

Healthcare Financial Management Association

HFMA Chapter Survey (FY14)

January 2014



Sample Size: 1116
Responses Received: 143
Response Rate: 13%

FY14 Overall High Satisfaction: 65%
FY14 Overall Balanced Scorecard Target: 60% or 5% Improvement over FY13

FY13 Overall High Satisfaction: 55%
Favorable/Unfavorable FY13 to FY14: 10%

FY14 High Satisfaction is composed of: 26% **Extremely Satisfied**
39% **Very Satisfied**

Online survey conducted by HFMA on behalf of the chapter.

Sample is composed of regular chapter members not listed as chapter officers or directors that have been HFMA members since at least May 31, 2013.

Survey Timeline:

First email request with link to online survey sent on October 29, 2013.

Second email with link to survey sent to non-respondents on November 7, 2013.

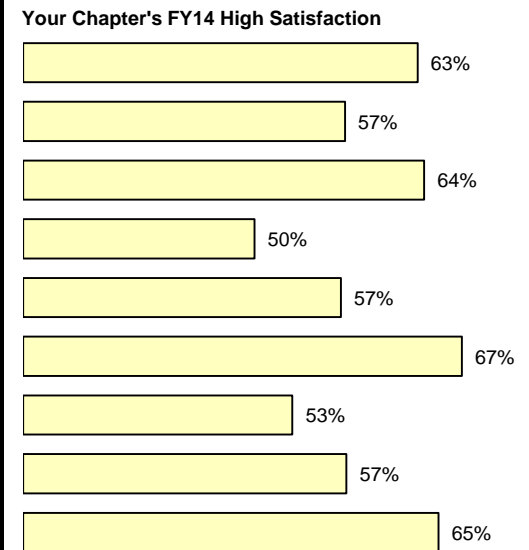
Final request to complete survey sent to non-respondents on November 12, 2013.

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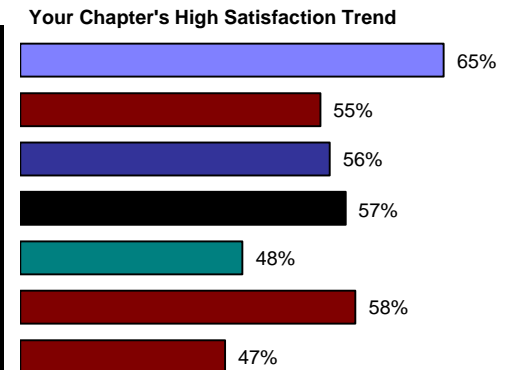
Your Members' Satisfaction Ratings

Response Scale: Low = Dissatisfied & Neutral; Middle = Satisfied; High = Very Satisfied & Extremely Satisfied

Table A: Satisfaction with chapter services How satisfied are you with the following services offered?	First Illinois Chapter				All Chapters
	FY14			FY13	FY14
	Low	Middle	High	High	High
The chapter educational programs overall	15%	22%	63%	54%	66%
The educational topics addressed at chapter programs	14%	29%	57%	56%	66%
The speakers at chapter programs	16%	20%	64%	57%	69%
The location of chapter programs	19%	32%	50%	44%	60%
The chapter's coverage of state and regional issues	12%	31%	57%	54%	67%
Chapter newsletter	10%	22%	67%	56%	66%
Chapter networking opportunities	22%	26%	53%	47%	62%
Chapter website	11%	31%	57%	50%	60%
HFMA chapter overall	12%	23%	65%	55%	69%



First Illinois Chapter - Overall High Satisfaction Trend	FY14	65%
	FY13	55%
	FY12	56%
	FY11	57%
	FY10	48%
	FY08	58%
	FY06	47%



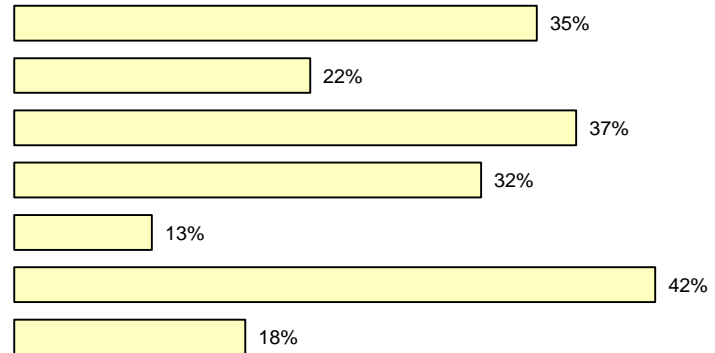
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Services Your Members Would Most Like to Improve

Table B1: Improving your chapter

Combination of the top two services to improve your HFMA chapter	First Illinois Chapter		All Chapters
	FY14	FY13	FY14
The educational topics addressed at chapter programs	35%	42%	46%
The speakers at chapter programs	22%	15%	23%
The location of chapter programs	37%	38%	35%
The chapter's coverage of state and regional issues	32%	39%	31%
Chapter newsletter	13%	13%	14%
Chapter networking opportunities	42%	37%	30%
Chapter website	18%	16%	22%

Your Chapter's FY13 Percentage



The percentages in Table B1 will add to 200% because the results of the two questions in Table B2 are added together.

Table B2: Improving your chapter

	If you could select one service to improve in your HFMA chapter, which would it be?			If you could select one more service to improve in your HFMA chapter, which would it be?		
	First Illinois Chapter		All Chapters	First Illinois Chapter		All Chapters
	FY14	FY13	FY14	FY14	FY13	FY14
The educational topics addressed at chapter programs	22%	22%	26%	13%	20%	21%
The speakers at chapter programs	8%	4%	9%	14%	11%	13%
The location of chapter programs	22%	24%	21%	15%	13%	14%
The chapter's coverage of state and regional issues	9%	18%	13%	23%	20%	18%
Chapter newsletter	5%	6%	5%	8%	7%	9%
Chapter networking opportunities	24%	18%	16%	18%	20%	14%
Chapter website	10%	7%	11%	8%	9%	11%

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Topics of Interest to Your Members

Response Scale: Low = No Interest & A Little Interest; Middle = Some Interest; High = A Lot of Interest & Extreme Interest

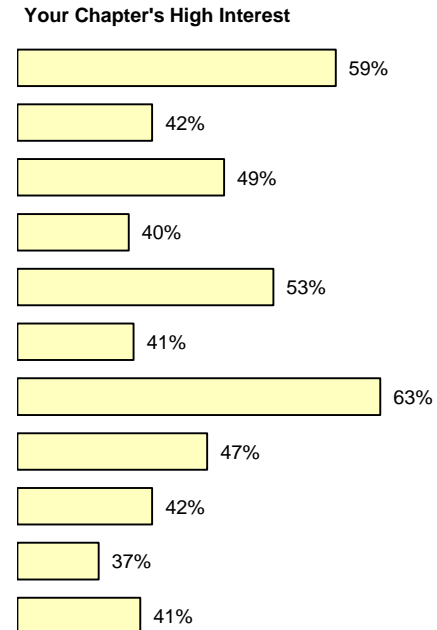
Please indicate your level of interest in seeing your HFMA chapter address these program topics in the upcoming year.	First Illinois Chapter			Your Chapter's High Interest
	FY14			
	Low	Middle	High	
Trends and outlook for local healthcare industry	6%	19%	75%	75%
Fiscal Intermediary/Medicare Administrative Contractor Reimbursement Update	20%	32%	48%	48%
Trends in commercial payment	20%	31%	50%	50%
Alignment strategies among healthcare providers	13%	30%	58%	58%
Data analytics and business intelligence	14%	30%	56%	56%
Strategic planning, business plans, and service line planning	17%	35%	48%	48%
State legislative and regulatory update	9%	24%	67%	67%
State Medicaid program	17%	26%	57%	57%
Local payors and employers response to healthcare reform	13%	30%	57%	57%
Payor and provider collaboration	12%	42%	45%	45%
Impact of insurance exchanges	9%	16%	75%	75%

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Topics of Interest to Your Members (continued)

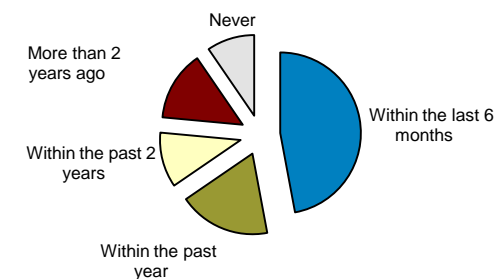
Response Scale: Low = No Interest & A Little Interest; Middle = Some Interest; High = A Lot of Interest & Extreme Interest

Table D: Local perspective on topics of national interest	First Illinois Chapter		
	FY14		
	Low	Middle	High
Please indicate your level of interest in seeing your HFMA chapter address these program topics in the upcoming year.			
Bundled payment reimbursement methodologies	15%	26%	59%
Accounting and financial reporting	25%	32%	42%
Improving cash collection processes	26%	25%	49%
Denial prevention and management	27%	33%	40%
Changes in Medicare reimbursement policies	8%	38%	53%
Compliance with Medicare regulations	18%	41%	41%
New technologies in finance, revenue cycle, and clinical-financial integration	16%	21%	63%
Managing productivity and costs	22%	31%	47%
Leadership skills	28%	30%	42%
Implementing the conversion to the ICD-10 standard	24%	39%	37%
Strategies for collaborating with clinical areas	24%	35%	41%



Data about Survey Respondents

Table E: Attending an education event	First Illinois Chapter
When was the last time that you attended a chapter event?	FY14
Within the last 6 months	47%
Within the past year	18%
Within the past 2 years	11%
More than 2 years ago	14%
Never	10%



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If you have rated your chapter as less than extremely satisfied, please tell us how we can improve. Please suggest better locations if location is an issue for you.

Time since last attended an educational event	Zip Code first three digits	Comment
< 6 months	462	There seems to be a lot of factions within the Board and am very disappointed as I hear from Board members and Chairs of various programs. As a former President of the Chapter, we need to work together and be more collaborative.
< 6 months	532	Would like to see a more "newsy" newsletter. Perhaps introduce more state/regional issues articles. How about testimonials/photos from past events to justify the why attend & show fun/networking occurrences. Find it a bit cumbersome to have to web-link to events registration site to see the cost--be more convenient if that piece highlighted in newsletter up-front. Periodically provide insight stats relative to the chapter membership, activities, certified members, providers vs. vendors, career highlights, etc. all of which helps to also entice joining. Location of activities could be more diverse varying them in more north, northwest, northeast versus [what seems always] in Chicago & south. This would allow periodic locales convenient to those members working/residing in out-of-the-way suburbs and WI. Consider a speed networking event -- yes, I'm a big proponent of meeting providers, but I also believe worthwhile to know our fellow vendors and individuals.
< 6 months	600	As a consultant that works primarily with vendors / servicers the events and activities are great at attracting participants in the industry that my clients would like to work with. However, the interaction with prospective clients is sometimes difficult to initiate at many of these events. For example, at the recent Summit Arlington Park there was very little booth traffic.
< 6 months	600	I am seeing the programs start to become bigger "events", which I think is a great benefit for sharing ideas and networking. The Fall Summit is really the first step, so I think headed in the right direction. I would like to see more coverage on state and regional issues - which I see as a key role for the Chapter
< 6 months	600	I would like for the programming to be more strategic in content and delivery. I also feel the Summit to be very over priced.
< 6 months	600	I would prefer additional "live" networking opportunities with the CFO meeting rather than having monthly webinars.
< 6 months	600	Too much of the seminars are focused on vendors. I don't want to be bombarded by consultants when I am trying to attend a chapter program.
< 6 months	601	I feel that the Chapter does a great job at meeting the goals and needs of the top professionals in the industry. I would like to see it reach out to the mid-level professionals who aspire to be top professionals and help engage and grow them as well.
#N/A	601	More educational topics related to charity requirements for 501C3 orgs
< 6 months	601	Try to partner more with Provider organizations to use their facilities. These type of programs have been successful in the past and they demonstrate the connection we have with those groups.
< 6 months	602	The First Illinois feels like a club for vendors, not for providers. As someone who works on the provider side, I feel like I don't belong at gatherings of this chapter.
< 6 months	604	maybe have one more south, they seem to be all in the city and NW side.
< 6 months	605	As far as speakers, sometimes the webinar speakers are a little too dry.

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Time since last attended an educational event	Zip Code first three digits	Comment
< 6 months	605	Good programs but I do not see enough attendees from hospitals at the events. Past events and the recent Fall conference were well produced with good topics, however, many of my interactions were with vendors who are in attendance. Need to find a way to increase attendance by facilities and provider organizations.
< 6 months	605	I'd like there to be more networking events and more learning events.
< 6 months	605	We're just getting more involved with First IL HFMA. Great speakers this past week (Ken Kaufmann, Andrew Ziskind). The big problem I had was so little time for exhibits, and it was all at the end of the first day when most attendees left. Also, the exhibits were too far from where the presentations were done so there was really no traffic. I think the venue itself was OK, but it just wasn't arranged well to get traffic directed to the exhibits. We very much want to be good partners with HFMA and this chapter, so we'll continue to exhibit and be constructive wherever we can. Please take my suggestions with the positive and collegial attitude with which I offer them. Thank you very much.
< 6 months	606	Chapter program at Arlington too far north and hard to get to from the south
< 6 months	606	I would like to see the opportunity for mentorship programs
< 6 months	606	It would be good to have some programs downtown. Also, it would be good to do less Rev Cycle and more of other things.
< 6 months	606	Locations should be near public transportation. Trip from near North side of city to Arlington Park took me over 2 hours. Public transportation provides option of impossible traffic.
< 6 months	606	More links to resources. However, HFMA website generally has this already.
< 6 months	606	More networking events and speakers that address the issues and specific methodologies for ICD-10, etc. I'm not interested in hearing a tiger bite about their facilities. Most speakers are coming to presentations, unprepared and sloppy.
< 6 months	606	Overall, I am very satisfied with ILHFMA. I attend participate in ILHFMA forums coupled with MCHC meetings more than any other due to the value I derive. The topics are very timely, the keynote speakers have been great. Most presenters are very good to good. Finding informative and engaging speakers are an opportunity for kicking things up a notch. While improving speakers is an area of opportunity I do not mean to imply that the speakers are sub par. The presenters are usually very good, some are just better than others. The Fall Summit keynote speakers were outstanding. I consider the Fall Summit a great success and commend the chapter on a fun and unusual venue - the Racetrack. However the sessions were too long - 2 hours is excessive. Limit to 1 - 1 1/2. Having the vendors closer to the sessions would make it easier to engage.
< 6 months	606	Sadly some of the presenters at the most recent event were less than professional and as a result cast HFMA in a negative light by allowing not only the presentation but for not stopping it when it became a sales pitch. (MDSave)
< 6 months	606	Seems their is no communication and things are very disorganized
< 6 months	606	There needs to be more focus on Physician Groups, with the combination to a 2 day educational event, phy groups are now relegated to just one session, but with an orientation to hospital's alignment. / locations would be best if downtown or western subs, rather than far out in the NW.

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Time since last attended an educational event	Zip Code first three digits	Comment
< 1 year	600	The current yr. program did not get posted to the website until Oct. No other programs are scheduled. No networking opportunities.
< 1 year	601	location is an issue and I prefer downtown locations for events. Also - access to data would seem a natural fit for the chapter- to be source of local, state, regional and national data would be great! Especially around costs, reimbursements and other important metrics - types of reimbursements, market info and planning? Those all would seem to be good for the chapter.
< 1 year	604	Just a personal opinion, but I feel that over the past few years, the educational programs (and to some extent, even the articles in the Newsletter) have been more geared to a consultant audience vs. a healthcare provider audience. As I have looked over the new member listing in the Newsletter or the attendees at the educational events, it seems to me that the majority are consultants or other professionals not employed by a health care provider (whether that be a hospital, post-acute care facility or physician practice). Now I have not seen the attendance listing from last week's Summit, so maybe that was not the case for that conference. And I also recognize that as sponsors, consulting firms or other vendors have to be given their due. But I've always felt that we serve the provider's healthcare financial community first, and as such, should tailor topics and articles to them as a priority. With the exception of topics relating to the Medicare cost report preparation and analysis, I see very little offered on value-based payment systems, Medicare and Medicaid managed care, ICD-10, EHR-HIT Incentives / Penalties, RAC audits, etc., all of which are very important to provider staff.
< 1 year	604	The chapter continues to meet my needs. I am unable to attend many of the meetings, so rated them as "Satisfied" due to them being available.
< 1 year	605	1. The annual October program for Reimbursement Updates was the BEST program for me but it has been removed. It was the one program that I would make sure I attended. The timing of the information was perfect along with content. I thought it was well attended. The fall two day summit is at a very bad time for providers with a 6/30 year end. Third party cost reports are all due Nov 30th. There is no way I could be away from the office for two full days. Plus, there are several topics that do not apply to me. This summit must be good for CFO's, CEO's, COO's and consultants but not for me. / 2. The annual banquet in July has been at a very small location with limited seating. Also, someone thought it would be a good idea to assign seating at this event - please rethink if you have not done so already.
< 1 year	605	Hold more meetings the last week and a half of the month for accounting people. I'm really disappointed I cant attend November session due to month end closing of books.
< 1 year	606	I haven't had the opportunity to participate in any of the chapter programs, so I cannot gauge either way.
< 1 year	606	I live downtown and don't have my own vehicle, making commuting to the suburbs very difficult (particularly on a work day).
< 1 year	611	newsletter features too many ads. / same writers is a turnoff. while if recognize our chapter president is a skilled professional, reading cover articles written every quarter by the individual is a turnoff /
< 2 years	600	I just don't avail myself of enough of the opportunities to rate this differently.

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Time since last attended an educational event	Zip Code first three digits	Comment
< 2 years	600	It would be great if there more of an opportunity for Vendors to showcase solutions that address common issues/problems providers are dealing with. / Locations for meetings should rotate to cover all of the region: downtown, northern suburbs, southern suburbs and the well covered western suburbs.
< 2 years	606	I have not been to any meetings or webinars this year. That is a first for me and mainly it was due to the timing and lack of interest in any meeting topics. The focus of my career is reimbursement and accounting and there is one meeting that is jammed with too many speakers who tend to run through their topic in an effort to remain on schedule. My suggestion would be to split up the common topics into two meetings at different times.
< 2 years	606	I understand the move to the 2-day Nov session--people are very busy and monthly meetings are an effort. But I was disappointed by the "generalness" of the meeting. I wanted more specifics and hands-on topics, like the impact of recent Medicare rules on Hospitals ("Midnight" rule; DSH reimbursement, etc.). I think more discussion of Obamacare and the impact, good and bad, it will have on hospitals is controversial, but a topic worth addressing. I didn't like that I wasn't able to see who was speaking at the various sessions--paying a lot of money and our chapter has some mediocre speakers that I would not pay money to see. And the timing was awful for any CFO's/Controllers who were dealing with month end close. Needless to say, I did not attend the meeting, and if I had, maybe I would have been pleasantly surprised!
< 2 years	606	The locations for the educational events seem extreme to an area, very difficult to get to especially if you are coming from the city or south. The speakers seem to be very heavily sponsor and topics that are not necessarily current. It is not that they are unimportant but not necessarily the current problems.
< 2 years	610	Since I am not in the Chicago area almost any location would be difficult. I am unable to take advantage of the networking activities.
> 2 years	463	For members in the south suburban metro area, it would be nice to hold a meeting south once in awhile. Oak Lawn, Tinley Park and Orland Park (to name 3) all have meeting venues suitable for the chapter. They may be too far for the northsiders, but it's also true for the south siders/NW Indiana members if you only meet downtown, west or northwest. This is the primary reason why I've only attended chapter webinars and not attended face-to-face functions in recent years, reducing my networking opportunities. Is once a year too much to ask?
> 2 years	600	I haven't been involved with any chapter events, I didn't know there was a newsletter but I do get the magazine. Sorry I don't have better input
> 2 years	600	I rarely attend as vendors aren't supported in a manner that would lead to more attendance and involvement.
> 2 years	602	I have not had time to really be active in the Chapter.
> 2 years	605	Go virtual.
> 2 years	606	Website is confusing and difficult to navigate.
Never	446	I am a new member to HFMA so I haven't experienced the full benefit of the chapter as yet.

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Time since last attended an educational event	Zip Code first three digits	Comment
Never	601	When a member emails the Chapter president, if never get a response. The chapter president should be more in tune with emails and better turn around times to emails. Thanks
Never	605	I just joined HFMA and the First Illinois Chapter and haven't received anything either than education notices and sponsorship opportunities. When I was a member many years ago, the chapter was a much more personal experience and we always called new members to welcome them. It would be a nice gesture....
Never	606	Being new to the chapter, I don't have a long history from which to compare. Overall though I am satisfied which in my book is pretty good.
Never	606	More information about programming
#N/A	601	I am satisfied. I like the variety

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Please describe any other topics that you would like to see your HFMA chapter address this year.

Time since last attended an educational event	Zip Code first three digits	Comment
< 6 months	600	The sale of bad debt patient accounts to third-party debt buyers.
< 6 months	600	The variety of accountable care organizations and how they are progressing/status. / How to improve care transitions between hospitals and post acute providers
< 6 months	600	Would like to see/have easy, straightforward access to industry standards/benchmarks on all financial/revenue cycle KPIs
< 6 months	601	501C3 Requirements and how hospitals are handling processes to be compliant and how hospitals are working with vendors to address extraordinary collection efforts restrictions.
< 6 months	605	Survival stories, how have hospitals and systems successfully met the challenge of profitability.
< 6 months	606	chapter really isn't addressing these issues. the topics are all over the board with no cohesive theme
< 6 months	606	M&A
< 6 months	606	More Business Intelligence
< 6 months	606	The above list summarizes most of my interests nicely. I'm especially interested in Revenue Cycle Formation in enterprises, best practice models for what the Revenue Cycle should look like when we move from FFS to reimbursement for clinical outcome and population management. It seems everyone is so focused on leveraging the time we have left with current reimbursement models that few are thinking about how to transform (organize and integrate professional & hospital billing) to the future state of the Revenue Cycle.
< 1 year	604	I think it would be good to present information on the legislative and regulatory process; i.e., how bills get introduced, how they are supported and how they eventually either become law or get deep-sixed. Included in this topic would be CMS' regulatory process--proposed rules, comments, final rules, appeals, etc. And finally, some knowledge of what an advocate (i.e., IHA) does. What specifically is advocacy?
< 1 year	605	I would like to have a program that goes through all the new elements in a providers reimbursement calculations (Medicare & Medicaid). Most of us know the basic calculation but with all the new factors (VBP, readmissions, HAC, etc.) are we really calculating correctly? Can we trust Medicare to pay us correctly? I cannot. Issue we are having right now: Could someone go through the Medicare vouchers for both PIP and Non-PIP hospitals - we are getting a lot of payments and recoveries/take backs that are at the bottom of the voucher. It is very confusing because you think they would be settlement issue but they are not. They are patient specific but without all the patient information you get in the body of the voucher. Sometime CMS has each charge item on it's own line resulting in 15 plus lines of data for each patient. They are not all from RAC's either. We have some patients with three to four payments and take backs with little explanation.
< 2 years	600	need more on financial reporting an impact of GAAP changes.
< 2 years	606	KI have not been active in the chapter so I cannot give any opinions.
Never	601	International health care finance - as the first chapter for HFMA, it's important to spearhead activities and learn from global companies and health care organizations such as mine (KFSHRC) and see how we can learn from each other.
Never	606	Physician productivity

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What would make your chapter's events so compelling that you would have to attend more frequently? Please also offer any other comments you would like to offer your chapter.

Time since last attended an educational event	Zip Code first three digits	Comment
< 6 months	462	Programs that are relevant to the current trends in the market. Getting new members attending these programs.
< 6 months	463	More topics on reimbursement/business analytics/strategic planning; seminar locations more easily accessible (southern suburbs vs downtown).
< 6 months	532	As previously mentioned, location diversity to include outlying suburban locales.
< 6 months	600	Access to decision-makers in revenue cycle management and access at the CEO / CFO level.
< 6 months	600	Better networking opportunities.
< 6 months	600	Having a program, like the upcoming Summit, twice a year, where "everyone goes" to focus on things you can't get at ANI (local focus) and have the ability to collaborate and network with leaders on a more consistent basis.
< 6 months	601	Some educational sessions related to working with your collection agencies; some sessions on expected trends in bad debt with healthcare reform.
< 6 months	601	This is a tough market. I think the only way to accomplish it is to get great education sessions that they providers will not want to miss.
< 6 months	604	Speakers for the majority of the events are vendors, try to incorporate non-vendors into presentations.
< 6 months	605	Big name speakers.
< 6 months	605	Help my organization succeed in this market. Innovative strategies, tactics. Anything and everything other than survival is noise. PLEASE no more "History of Healthcare" presentations, got that.
< 6 months	605	I don't know of any chapter events other than the Cubs game, Golf outing and the annual summit. I would love for there to be more events, if there are more events they need to be easier to find and more publicized.
< 6 months	606	Better access to event venues and quality of speakers.
< 6 months	606	Executive Provider Attendance, Better Planning, Better networking, Better more relevant topics
< 6 months	606	I attend many events now. More frequent & convenient networking opportunities would entice me.
< 6 months	606	It would help to have programs for different levels of healthcare professionals. There are programs for early careerists, but what about seasoned staff who are not necessarily CEOs and CFOs? Would make it more comfortable to fit in during programs if advertised toward mid level staff.
< 6 months	606	Opportunities to network with C-level.
< 6 months	606	Physician Group focus
< 6 months	606	Relevant topics, convenient location, more provider engagement
< 6 months	606	Revenue Cycle improvement and Data Analysis seminars.
< 6 months	606	The platinum pass was a good idea. My employer purchased this and had us all go to the Fall Summit. More deals of this nature.
< 6 months	606	The subjects covered and cost are my key contributors
< 1 year	601	shorter, highly focused, towards end of day, evening and located downtown.

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Time since last attended an educational event	Zip Code first three digits	Comment
< 1 year	604	This is almost impossible to answer, given that virtually everyone's work schedules can change on a dime. I may be in the minority here, but I don't believe just getting people to attend is enough. People should attend and be interested enough to turn off their smart phones and listen to the presentations, as opposed to spending 75% of the time reading and responding to e-mails. One way to get around this would be to offer more "hands-on" type workshops to engage the audience.
< 1 year	604	Topics addressed in the previous questions around healthcare reform, Revenue Cycle, Cost Control, physician engagement, etc.
< 1 year	605	I know the events/programs are great networking for all members but at times I feel like fresh meat for consultants. I know there is nothing that can be done or should be done. It's just how I feel.
< 1 year	605	Timing of meetings is key. Its tough for me to get away until the third Thursday of a month.
< 1 year	606	I think the Fall Summit is a good idea but the timing at the first of the month is not optimal for people in finance.
< 1 year	606	More webinars - remote learning opportunities.
< 1 year	611	increase attendance by providers. if don't attend frequently due to the likelihood that vendors try and make sales pitches.
< 2 years	600	At most, I can attend 2 to 3 educational events per year, which includes National meetings such as ANI. One day meetings can't cover enough meaningful content. Limit the number of events per year but cover more topics at each one. Integrate the networking component into the longer meeting format.
< 2 years	600	cost and location
< 2 years	601	More attendance by healthcare organizations, including more speakers from healthcare providers and not consultants and vendors.
< 2 years	606	Location and low fees
< 2 years	606	More specific topics addressing provider reimbursement and changes in healthcare policy
< 2 years	606	The topics and speakers along with the location
> 2 years	337	The chapter programs are excellent. I no longer live in the area so it is difficult for me to attend meetings.
> 2 years	463	Occasional locations south would help a lot. I do attend most of the chapter's webinar programs -- which I think have been very good. The newsletter has come a long way in the last year or so -- much more useful information worth sharing with others.
> 2 years	602	I work 60+ hrs. a week. For the first time in my career, I do not had time for HFMA.
> 2 years	606	Breakfast meeting walking distance from my office
Never	446	I haven't attended an event because I haven't been a member. I am scheduled to attend the Chicago conference and am looking forward to it.
Never	601	I would be delighted to be a speaker for an event and try to share experiences with revenue cycle, financial management techniques, changing a culture, etc. for HFMA Illinois Chapter. I can be reached at zansari98@kfshrc.edu.sa. Thanks!

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 First Illinois Chapter**

What would make your chapter's events so compelling that you would have to attend more frequently? Please also offer any other comments you would like to offer your chapter.

Time since last attended an educational event	Zip Code first three digits	Comment
Never	606	Great participation by C-suite members
Never	606	Weekend offerings