

Agenda-At-A-Glance

THURSDAY, AUGUST 2, 2012

7:30 AM – 8:00 AM	<i>Pre-Congress Symposia and Welcome Coffee</i>	
8:00 AM – 11:30 AM	PRE-CONGRESS SYMPOSIA <small>(CHOOSE ONE OF TWO)</small>	
	SYMPOSIUM A: Understanding the Principles and Practices of Clinical Integration	SYMPOSIUM B: Accountable Care Models in Value Based Contracting Health Plan Provider Agreements
11:30 AM – 12:15 PM	<i>Main Congress Registration and Welcome Coffee in the Executive Networking Lounge</i>	
12:15 PM – 12:30 PM	<i>CHAIRPERSON'S WELCOME AND OPENING REMARKS</i>	
12:30 PM – 1:45 PM	OPENING KEYNOTE PANEL: Payment Models – What's Next As We Move Towards Value Based Care	
1:45 PM – 2:15 PM	KEYNOTE SESSION: An Update from CMS	
2:15 PM – 3:00 PM	REACTOR PANEL: What Does This Mean for Achieving Value?	
3:00 PM – 3:30 PM	<i>Networking Refreshment Break in the Executive Networking Lounge</i>	
3:30 PM – 4:30 PM	KEYNOTE PANEL SESSION: Health Insurance Exchanges- How Will This Impact the Delivery of Care?	
4:30 PM – 5:30 PM	CLOSING KEYNOTE PANEL: Accountable Care Organizations - Will They be the Catalyst to Improving the Delivery of Care By Making it Patient Centric?	
5:30 PM	<i>CHAIRPERSON'S CLOSING REMARKS</i>	
5:30 PM – 6:30 PM	<i>Networking Cocktail Reception in the Executive Networking Lounge</i>	

FRIDAY, AUGUST 3, 2012

7:00 AM – 7:55 AM	<i>Registration and Welcome Coffee in the Executive Networking Lounge</i>
8:00 AM – 8:15 AM	<i>CHAIRPERSON'S WELCOME AND DAY TWO OPENING REMARKS</i>
8:15 AM – 9:00 AM	OPENING KEYNOTE ADDRESS: Information Technology - Aligning Quality and Meaningful Use PART ONE: Update from HHS on IT Initiatives
9:00 AM – 10:00 AM	PART TWO: Top Industry Executives Comment on How IT Must Support Quality Initiatives
10:00 AM – 10:30 AM	<i>Networking Refreshment Break in the Executive Networking Lounge</i>

EDUCATIONAL TRACKS (CHOOSE ONE OF TWO)

	TRACK ONE: HOSPITALS, HEALTH SYSTEMS AND MEDICAL PROVIDERS	TRACK TWO: HEALTH PLANS
10:30 AM – 11:15 AM	Automated, Standardized Reporting of Patient Safety and Quality Measures to Enable Faster Action and Time to Improvement	Moving Beyond Traditional Data Sources to Develop Quality Contracts
11:15 AM – 12:00 NOON	AHRQ Funded Study: Improving the Quality and Outcomes of Healthcare	Open Session
12:00 NOON – 1:00 PM	<i>Luncheon with Executive Roundtable Discussions in the Executive Networking Lounge</i>	
1:00 PM – 1:45 PM	Use of Electronic Medical Event Reporting Data to Improve Care: Building the Infrastructure	Open Session
1:45 PM – 2:30 PM	The Art of Winning an Unfair Game – Strategies to Address the Challenges of Primary Care Physicians	Plan Provider Collaborations to Achieve to Patient Centered Care
2:30 PM – 2:45 PM	<i>Networking Refreshment Break in the Executive Networking Lounge</i>	
2:45 PM – 3:45 PM	PANEL DISCUSSION: Consumer Engagement – Moving Towards a System of Transparency to Rate the Delivery and Quality of Care	
3:45 PM – 4:45 PM	CLOSING KEYNOTE ADDRESS: Data and Measurements – Achieving Actionable Data by Creating e-Based Metrics	
4:45 PM	<i>CHAIRPERSON'S CLOSING REMARKS, CONGRESS CONCLUDES</i>	

7:30 AM – 8:00 AM

Pre-Congress Symposia and Welcome Coffee

8:00 AM – 11:30 AM

PRE-CONGRESS SYMPOSIUM (CHOOSE ONE OF TWO)

SYMPOSIUM A: Understanding the Principles and Practices of Clinical Integration

Part One: Case Study on Advocate's Approach to Changing their Culture

- Changing the organization culture to achieve clinical integration
- What financial and operational changes need occur to allow a change in the culture?
- Hear more about the Advocate experience and their journey to changing their culture



Mark C. Shields, MD, MBA, FACP
Vice President, Medicare Management
Advocate Health Care

Dr. Mark Shields holds the position of Senior Medical Director for Advocate Physician Partners and Vice President of Medical Management for Advocate Health Care. In this role Dr. Shields Mark oversees all clinical functions related to 2,900 physicians aligned with the eight Advocate hospitals. Dr. Shields has over 25 years experience in management roles with medical groups, insurance companies, hospitals and integrated delivery systems.

Part Two: Measuring Population Health Data from the Electronic Health Record

- Tools and techniques required for implementing an EMR
- How to approach changing the workflow and clinical processes
- Executing data registries to identify high risk patients within various disease states



Sarah Fleming Cotter, MPH
Director, Ambulatory Health Information Technology
Catholic Medical Partners

Ms. Cotter serves as Catholic Medical Partners Director of Ambulatory Health Information Technology, a leading IPA in New York State and a recently designated Shared Saving ACO. Ms. Cotter is responsible for managing a mobile team of health information specialists that assist and support clinical practices to use technology to improve clinical care and service. Ms. Cotter is an expert in assisting practices in achieving Patient Centered Medical Home and has assisted over 30 practices to achieve level 3 NCQA PCMH recognition.

Part Three: Contract Negotiations: How Do You Execute The Deliverables

- Techniques on how to work not just physician to hospital but physician to physician
- Creating protocols for specialties on who too and not too refer
- What incentives do you include and how do you measure the outcome?

Speaker: TBD

SYMPOSIUM B: Accountable Care Models in Value Based Contracting Health Plan Provider Agreements

- Payment Models – A detailed discussion on the various types of payment models being implemented and the results they have generated to date
- Quality – how is this achieved within these different types of payment models and what are some of the factors that need to be considered during implementation?
- Analytics – how do you measure total cost of care and what type of measurements and metrics need to be in place?
- Case Studies – The workshop will wrap up by giving practical samples of payer and provider models



Scott Leitz
Assistant Commissioner, Assistant Commissioner, Health Care
Minnesota Department of Human Services

Scott Leitz is assistant commissioner for Health Care at the Minnesota Department of Human Services (DHS). He oversees Minnesota's Medicaid program. DHS is one of the largest health care purchasers in the state serving more than 700,000 program enrollees. Mr. Leitz was appointed to his post in January 2011 and oversees the state's Medicaid program, and is a key architect of Governor Mark Dayton's administration's health reform efforts. Mr. Leitz has 16 years of experience in the health care and public health fields.



Maria Zimmerman
Health Care Policy Director
Minnesota Department of Human Services

Marie Zimmerman serves as the Health Care Policy Director at the Minnesota Department of Human Services for the state Medicaid program. Ms. Zimmerman oversees health care policy issues and the development and implementation of reform initiatives including ACO-like payment and care delivery reform demonstrations, managed care purchasing strategies and oversight, and the state's Affordable Care Act implementation efforts. Ms. Zimmerman also serves as Minnesota's project co-director for the Robert Wood Johnson Foundation State Health Reform Assistance Network.

11:30 AM – 12:15 PM

Main Congress Registration and Welcome Coffee in the Executive Networking Lounge

12:15 AM – 12:30 PM

CHAIRPERSON'S WELCOME AND OPENING REMARKS



Dennis R. Horigan
President and Chief Executive Officer
CATHOLIC MEDICAL PARTNERS

12:30 PM – 1:45 PM

OPENING KEYNOTE PANEL: Payment Models – What's Next As We Move Towards Value Based Care

The panel will have a discussion on the various payment and reimbursement strategies that will include:

- Bundled payments
 - Value based care?
 - Episode of care
 - Global Payments
 - Alternative payment models
 - Moving from fee to service to capitation
- What additional factors need to be considered as you move an organization towards delivering value based purchasing?
- How to overcome the challenge of changing a culture as you move towards implementing different payment models

Moderator:



Gary Young, JD, PhD
Director, NORTHEASTERN UNIVERSITY CENTER FOR HEALTH POLICY AND HEALTHCARE RESEARCH
Professor of Strategic Management and Healthcare Systems, NORTHEASTERN UNIVERSITY

Panelists:



Allan H. Goroll, MD, MACP
Professor of Medicine
Harvard Medical School
MASSACHUSETTS
GENERAL HOSPITAL



Dana Gelb Safran, ScD
Vice President for Performance
Measurement and Improvement
BLUE CROSS BLUE SHIELD
OF MASSACHUSETTS
(BCBSMA)





Mark C. Shields, MD, MBA, FACP
Vice President
Medicare Management
ADVOCATE HEALTH CARE



Kavita Patel
Managing Director for Clinical
Transformation and Delivery
Engelberg Center
for Health Care Reform
BROOKINGS INSTITUTION

1:45 PM – 2:15 PM	<p>KEYNOTE SESSION: An Update from CMS Update from CMS on current initiatives which includes commentary on:</p> <ul style="list-style-type: none"> • ACO Pioneers • Shared Savings • Bundled Payments • Innovations <p>SPEAKER TBD</p>
2:15 PM – 3:00 PM	<p>REACTOR PANEL: What Does This Mean for Achieving Value? The panel will comment on the remarks made by the previous session by outlining what they believe needs to occur to ensure we move towards a system where not only are we controlling the costs and delivering quality care by what needs to occur so we focus more on “value”.</p> <p>Moderator:</p> <div>  <p>Harold Picken, MD, MPH Principal Consultant and Chief Medical Officer, Health Care Strategy and Innovation Advisors Associate Physician Pulmonary and Critical Care BRIGHAM AND WOMEN'S HOSPITAL</p> </div> <p>Panelists:</p> <div>  <p>Michael Vittoria Vice President Corporate Benefits MAINE MEDICAL CENTER</p> </div> <div>  <p>Thomas Barker Partner FOLEY HOAG</p> </div> <div>  <p>Bruce Bagley, MD Medical Director for Quality Improvement AMERICAN ACADEMY OF FAMILY PHYSICIANS (AAFP)</p> </div>
3:00 PM – 3:30 PM	<i>Networking Refreshment Break in the Executive Networking Lounge</i>
3:30 PM – 4:30 PM	<p>KEYNOTE PANEL SESSION: Health Insurance Exchanges- How Will This Impact the Delivery of Care?</p> <ul style="list-style-type: none"> • What will be required of health plans • How will the exchanges foster competition to create more transparency • Creating standardization – what steps will health plans need to take to take advantage of this opportunity? • What strategies will have to be implemented by health plans to ensure they are able to deliver value? • What will be the reporting requirements? • By operating on the health insurance exchanges what changes will occur in the market? <p>Moderator:</p> <div>  <p>Scott P. Polansky Chief of Business Development BOSTON MEDICAL CENTER HEALTHNET PLAN</p> </div> <p>Panelists:</p> <div>  <p>Michael Johnson Director, Public Policy BLUE SHIELD OF CALIFORNIA</p> </div> <div>  <p>April Todd-Malmlov Exchange Director Health Insurance Exchange MINNESOTA DEPARTMENT OF COMMERCE</p> </div> <div>  <p>Glen Shor Executive Director COMMONWEALTH HEALTH INSURANCE CONNECTOR AUTHORITY</p> </div> <div>  <p>Shawn Nowicki Director, Health Policy HEALTH PASS NEW YORK</p> </div>
4:30 PM – 5:30 PM	<p>CLOSING KEYNOTE PANEL: Accountable Care Organizations - Will They be the Catalyst to Improving the Delivery of Care By Making it Patient Centric? The panel will discuss the:</p> <ul style="list-style-type: none"> • ACO pioneer and shared savings pilots • Evaluate the both the role of primary care and specialists as we move toward patient centric care <p>Moderator:</p> <div>  <p>Eric Linzer Senior Vice President of Public Affairs and Operations MASSACHUSETTS HEALTH PLAN ASSOCIATION</p> </div> <p>Panelists:</p> <div>  <p>John Butterly, MD, FACP, FACC Executive Vice President of Medical Affairs DARTMOUTH HITCHCOCK HEALTH</p> </div> <div>  <p>Kate Koplan, MD Director of Medical Management ATRIUS HEALTH</p> </div> <div>  <p>C. Matt Brandit, MD Chief Executive Officer MULTICARE ASSOCIATES</p> </div> <div>  <p>Stephen Nuckolls Chief Executive Officer COASTAL CAROLINA HEALTH CARE</p> </div> <p>The panel will also ask the questions:</p> <ul style="list-style-type: none"> • Are ACOs the delivery model that can truly improve the delivery of care? • What are the alternatives to ACOs? • Discuss the pros and cons of the ACO model in delivering care to different populations
5:30 PM	<i>CHAIRPERSON'S CLOSING REMARKS</i>
5:30 PM – 6:30 PM	<i>Networking Cocktail Reception in the Executive Networking Lounge</i>

FRIDAY, AUGUST 3, 2012

7:00 AM – 7:55 AM	<i>Registration and Welcome Coffee in the Executive Networking Lounge</i>
8:00 AM – 8:15 AM	<p>CHAIRPERSON'S WELCOME AND DAY TWO OPENING REMARKS</p> <div>  <p>Christobel E. Selecky Principal ZIA HEALTHCARE CONSULTANTS</p> </div>
8:15 AM – 9:00 AM	<p>OPENING KEYNOTE ADDRESS: Information Technology - Aligning Quality and Meaningful Use PART ONE: Update from HHS on IT Initiatives An updated on the latest initiatives HHS is focusing on.</p> <div>  <p>Farzad Mostashari, MD, ScM National Coordinator for Health Information Technology HHS (INVITED)</p> </div>

9:00 AM – 10:00 AM	PART TWO: Top Industry Executives Comment on How IT Must Support Quality Initiatives <ul style="list-style-type: none">• Understanding clinical work practices and how they will be affected by practice innovations such as implementing health IT• Addressing the maturity of technology as we move towards aggressive implementation• Recognizing and understanding the complexity of the technology and how to achieve interoperability• Compliance, privacy and security – what can organizations do to ensure they are not only compliant but have the necessary barriers to prevent a breach <div><div>Moderator: Micky Tripathi, President and Chief Executive Officer MASSACHUSETTS EHEALTH COLLABORATIVE</div><div>Panelists: Karen Bell, MD, MMS Chair CERTIFICATION COMMISSION FOR HEALTH INFORMATION TECHNOLOGY (CCHIT)</div><div>Christopher H. Tashjian, MD, FAAP President RIVER FALLS/ELLSWORTH/SPRING VALLEY MEDICAL CLINICS</div></div> <div>Additional Panelists TBD</div>	
10:00 AM – 10:30 AM	<i>Networking Refreshment Break in the Executive Networking Lounge</i>	
EDUCATIONAL TRACKS (CHOOSE ONE OF TWO)		
	TRACK ONE: HOSPITALS, HEALTH SYSTEMS AND MEDICAL PROVIDERS Track Chairperson: TBD	TRACK TWO: HEALTH PLANS Track Chairperson: TBD
10:30 AM – 11:15AM	Automated, Standardized Reporting of Patient Safety and Quality Measures to Enable Faster Action and Time to Improvement <ul style="list-style-type: none">• How to change the focus of analysts from data production to data analysis• Why “Automate Quality Data” collection enables more accuracy and timely data• Why you need to enable a faster quality improvement cycle time from front line leaders <div>Ryan Hayden Healthcare Principal, Healthcare and Life Sciences Practice EDGEWATER TECHNOLOGY</div> <div>Neil Ravitz Chief Operating Officer for the Chief Medical Officer UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEMS</div>	Moving Beyond Traditional Data Sources to Develop Quality Contracts <p>Lifespan, a four hospital system based in Providence, Rhode Island, has moved beyond traditional core measures and indicators as data sources for its quality contracting. Local and national payers are working with them to look at medication safety measures, transitions of care measures, and national databases and outcomes, information the payers would not normally be able to see. The session will discuss:</p> <ul style="list-style-type: none">• Contrast the health plans’ needs with the hospitals’ quality indicators.• Describe the quality contracting initiative undertaken by Lifespan the past eight years.• Design a quality contracting initiative that maximizes your hospital’s quality data and outcomes. <div>Mary Reich Cooper, MD, JD Senior Vice President and Chief Quality Officer, LIFESPAN CORPORATION Assistant Professor, Medicine, Warren Alpert Medical School BROWN UNIVERSITY</div>
11:15 AM – 12:00 NOON	AHRQ Funded Study: Improving the Quality and Outcomes of Healthcare <ul style="list-style-type: none">• Developing the ability to effectively measure the quality and outcomes of health care• Decreasing variation in care quality through the development and implementation of standards• Assessing best practice in the management of Quality Alliances among payers, providers, and patients <div>Gary Young, JD, PhD Director, NORTHEASTERN UNIVERSITY CENTER FOR HEALTH POLICY AND HEALTHCARE RESEARCH Professor of Strategic Management and Healthcare Systems NORTHEASTERN UNIVERSITY</div>	Open Session <p>With ongoing change and uncertainty in the healthcare market place, we have reserved this open session to provide up to date information on the latest issues that arise up to the moment of the congress. If you are interested in joining the speaking faculty, please contact ann.mcgrath@worldcongress.com or on 781 939 2506.</p> <p>Be sure to check the congress web-site for programming updated updates at www.worldcongress.com.hcq</p>
12:00 NOON – 1:00PM	<i>Luncheon with Executive Roundtable Discussions in the Executive Networking Lounge</i>	
1:00 PM – 1:45PM	Use of Electronic Medical Event Reporting Data to Improve Care: Building the Infrastructure <p>Hospitals across Rhode Island have worked together to join the same Patient Safety Organization and implement a single electronic system for medical event reporting. The electronic medical event reporting system is being used to report patient safety events and near misses to the Patient Safety Organization as well as for internal and statewide care improvement. This session will:</p> <ul style="list-style-type: none">• Discuss the experience of hospitals in Rhode Island in selecting and implementing an electronic medical event reporting system• Identify the challenges and opportunities in moving towards reporting consistency at both the state and hospital levels• Describe the value of an electronic reporting system data on care improvement <div>Cathy E. Duquette, PhD, RN, NEC-BC, CPHQ Senior Vice President and Chief Quality Officer RHODE ISLAND HOSPITAL</div> <div>Jean Marie Rocha, MPH, RN Vice President, Clinical Affairs HOSPITAL ASSOCIATION OF RHODE ISLAND (TENTATIVE)</div>	Open Session <p>With ongoing change and uncertainty in the healthcare market place, we have reserved this open session to provide up to date information on the latest issues that arise up to the moment of the congress. If you are interested in joining the speaking faculty, please contact ann.mcgrath@worldcongress.com or on 781 939 2506.</p> <p>Be sure to check the congress web-site for programming updated updates at www.worldcongress.com.hcq</p>

EDUCATIONAL TRACKS CONTINUED (CHOOSE ONE OF TWO)

	TRACK ONE: HOSPITALS, HEALTH SYSTEMS AND MEDICAL PROVIDERS	TRACK TWO: HEALTH PLANS
1:45 PM – 2:30 PM	The Art of Winning an Unfair Game – Strategies to Address the Challenges of Primary Care Physicians <ul style="list-style-type: none"> Why in health care do providers use their market leverage to increase costs? Why what we pay for matters? What can consumers do to take advantage of the perverse economics and incentives of healthcare Recognizing how independent primary care is undervalued Separating the benefits of primary care versus insurance  C. Matt Brandt, MD Chief Executive Officer MULTICARE ASSOCIATES	Plan Provider Collaborations to Achieve to Patient Centered Care <ul style="list-style-type: none"> Forming collaborations with physicians to address and identify gaps in the delivery of care Why it is important to utilize the EMR to identify gaps in care Discharge process – Creating an infrastructure to incentive physicians to follow up within 5 calendar days Collaborating with physician networks to execute a mobile strategy at the community level Recognizing the benefits of creating a regional care team that operates as a PHO  Colleen Walsh Senior Director Quality Improvement UPMC
2:30 PM – 2:45 PM	<i>Networking Refreshment Break in the Executive Networking Lounge</i>	
2:45 PM – 3:45 PM	PANEL DISCUSSION: Consumer Engagement – Moving Towards a System of Transparency to Rate the Delivery and Quality of Care <ul style="list-style-type: none"> Are we truly engaging today's health care consumers? Do we truly understand their needs? What techniques are demonstrating an increase in consumer engagement? Creating price and quality ratings to increase transparency Technology – can this be the future catalyst to truly engage patients in the management of their health? Moderator:  Charlotte S. Yeh, MD Chief Medical Officer AARP	
	Panelists: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  Barbra Rabson Executive Director MASSACHUSETTS HEALTH QUALITY PARTNERS (MHQP) </div> <div style="text-align: center;">  Tanya Alteras, MPP Deputy Director, Consumer-Purchaser Disclosure Project NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES </div> <div style="text-align: center;">  Eric Swain Vice President, Sales and Account Management UNITED HEALTHCARE </div> <div style="text-align: center;">  Martha Hayward Executive Director PARTNERSHIP FOR HEALTHCARE EXCELLENCE </div> </div>	
3:45 PM – 4:45 PM	CLOSING KEYNOTE ADDRESS: Data and Measurements – Achieving Actionable Data by Creating e-Based Metrics <ul style="list-style-type: none"> Evaluating the metrics available – what can we really support? Creating one set of quality measure to rank both providers and plans Moving towards mature measures not based on claims but “e-based metrics” – how can we collect real time data from an EMR? Collecting actionable real data – how can this be done so we improve the delivery of care? How do we collect the “right” data so we can improve the delivery of care Moderator:  Craig Schneider PhD Director, Health Policy MASSACHUSETTS DATA HEALTH CONSORTIUM	
	Panelists: TBD	
4:45 PM	<i>CHAIRPERSON'S CLOSING REMARKS, CONGRESS CONCLUDES</i>	

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