HERO CMO/CHO Summit
Co-sponsored by:

February 24th, 12:00 – 5:00 pm
Sonesta, Fort Lauderdale, Florida

A 20/20 Vision for Precision Population Health.
**Precision Population Health and Personalized Medicine, Kindred Spirits or Strange Bedfellows?**

A Think Tank for Chief Medical Officers and Chief Health Officers.

**Monday, February 24th**

12:00 PM  **Welcome and Networking Luncheon**  
*Room: Horizon*  
*Welcome from Karen Moseley, HERO President*  
*Welcome from Dexter Shurney, MD, HERO Board Member and CMO, Zipongo*

*Introductions at Tables and Table Topic Warmups*

How is precision medicine, particularly genomics, informing population level data collection and strategic planning for population health at your organization?

*Opening Lunch Presentation: “Beyond Public Health Genomics: Can Big Data and Predictive Analytics Deliver Precision Public Health?”*

Facilitator:  **Dexter Shurney, MD**, HERO Board Member and Chief Medical Officer, Zipongo  
**Muin J. Khoury, MD, PhD**, Founder and Director, Office of Genomics and Precision Public Health, CDC ([Khoury PubMed](https://pubmed.ncbi.nlm.nih.gov/))

1:00 PM  **How Employer Leadership Can Shape Precision Population Health**  
*Room: Infinity Ballroom*  

**Howard McLeod, PharmD**, Medical Director, Precision Medicine, Geriatric Oncology Consortium; Professor, University of South Florida Taneja College of Pharmacy
1:45 PM  Group Work: What is the unique role for employers in shaping health policies relating to precision population health?

Facilitators: Mark Cunningham-Hill, MD, Northeast Business Group on Health, William Kassler, MD, MPH, FACP, Chief Medical Officer, Government Health & Human Services; Deputy Chief Health Officer, IBM Watson Health (Kassler, W/PubMed/Industry Innovation Panel)

1. Putting Precision Population Health Management into Context
   a. How important is the role of genetic screening and pharmacogenetics compared to the role of data relating to Social Determinants of Health (SDoH), employee zip codes, other demographic and socioeconomic status data?

2. Genetic Exceptionalism
   a. Is HIPAA and GINA enough?
   b. What role should employees play in the acceptability of data collection?

3. Epigenetics vs. Traditional Genetics
   a. Why should CMOs care about the difference between traditional genetics (how genes are transferred) and epigenetics (metadata about how genes are expressed)?
   b. Considering trends in precision medicine, what difference should genetic confirmation of, say, familial hypercholesterolemia make in population level health promotion planning?

2:15 PM  GROUP REPORT OUTS

2:30 PM  Break

2:45 PM  Conversation Starters: Deterministic (a gene centric approach) vs. Probabilistic (preventing common conditions). How to make these approaches complimentary, not competing.

Facilitator: Wayne Burton, MD, Clinical Associate Professor, Feinberg School of Medicine, Northwestern University and Consultant, Strategic Advisor. Former CMO, American Express.

Josh Peterson, MD, MPH, FACMI, Associate Professor of Biomedical Informatics and Medicine, School of Medicine at Vanderbilt University. (Peterson, PubMed)

Eric Fung, MD, PhD, Senior Medical Director, Grail, Inc.

Michael Doney, MD, MPH, MS, Head of Medical Affairs, Color Genetic Screening Study

Meghan Patton, MS, SPHR, SHRM-SCP, FABC, Senior Vice President, Human Resources and Associate Chief Human Resources Officer, Thomas Jefferson University and Jefferson Health
3:45 PM  Group Work: Precision Medicine vs. Preventive Medicine? How to balance biology, lifestyle and environment in population health strategy planning.

Facilitators: Ray Fabius, MD, President, HealthNext, Wayne Burton, MD, Clinical Associate Professor, Feinberg School of Medicine, Northwestern University and Consultant, Strategic Advisor. Former CMO, American Express.

1. Genetic exceptionalism, trust, data privacy and security.
   a. Do the benefits of individual screening findings outweigh the hazards of keeping data private and attendant disease discrimination?
   b. What role should employees play in the acceptability of data collection?

2. Genetics as a small slice of the pie.
   a. Your views on whether genetics information will have more transformative impact on lifestyles and behavior changes than current screening and education approaches?
   b. How would an employee’s life story, their spiritual beliefs or their birth order affect a personalized medicine approach?

3. How should community data, (i.e., income levels, violence rates, literacy, graduation rates, housing accessibility, food security) affect a precision approach to population health management?
   a. Where does genetic screening play the more vital role in prevention: primordial, primary, secondary, tertiary?

4:30 PM  Report Outs

5:00 PM  Adjourn

6:00 PM  Reception  Room: Impressions

7:00 PM  Dinner  Room: Horizon

Dinner Presentation and Discussions

Facilitator: Gerardo Durand, MD, MPH, Senior Corporate Occupational Medicine Physician, 3M

“Reconciling precision medicine with precision population health: the role of big data, advanced analytics and artificial intelligence.”

William Kassler, MD, MPH, FACP, Chief Medical Officer, Government Health & Human Services; Deputy Chief Health Officer, IBM Watson Health (Kassler, W/PubMed/Industry Innovation Panel)