



THE
**ESTES
PARK**
INSTITUTE

CONFERENCE PROGRAM

Estes Park Institute
Portola Hotel & Spa
Monterey, California
October 20—23, 2013

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THE
**ESTES
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INSTITUTE

Policy Concerning Presentations by Estes Park Institute Faculty

It is the policy of Estes Park Institute to ensure balance, independence, objectivity, and scientific rigor in all of its educational activities. All faculty participants in an Estes Park Institute conference are asked and expected to disclose to the audience any real or apparent conflict (s) of interest that may have a direct bearing on the subject matter of the continuing education activity. This pertains to the relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic. The intent of this policy is not to prevent a speaker from making a presentation. Instead, it is Estes Park Institute's intention to openly identify any potential conflict, so that the members of the audience may form their own judgment about the presentation with full disclosure of the facts. It remains for the audience to determine whether the presenter's outside interests may reflect a possible bias in either the exposition or the conclusion presented.

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GENERAL INFORMATION

OPENING SESSION

The Opening General Session will begin promptly at 4:00 pm in **De Anza III** so we encourage you to visit the registration desk early to avoid the last minute rush. If you do miss registration on Sunday, we will re-open Monday morning at 6:30 am in **De Anza III**. For those who are ready to get started early please refer to your program for the Optional Early Sessions starting at 2:30 pm.

SOCIAL EVENTS

We look forward to seeing you at the Conference Reception on Sunday, from 6:10 pm to 7:00 pm in **De Anza I**. Please join us Monday, Tuesday, and Wednesday mornings in the **Lower Atrium** for a Continental Breakfast from 6:30 am to 8:00 am. Spouses are welcome at any of our functions.

CONTINUING EDUCATION CREDITS

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Pittsburgh School of Medicine and the Estes Park Institute. The University of Pittsburgh School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

The University of Pittsburgh School of Medicine designates this live activity for a maximum of **15.5 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Other health care professionals are awarded **1.5** continuing education units (CEUs) which are equal to **15.5** contact hours.

Estes Park Institute is authorized to award **15.5** hours of preapproved Category II (non-ACHE) continuing education credit for this program toward advancement, recertification, or reappointment in the American College of Health Executives.

Physicians will receive a credit designation form with their on-site registration packet. After completing the form, they will need to return it to the on-site registration desk for processing.

DISCLAIMER STATEMENT

The information presented at this CME program represents the views and opinions of the individual presenters, and does not constitute the opinion or endorsement of, or promotion by, the UPMC Center for Continuing Education in the Health Sciences, UPMC / University of Pittsburgh Medical Center or Affiliates and University of Pittsburgh School of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use his/her own personal and professional judgment when considering further application of this information, particularly as it may relate to patient diagnostic or treatment decisions including, without limitation, FDA-approved uses and any off-label uses. The University of Pittsburgh, as *an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, the University prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or status as a disabled veteran* or a veteran of the Vietnam era. Further, the University will continue to take affirmative steps to support and advance these values consistent with the University's mission. This policy applies to admissions, employment, access to and treatment in University programs and activities. This is a commitment made by the University and is in accordance with federal, state, and/or local laws and regulations. For information on University equal opportunity and affirmative action programs and complaint/grievance procedures, please contact: William A. Savage, Assistant to the Chancellor and Director of Affirmative Action (and Title IX and 504 Coordinator), Office of Affirmative Action, 901 William Pitt Union, University of Pittsburgh, Pittsburgh, PA 15260, (412) 648-7860.

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DISCLOSURE

The following speakers have disclosed that they have a financial interest with a proprietary entity or entities producing health care goods or services:

Speaker	Affiliation/Financial Interest	Name of Proprietary Entity (ies)
Altman, PhD (Stuart)	Board Member: CE Speakers' Bureau:	EmblemHealth; InnovaCare ExpressScripts; Licking Memorial Health System; BU Medical School; UMass Medical School; Brown University PhD/Med School/ Programs; Tufts Health Plan; Massachusetts Medical Society; North Carolina IOM; UNC Chapel Hill
Haddad, JD (Linda)	Other:	Horty, Springer & Mattern
Horty, LLB (John)	Stockholder:	A-VU Corporation
Kaplan, MD (Gary)	Consultant:	Virginia Mason Institute
Lin, MD (Della)	CE Speakers' Bureau:	Merck
Tringale (Steven)	Consultant:	Tringale Health Strategies, LLC

The following speakers have disclosed that they have no financial interest with a proprietary entity or entities producing health care goods or services:

Bittman, MD (Barry)	Jefferies, JD (Charlotte)	Kaiser Carlson, MSHA (Leanne)
Kitzhaber, MD (John)	Kopf (Jim)	Mechanic, MBA (Rob)
Mulholland, JD (Dan)	Rivkin (Steve)	Tiscornia, CPA (John)

DRESS

Business casual attire is appropriate and encouraged at the Portola Hotel & Spa. However, gentlemen may need to wear jackets and ties in some of the restaurants. Also, it is sometimes difficult to maintain a temperature in the meeting rooms to satisfy all attendees, so we suggest you bring a sweater to the sessions. In consideration of others, it is requested that there be no use of cell phones in the meeting rooms.

SPECIAL SERVICES

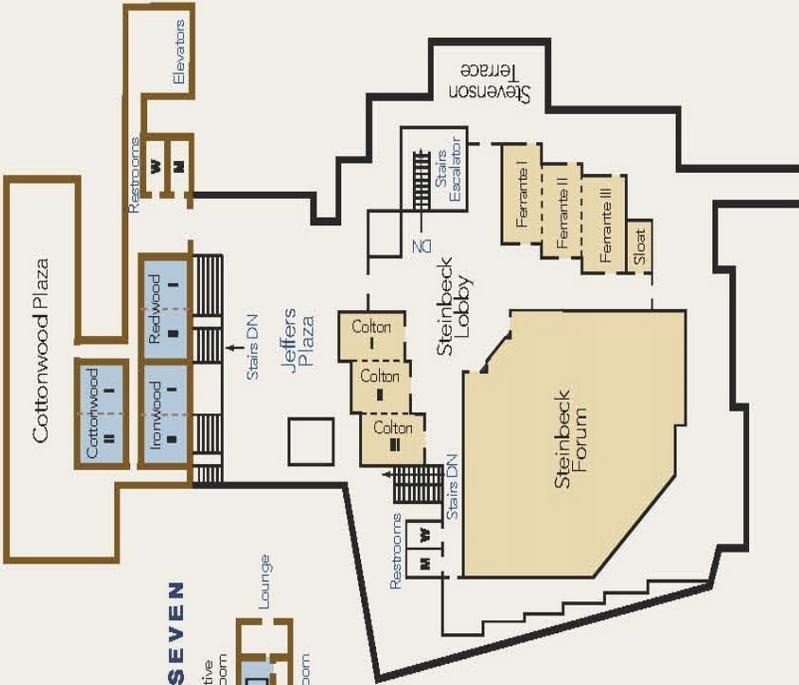
Americans with Disabilities Act Statement: We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us to better serve you. Please notify us of your needs at least two weeks in advance of the program.

ADDITIONAL INFORMATION

Contact the Estes Park Institute, at 800-223-4430 if you have questions prior to the conference.

THE ESTES PARK INSTITUTE

LEVEL THREE



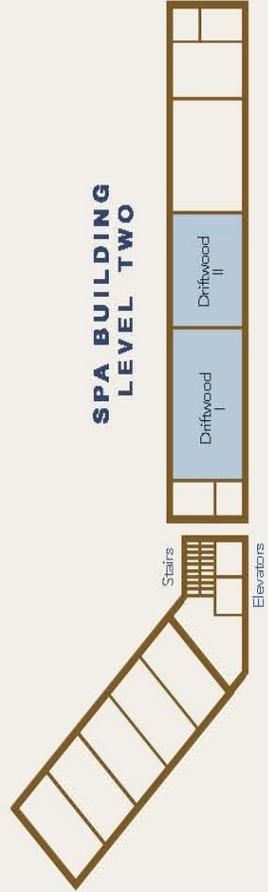
LEVEL SEVEN



LEVEL TWO



SPA BUILDING LEVEL TWO



LEVEL ONE



Portola Hotel & Spa
at MONTEREY BAY

MONTEREY
CONFERENCE CENTER MEETING PLACE

* Not to scale

THE ESTES PARK INSTITUTE

The Mission of Estes Park Institute

Estes Park Institute believes that health care must have a moral center and that health care professionals, trustees and managers of hospitals and health systems have the highest duty and responsibility in our society. The mission of Estes Park Institute is to educate teams of physicians, board members and health care managers so that they can better serve their patients and all people in their local communities and can exercise leadership in the field. We fulfill that mission by conducting educational conferences for health care leaders including physicians, board members, management and spouses of the participants. At the conferences, the Estes Park Institute faculty presents up-to-the-minute information, analysis and insight into the problems and opportunities that shape health care in the United States. It is expected that participants will return home equipped with a better understanding of their roles and responsibilities in the health of the community they serve.



THE ESTES PARK INSTITUTE

THE ESTES PARK INSTITUTE CONFERENCE PROGRAM
PORTOLA HOTEL & SPA • MONTEREY, CALIFORNIA
OCTOBER 20—23, 2013

E = Executives	T = Trustees	MS = Medical Staff Leaders
C = Community Participants	NT = New Trustees	NMS = New Medical Staff Leaders

SUNDAY, OCTOBER 20

11:00 am to 4:45 pm

REGISTRATION

De Anza III Foyer

2:30 pm to 3:40 pm

OPTIONAL EARLY SESSIONS

NEW TRUSTEES: WELCOME TO A WORLD OF RAPID CHANGE

JOHN HORTY, LLB

Cottonwood

What any new board member, or one with only a year of service, should know about the rapidly changing health care environment.

TRANSFORMING OUR MANAGEMENT RELATIONSHIPS: AN ALCHEMICAL APPROACH

LEANNE KAISER CARLSON, MSHA

Redwood

Our strategies will be no more powerful than our relationships. And these are often encumbered, difficult, or stuck. Work with an alchemical tool and consider how to free relationships from the bonds of the past, recognize nemeses as allies, own in ourselves what annoys us most in others, induce the relationships we desire, design boundaries, and create good endings. Explore how health systems are using these strategies to transmute even the most intractable relationships.

HEALTH LEADERSHIP: WHAT WILL IT TAKE?

DELLA LIN, MD

Ironwood

Leadership, physician leadership, and physician leadership development look different in the emerging health care environment. How might our models and criteria need to shift to ensure sustainable success?

(Sunday continued on next page)

THE ESTES PARK INSTITUTE

SUNDAY, OCTOBER 20 (continued)

4:00 pm to 6:10 pm

GENERAL SESSION

De Anza III

ANNOUNCEMENTS

STEVE RIVKIN

THE HOSPITAL & THE MEDICAL STAFF: CAN WE STILL BE FRIENDS?

CARE COORDINATION: THE NEW HOSPITAL-PHYSICIAN COALITION

BARRY BITTMAN, MD

In this challenging era of health care reform, the need to align physicians and hospital executives has never been greater. Dr. Bittman begins with a futuristic perspective of what is possible when we decide to work together. He then proceeds to track the historical framework that serves as the foundation of the existing chasm, and suggests a unifying strategy for achieving Triple Aim objectives and sustaining quality health care for future generations.

Session objective: To become familiar with the foundations of the medical staff as a separate entity from the hospital; to discuss the common objectives that must be embraced to achieve Triple Aim objectives and sustain quality health care for future generations; and, to present a rational care coordination strategy for co-creating a quality health care system that will serve this and future generations.

THE NEW SHAPE OF THE MEDICAL STAFF(S)

LINDA HADDAD, JD

So many changes in health care delivery has left the traditional medical staff ill-prepared to fulfill its critical functions of credentialing, quality and peer review. First, many employed physicians are in the mix — including CMO, CQO, Service Line chiefs and other roles that supplant elected medical staff leadership. Second, increasingly there are two or more medical staffs as part of the same system. Horizontal integration may save valuable physician time by avoiding duplication of efforts in each and may contribute to standardization of care systemwide.

Session objective: Participants will: Learn what changes are legally and practically possible in structuring a medical staff(s); be able to sort through which functions are medical staff responsibilities and which are better managed as employment issues; and, know when medical staff functions can be merged and when they must be duplicated in each facility.

GIVING VOICE

DELLA LIN, MD

When we do not hear the voice-- the context and perspective of those around us -- are we creating unintended harm?

(Sunday continued on next page)

THE ESTES PARK INSTITUTE

SUNDAY, OCTOBER 20 (continued)

4:00 pm to 6:10 pm

GENERAL SESSION (cont.)

De Anza III

RE-ENCHANTING OUR LIVES AND PROFESSIONS

LEANNE KAISER CARLSON, MSHA

Medicine and health care is in *the great disillusionment*—a period in which many have given up on the possibilities that drew them to a healing profession. More than 60% of physicians say they would retire today if they had the means. And 45% of all health care workers say they will look for a new job in the next two years. But this disillusionment simply indicates we will not be satisfied with medicine devoid of what matters most. We hunger for greater impact while experiencing euphoria, meaning, and satisfaction. We can, and we will, find new paths by which to re-enchant our professions and our lives. In this session we consider a few places to begin.

PANEL: AUDIENCE Q&A and DISCUSSION

BITTMAN, HADDAD, LIN & CARLSON

6:10 pm

CONFERENCE ADJOURNS FOR THE DAY

6:10 pm to 7:00 pm

CONFERENCE RECEPTION

De Anza I

MONDAY, OCTOBER 21

6:30 am to 8:00 am	REGISTRATION	De Anza III
	CONTINENTAL BREAKFAST	Lower Atrium
8:00 am to 11:55 am	GENERAL SESSION	De Anza III

ANNOUNCEMENTS

STEVE RIVKIN

HEALTH CARE REFORM: THE NEW REALITIES

MEETING THE TRIPLE AIM IN OREGON: EXPANDING COVERAGE, REDUCING COST, IMPROVING OUTCOMES

HON. JOHN KITZHABER, MD

Oregon's new Coordinated Care Organizations are concluding their first year of operation providing a new health care delivery model to the 625,000 people on the Oregon Health Plan (our Medicaid program). With our statewide health insurance exchange ready to go live on October 1st, our plan is to soon have this new care model listed as a high quality, low cost option on the exchange and make it available for public employees and small employers. This, plus an additional 180,000 Oregonians expected to qualify for Medicaid under the ACA, will keep us on track to 95 percent of our population with health insurance coverage by 2016. This session explores one state's success in transforming the delivery model from after-the-fact acute care to a focus on prevention, wellness and the community-based management of chronic conditions. Two quarters of outcome data under a global budget that grows at a fixed rate demonstrates the promise of this new delivery model to achieve the Triple Aim: Expanding access, Reducing cost and Improving health outcomes – not just for Medicaid but for the private market as well.

Session objective: Describe the Oregon approach to Medicaid reform; illustrate how this approach seeks to reduce cost and improve health outcomes; illustrate how Oregon's new health insurance exchange can expand this reform beyond the Medicaid population; and, illustrate how this approach can lead the way to broader transformation in the employment-based health care system; and in Medicare.

THE RESTRUCTURED HEALTH CARE SYSTEM: IS IT FOR REAL?

STUART ALTMAN, PHD

In this presentation I will focus on why the U.S. health system is trying to develop a more efficient system in hopes of slowing the growth in spending; whether the current approach will work; why some believe that it is working, while others, including the Medicare actuaries, believe that the U.S. will again return to high spending growth rates. I will then turn to how the state of Massachusetts is working with its health care system to help it reform and keep the growth in spending in line with the state's growth in GDP. Finally I will explore what could happen if the growth in spending does return to historic levels.

(Monday continued on next page)

THE ESTES PARK INSTITUTE

MONDAY, OCTOBER 21 (continued)

8:00 am to 11:55 am

GENERAL SESSION (cont.)

De Anza III

THE RESTRUCTURED HEALTH CARE SYSTEM: IS IT FOR REAL? (cont.)

STUART ALTMAN, PHD

Session objective: *To identify some of the major factors leading to rising health care spending; to list the reasons why many hope that the expansion of delivery systems that are restructured into Accountable Health Plans (ACOs) or accept Bundled Payments will help limit the growth in health care spending; to identify some of the concerns with the current restructuring approaches; to understand the factors included in the debate about whether the current slowdown in U.S. health care spending is temporary or represents permanent improvements; and, to explain what the state of Massachusetts is doing to help slow its growth in spending.*

COMPLY & IMPLEMENT

JOHN HORTY, LLB

EPI's Board Chair provides an overview of the status of reform, and what needs to be done to comply and implement new requirements, now and in the coming months.

PANEL: AUDIENCE Q&A and DISCUSSION

KITZHABER, ALTMAN & HORTY

9:50 am to 10:10 am

BREAK

De Anza Foyer

THE LAW OF THE LAND: IMMEDIATE NEXT STEPS IN THE ACA TIMELINE

CONSEQUENCES & HIDDEN ISSUES OF HEALTH REFORM

DAN MULHOLLAND, JD

In this session we will discuss five consequences of recent health "reform" legislation that present significant operational, governance and legal challenges to hospitals and health systems, as follows:

1. Electronic medical records
2. "Value-based" purchasing
3. Consolidation
4. Physician shortages
5. More uninsured

Session objective: *The objective of this segment will be to explain how these challenges are likely to affect hospitals and health systems and how leaders of those institutions might begin to deal with them.*

(Monday continued on next page)

THE ESTES PARK INSTITUTE

MONDAY, OCTOBER 21 (continued)

8:00 am to 11:55 am

GENERAL SESSION (cont.)

De Anza III

HEALTH “EXCHANGES” - HOW WILL THEY AFFECT YOU?

ROB MECHANIC, MBA

New Health Benefits Exchanges created by the Affordable Care Act to expand health insurance coverage will go live on January 1, 2014. Whether Exchanges create disruptive change in local health care markets will depend on their size; their approach to working with health plans; the types of new health plan products offered through the Exchanges; and the market position of local hospitals and health systems. The impact of Exchanges will vary from area to area. This session will help you determine whether you should develop an immediate strategy to respond to changes that your state Exchange will bring.

Session objective: Participants will learn how Health Exchanges are structured and the characteristics of those that may function as active purchasers. It will also look at likely consumer responses to this new purchasing model and how new health plan product designs may affect reimbursement and patient volume.

INDIVIDUAL MANDATE, EMPLOYER RESPONSIBILITIES AND THE IMPACT ON HOSPITALS

STEVEN TRINGALE

Employers' decisions on providing coverage directly to their employees, or moving them to the Exchange, will directly impact hospitals. Understanding the dynamics of the employer/employee decision will allow hospital leadership to make informed strategic decisions on product participation and contracting. Ultimately, these decisions will impact consumers' access to services at your facility and redirect volume.

A REGULATORY & COMPLIANCE “PERFECT STORM”

JIM KOPF

The 2014 ACA implementations will force hospitals to re-evaluate best practices and compliance protocol to meet 2014 ACA implementations. Sequestration has forced the Center for Medicare and Medicaid to tighten their belts and look for additional ways to bring money back to the trust fund. Result: More audits and investigations by more government agencies and contractors. We will examine the three problem areas for hospitals today.

PANEL: AUDIENCE Q&A and DISCUSSION

MULHOLLAND, MECHANIC, TRINGALE & KOPF

11:55 am

CONFERENCE ADJOURNS FOR THE DAY

THE ESTES PARK INSTITUTE

TUESDAY, OCTOBER 22

6:30 am to 8:00 am

CONTINENTAL BREAKFAST

Lower Atrium

8:00 am to 9:00 am

CONCURRENT SESSIONS—#1

CLINICAL INTEGRATION IN RESPONSE TO HEALTH REFORM: HOW DO YOU REALLY MAKE IT WORK?

JOHN TISCORNIA, CPA

Portola Room

MS NMS E T NT

What is clinical integration and why is it happening? How does clinical integration fit with an ACO or CCO? The health care industry is rapidly pushing the health care providers to provide clinical integration in the care of their patients. It is important that the leadership of providers, including Boards, Physicians and Senior Management, establish and implement a program for clinical integration. They must understand how to achieve the *culture* of clinical integration and how to demonstrate the *value* of clinical integration. Health care provider organizations need to develop integrated care to meet the challenges from patients as well as payers. In order to make an integrated delivery system work, there must be a transformation from today's delivery system with a change in the basic structure to true clinical integration.

Session objective: Participants will be able to: Understand and articulate the basic concepts of clinical integration; recognize how to achieve the culture of clinical integration; and, recognize the critical steps in developing the "systemness" necessary for clinical integration.

YOU'RE NOT PARANOID, THEY REALLY ARE AFTER YOU: HOW TO SURVIVE THE INEVITABLE GOVERNMENT INVESTIGATION

JIM KOPF & DAN MULHOLLAND, JD

Cottonwood

E T NT

There are two types of hospitals: Those that have been investigated by the government this year, and those that will. Nothing is off limits to government scrutiny of hospital policies, procedures, and protocol. We will discuss the government "hot spots" and how to protect your hospital from turning cheap molehills into expensive mountains of lost time and money.

Areas of interest:

- False Claims Act suits
- Whistleblowers: the Good, the Bad, and the Ugly
- Self-Disclosure: will you have to rat yourself out?
- HIPPA 2014 – it's not your father's privacy rule anymore
- Recovery Audit Contractors 2014
- CMS: the new Big Brother
- OIG and Contractor Audits; Show me the money

(Tuesday continued on next page)

THE ESTES PARK INSTITUTE

TUESDAY, OCTOBER 22 (continued)

8:00 am to 9:00 am

CONCURRENT SESSIONS—#1 (cont.)

RADICAL ABUNDANCE: INNOVATIONS UNLEASHING PHILANTHROPY

LEANNE KAISER CARLSON, MSHA

Redwood

E T

Glimpse the most compelling generosity innovations sweeping health care—places designing physician engagement at almost unimaginable levels, attracting resources far beyond what seems possible, embedding generosity into the patient care experience, and even integrating generosity internally to profoundly transform organizational culture. Look at what the biggest and smallest organizations are achieving.

CHECKLISTS: THE GOOD, THE BAD, AND THE PREVENTABLY UGLY

DELLA LIN, MD

Ironwood

MS NMS E T NT C

Checklists have become a popular tool to improve safety. Yet their utility has been both underused and overly embraced. What makes for a good checklist... a bad checklist... and more dangerously, one that could cause further harm? What are some necessary criteria for the tools that we employ in improving quality and safety?

PRE-EMPLOYMENT DOS AND DON'TS

CHARLOTTE JEFFERIES, JD

Bonsai I/II

MS NMS E T NT C

Hospitals often invest a great deal of time and energy in medical staff credentialing and have well-developed human resource (HR) policies for hiring hospital employees, but fail to proceed with the same vigor and standards when recruiting physician candidates for employment. Since the risks of employing a practitioner with a storied history are so great, it makes little sense not to get everyone on the same page. Not only is the hospital taking on *respondeat superior* liability (“let the master answer”) for any physician it employs, it is also placing its reputation on the line because patients and the public view employed physicians as “belonging” to the hospital. With the stakes so high, it’s time for pre-employment examination to be turned up a notch. Qualifications and employment expectations are useful only if those charged with recruiting, drafting contracts and managing the employment relationship are informed and well trained regarding them.

Session objective: Participants will be encouraged to engage in discussion and work through examples to better understand the dos and don'ts of pre-employment examination and the need to clearly define qualifications, to get everyone on the same page, and to prepare a contract that outlines and accurately lays out the organization's expectations and requirements at the time of employment and throughout the term of employment.

(Tuesday continued on next page)

THE ESTES PARK INSTITUTE

TUESDAY, OCTOBER 22 (continued)

9:10 am to 10:10 am

CONCURRENT SESSIONS—#2

THE EVOLVING HEALTH SYSTEM AND INSURER RELATIONSHIP

STEVEN TRINGALE

Redwood

MS NMS E T NT

With the passage of the ACA and the new emphasis on transparency, health systems need to build collaborative relationships with their principal third-party payers. Joint ventures that include product co-branding, tiered and limited networks, and branded networks are the new cornerstones of successful relationships and partnerships. Communicating these paradigm shifts to your key internal and external constituencies will strengthen the health system's ability to negotiate stronger and more productive relationships.

Session objective: *This session will explore for attendees the key strategic components of the new “contracting models,” and the importance of communication in the process.*

*FUTURE MEDICARE FUNDING FOR HEALTH CARE: (*Repeats at 10:20 am) WILL IT ADJUST FOR REGIONAL DIFFERENCES IN SPENDING?

STUART ALTMAN, PHD

Portola Room

MS NMS E T NT

SEVEN HABITS FOR HIGHLY SAFE PEOPLE & ORGANIZATIONS

DELLA LIN, MD

Ironwood

MS NMS E T NT C

Patient safety science tells us we must standardize and aim for zero. It tells us we must have teamwork. These tenets are difficult to implement without reflecting on the basic habits and mental models. This session provides a framework for habits that must be in place EVERY moment to create safety daily.

GREATER EXPECTATIONS: CARE COORDINATION AS A SURVIVAL TOOL

BARRY BITTMAN, MD

Cottonwood

MS NMS E T NT C

This workshop focuses on a novel comprehensive outcomes-based model for developing and sustaining a no discharge continuous care system that achieves Triple Aim objectives. Dr. Bittman provides a comprehensive update of his model that now serves as the cornerstone for care coordination in several community hospitals across America. He presents clinical as well as financial outcomes along with the results of comprehensive patient satisfaction surveys. This workshop extends the concept of a continuum of care from childhood to palliative and hospice care. This scaled disseminated strategy holds great promise as a survival tool for community hospitals.

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THE ESTES PARK INSTITUTE

TUESDAY, OCTOBER 22 (continued)

9:10 am to 10:10 am

CONCURRENT SESSIONS—#2 (cont.)

**GREATER EXPECTATIONS:
CARE COORDINATION AS A SURVIVAL TOOL (cont.)**

BARRY BITTMAN, MD

Cottonwood

Session objective: To review the foundational elements of care coordination; to provide an update of the clinical, financial and patient satisfaction outcomes achieved through the Community Care Network model; and, to discuss both advances and the future of care coordination as a survival tool for community hospitals.

10:20 am to 11:20 am

CONCURRENT SESSIONS—#3

***FUTURE MEDICARE FUNDING FOR HEALTH CARE: (*Repeat from 9:10 am)
WILL IT ADJUST FOR REGIONAL DIFFERENCES IN SPENDING?**

STUART ALTMAN, PHD

Portola Room

MS NMS E T NT

APPS: LICENSURE, ANTITRUST, SCOPE OF PRACTICE, OH MY!

LINDA HADDAD, JD

Bonsai I/II

T NT MS NMS

Many more than the traditional practitioners have become vital contributors to your health care delivery system and process. The number and variety of practitioners will continue to grow and the law is not quite keeping up. This session will address issues of licensure, antitrust, scope of practice and supervision.

Session objective: Participants will learn and discuss: The role of recognized advanced practitioners, the evolution of their scope of practice and how to manage it in a health care organization; the legal issues in including APPs (licensure, liability) and in excluding them (antitrust, substandard or interrupted care); and, how to credential and oversee the care of APPs.

HEALTH CARE AS A PORTAL OF TRANSFORMATION

LEANNE KAISER CARLSON, MSHA

Ironwood

E T MS C

Many organizations strive for high patient satisfaction scores, perfect processes, and great clinical outcomes. But few imagine how to create an experience so unusual it becomes the portal through which people reorganize their lives and emerge better than if they had never had the disease or injury. Look at the experience map and designs for one cancer center and re-imagine what is possible in your own organization.

(Tuesday continued on next page)

THE ESTES PARK INSTITUTE

TUESDAY, OCTOBER 22 (continued)

10:20 am to 11:20 am

CONCURRENT SESSIONS—#3 (cont.)

NEW CHALLENGES FOR TODAY'S GOVERNING BOARDS: RESPONDING TO HEALTH REFORM

JOHN TISCORNIA, CPA

Redwood

MS NMS E T NT

The basic responsibilities of trustees remain the same; however, fulfilling these responsibilities has become more challenging in the current health care environment. New organizations are forming to deliver integrated care both inside and outside of the hospital setting. Who will govern these new organizations? Who will be on the overall board? Who will hold the balance of power? How will the hospital board activities change? Will the hospital become a subsidiary to the parent company? These are only some questions that boards need to address as a result of the changing delivery models.

Session objective: The participants will be able to: Identify how the changing environment impacts the traditional governance of health care providers; recognize the challenges of changing to new governance models; and, establish the criteria for transforming board governance.

PATIENT SAFETY ORGANIZATIONS: THEY'RE NOT JUST A GOOD IDEA, THEY'RE THE LAW!

DAN MULHOLLAND, JD

Cottonwood

E MS

Starting in 2015, hospitals with more than 50 beds will be required to establish a "patient safety evaluation system," which is defined as "the collection, management, or analysis of information for reporting to or by a patient safety organization." While PSOs have been around for a number of years, few hospitals and health care systems have taken advantage of the broad protection against legal discovery that these organizations provide. Once the new rule kicks in, that will change. This session will provide an overview of what PSOs are, how they work, and describe how you can decide whether to set your own up or contract with an outside PSO to meet this new requirement.

11:30 am to 12:30 pm

CONCURRENT SESSIONS—#4

THE BOARD'S RESPONSIBILITY DURING THE TRANSFORMATION OF HEALTH CARE

JOHN HORTY, LLB

Bonsai I/II

T NT

What every board needs to weigh during this changing health care environment.

(Tuesday continued on next page)

THE ESTES PARK INSTITUTE

TUESDAY, OCTOBER 22 (continued)

11:30 am to 12:30 pm

CONCURRENT SESSIONS—#4 (cont.)

PEER REVIEW: FUNCTIONS, OPTIONS & PROTECTIONS

CHARLOTTE JEFFERIES, JD

Redwood

MS NMS E T NT C

The combination of opportunity and authority creates an obligation on the part of the medical staff to assess the performance of its members. If the heart of the medical profession is self-regulation through monitoring of voluntary standards, then the medical staff cannot escape the challenge to make peer review work effectively. The medical staff bylaws or credentials policy should outline a good, overall framework that permits a thorough and impartial review, but also is one that is flexible enough to respond appropriately to a given situation. In addition, the bylaws or policy need to reflect the accreditation agencies increased emphasis on the peer review process. In cases involving clinical competence, it may sometimes be necessary to retain an outside consultant to render an opinion. These reviews also need to be carefully coordinated so that they are effective in assisting the medical staff leadership with its review, but don't give rise to unnecessary legal contentions. Medical staff leaders who participate in informal and formal peer review activities are entitled to significant legal protections. However, a key to securing all of the applicable protections is maintaining confidentiality and eliminating any appearances of impropriety.

Session objective: Provide participants with an understanding of the essential elements of an effective peer review process, including techniques to conserve physician time, advantages of a triage function, how to obtain specialty expertise, and how to determine what should be reviewed. The legal and common sense protections that medical staff leaders should incorporate into their peer review roles will also be presented.

ESTABLISHING PREFERRED HOSPITAL RELATIONSHIPS WITH GLOBALLY PAID MEDICAL GROUPS

ROB MECHANIC, MBA

Ironwood

E T MS

Large medical groups are frequently the cornerstone of new accountable care organizations and as such are increasingly operating under global budget targets. With greater accountability for total health spending, medical groups are seeking hospital partners that will work collaboratively with them to achieve the Triple Aim of better health, better care and lower costs. Preferred relationships with large medical groups can bring increased patient volume but achieving preferred status will require new investments in relationships, information technology and collaborative clinical programs.

Session objective: Participants will learn about key elements of preferred partnerships with globally paid medical groups including governance structures, service-level expectations, and specific performance measures of interest to the groups.

(Tuesday continued on next page)

THE ESTES PARK INSTITUTE

TUESDAY, OCTOBER 22 (continued)

11:30 am to 12:30 pm

CONCURRENT SESSIONS—#4 (cont.)

QUESTIONS THE BOARD SHOULD ASK MANAGEMENT – AND THE ANSWERS THEY SHOULD HEAR

JIM KOPF

Cottonwood

E T NT

You are a member of the hospital board. You have a fiduciary responsibility under the board's duty of care to ensure the hospital's programs and policies are in line with the community, state, and government standards. How do you determine if your hospital adheres to the 2014 compliance protocol?

Session objective: *This session provides an in-depth discussion of corporate best practices and compliance and the boards fiduciary responsibility under its duty of care.*

- **Communication:** *What do you know and when did you know it?*
- **Education:** *How does the board and management learn of changes in health care regulations and laws?*
- **Compliance officer and committee:** *Right people in the right position measuring the right areas?*
- **Investigations, inquires, audits:** *Is the hospital prepared to respond to outside scrutiny?*

SPEAK UP AND SPEAK OUT

STEVE RIVKIN

Portola Room

MS NMS E T NT G

Hospitals are under more scrutiny than ever. Employees, physicians, business leaders and the media all expect to know more. Meanwhile, outside pressure groups – many of them critical of tax-exempt hospitals – are advancing their own agendas. Successful organizations understand that “silence grants the point” – that if you fail to speak up and speak out, you will always be on the defensive.

Session objective: *To appreciate the value of proactive communications, and the tactics to accomplish it.*

12:30 pm to 1:45 pm

LUNCH BREAK

(Tuesday continued on next page)

THE ESTES PARK INSTITUTE

TUESDAY, OCTOBER 22 (continued)

1:45 pm to 3:15 pm

MEGA-CONCURRENT SESSIONS—#5

ADVANCES IN CONTINUOUS CARE MANAGEMENT

BARRY BITTMAN, MD, JOHN HORTY, LLB & ROB MECHANIC, MBA **Bonsai I/II**

MS NMS E T NT C

Discover the latest insights for developing a cost-effective and integrated no-discharge health care system in your community. Medicare has finally launched its new bundled payment for care improvement program. Learn what is working and what is not as hospitals move forward with this new payment model.

MERGER, AFFILIATION, INDEPENDENCE: WHAT'S RIGHT FOR YOU?

DAN MULHOLLAND, JD, STEVE RIVKIN & STEVEN TRINGALE **Portola Room**

MS E T NT C

This may be the most significant decision your board and management team ever makes. You need a sound strategy that takes into account all the options.

Session objective: This session will provide just what you need to know from the perspectives of governance, legal, finance, operations and public relations.

ACQUISITION, INTEGRATION & SUCCESSFUL OPERATION OF A PHYSICIAN GROUP PRACTICE

LINDA HADDAD, JD & JOHN TISCORNIA, CPA **Cottonwood**

MS NMS E T NT

This session addresses the many considerations and steps necessary when integration between a hospital and a physician group is contemplated. It outlines the legal and the practical risks of too little planning, putting the hard questions off until last, "loose lips," conflicts of interest, too little knowledge of the market, too little involvement by other affected parties. It emphasizes congruent objectives, community and market assessment, an outcome that is consistent with your mission and in service to the community.

Session objective: Participants will be able to: Identify the multiple steps in the consideration and implementation of physician-hospital integration; recognize and so avoid legal pitfalls that impede such transactions: antitrust, insurer opposition, conflicts of interest; and, recognize the critical business interests and how they can be negotiated.

(Tuesday continued on next page)

THE ESTES PARK INSTITUTE

TUESDAY, OCTOBER 22 (continued)

1:45 pm to 3:15 pm

MEGA-CONCURRENT SESSIONS—#5 (cont.)

ARE YOU AN ORGANIZATIONAL ALCHEMIST? ASSESS YOUR MASTERY

LEANNE KAISER CARLSON, MSHA

Redwood



Alchemy is the art and science of transformation. Through it we understand how one thing can become something entirely different. Assess your mastery of 13 alchemical elements and see the areas in which you are powerful or limited. Then augment your growth as a leader and attain results that appear to others as surprising and mysterious.

3:15 pm

CONFERENCE ADJOURNS FOR THE DAY

WEDNESDAY, OCTOBER 23

6:30 am to 8:00 am	CONTINENTAL BREAKFAST	Lower Atrium
8:00 am to 11:20 am	GENERAL SESSION	De Anza III

ANNOUNCEMENTS

STEVE RIVKIN

RAISING THE BAR ON QUALITY & SAFETY

QUALITY & SAFETY: MORE OR LESS?

DELLA LIN, MD

The activity around quality and safety initiatives is only going to get more intense. Preventable harm continues to happen at an intolerable pace. We've been at this diligently for at least 15 years. What do we have to show for it -- "more or less?"

TRANSFORMING CARE: LESSONS FROM THE FRONT LINES

GARY KAPLAN, MD

MEDICAL STAFF INVOLVEMENT IN HOSPITAL QUALITY IMPROVEMENT

CHARLOTTE JEFFERIES, JD

Caring for patients is the central activity around which all health care organization functions revolve. The medical staff is intricately involved in carrying out, and in providing leadership in, those patient care functions. Quality improvement is a hospitalwide function which cannot be properly performed without the involvement of the medical staff. The medical staff functions should be designed to help assess practitioner-specific (and team-specific) performance for ongoing evaluation and improvements in quality. When the findings of the assessments are relevant to performance, the medical staff is responsible for determining how to use those findings in the peer review and quality management processes to improve performance and patient care. In addition to both formal and informal peer reviews, the credentialing and privileging processes are also viewed as a mechanism for maintaining and improving the quality of care and patient safety. However, medical staff participation in quality improvement cannot be confined simply to a discipline-specific focus on traditional physician-related and controlled activities. Physicians must participate, and in many cases lead, in collaborative hospitalwide quality improvement activities. And given the increasing pressures on hospitals to improve the quality of patient care, it should become apparent that the need to engage physicians in hospital quality improvement initiatives is critical.

(Wednesday continued on next page)

THE ESTES PARK INSTITUTE

WEDNESDAY, OCTOBER 23 (continued)

8:00 am to 11:20 am

GENERAL SESSION (cont.)

De Anza III

MEDICAL STAFF INVOLVEMENT IN HOSPITAL QUALITY IMPROVEMENT (cont.)

CHARLOTTE JEFFERIES, JD

Session objective: This presentation will discuss why medical staff involvement in quality improvement is so important and the elements that undergird the legitimacy and the need for medical staff engagement, leadership and participation in quality improvement efforts in the hospital and health system. Levels of quality improvement will be reviewed and attendees will be encouraged to design hospital strategies to meaningfully engage their physicians in hospitalwide quality improvement activities.

PANEL: AUDIENCE Q&A and DISCUSSION

LIN & JEFFERIES

9:40 am to 9:55 am

BREAK

De Anza III

THE BOTTOM LINE

FIVE GOVERNMENT AUDITS OF CONCERN TO YOUR BOTTOM LINE

JIM KOPF

We will discuss five critical audit and evaluation areas the government is concentrating its efforts on to detect fraud, waste, and abuse. We will provide hospital administrators with preventative actions their staff should incorporate in the hospital's yearly audit and evaluation plan.

DEVELOPING A STRATEGY FOR POST-ACUTE CARE

ROB MECHANIC, MBA

Medicare patients incur substantial expenses during the 30 to 90 day period after a hospitalization. In fact, post-acute care spending is the largest driver of the large geographic variation in Medicare spending. As hospitals begin to participate in new CMS payment models like accountable care organizations and bundled payments they will need to develop strategies to ensure that patients receive efficient high quality post-acute services. This session will examine strategies to help hospitals ensure that patients enter the most appropriate post-acute settings as well as considerations in establishing preferred relationships with post-acute care providers.

Session objective: Participants will learn about the patterns of post-acute care spending after a hospitalization and opportunities for improving both spending and quality. They will learn about the characteristics of well performing skilled nursing facilities and the types of performance requirements that should be built into preferred arrangements with post-acute care providers.

(Wednesday continued on next page)

THE ESTES PARK INSTITUTE

WEDNESDAY, OCTOBER 23 (continued)

8:00 am to 11:20 am

GENERAL SESSION (cont.)

De Anza III

BOARD RESPONSIBILITIES FOR STRATEGIC & FINANCIAL PLANNING

JOHN TISCORNIA, CPA

The board's responsibility for approving the strategic and financial plans for the hospital has never been more critical. In today's rapidly changing health care environment, the board needs to provide more strategic focus and oversight. It is management's responsibility to prepare the strategic and financial plans for the board to review; however, trustees can play a central role in establishing the vision and policy, setting goals and priorities, and overseeing progress. The strategic and financial plans and the supporting assumptions must be coordinated and need to be tools that are flexible, able to be monitored and used in daily and monthly decision making.

Session objective: Participants will be able to: Identify the risk factors for major planning assumptions; understand how to measure, monitor and oversee the strategic planning process; evaluate the assumptions and market factors that support the strategic plan; identify alternative strategies and a backup plan for a major change in events; and, recognize the Vision and when the organization has arrived.

WHERE DO WE GO FROM HERE?

STEVE RIVKIN

We've considered new strategies, new tactics, and fresh takes on old concepts – across four days and more than 50 separate sessions. Now, how do we sustain the momentum of new ideas, and give them life when we get back home?

11:20 am

CONFERENCE ADJOURNS

**Thank you for attending the Estes Park Institute Conference.
Have a safe journey home.**