
Enjoy! BREAK/VENDOR EXHIBITS

11:00—11:45 a.m.
“Key Issues for Hospitals, Today & in to the Future”

Doug Shaw
Senior Vice President
Molly Smith
Group Vice President, Public Policy
American Hospital Association
Chicago, IL



11:45—1:15 p.m.
LUNCH / VENDOR EXHIBITS
Presentation of Outstanding Quality Award
Jenny Keigher, Town of Normal, HHC Chairperson

1:15—1:45 p.m.
Concluding Remarks/Prize Drawing**
Jenny Keigher, Town of Normal HHC Chairperson
**** Must be present to win**

2023 Prizes Include

Round of Golf at Weaver Ridge 4 Gen.Admission Tickets Football Gift Cards

One (1) Registration per form. Feel free to make copies.

Registration

Registration deadline April 11, 2023

NAME: _____ PHONE: _____

\$50.00 HHC Member Company

CO/ORG & TITLE: _____

\$75.00 Non-Member Company

Email to: hhc2@mtco.com

ADDRESS: _____

Fax: to: 309-266-8820

CITY & STATE & ZIP: _____



EMAIL: _____

Or Cut along line and mail to:
Heartland Healthcare Coalition
Annual Conference
PO Box 390
Morton, IL 61550

CC#: _____ CVV# _____

EXPIRATION: _____ ZIP: _____