A TOTALLY RE-IMAGINED CONFERENCE PROGRAM.

1 GOAL.
4 PATHS TO CUSTOMIZE YOUR CONFERENCE LEARNING EXPERIENCE.

CULTURE, LEADERSHIP, & PERFORMANCE

GOVERNANCE

INNOVATION

PHYSICIAN LEADERSHIP
For more than 30 years, the Estes Park Institute has been perfecting a dynamic conference program dedicated to helping hospital leadership teams discover the newest ideas, innovations and best practices in health care. We provide continuing education conferences for hospital executives, trustees and medical staff leaders, bringing them together to help them set—and reach—the higher goals that will help them better serve their patients and communities.

And now, we’ve re-imagined every facet of our conference program! We have designed a program that isn't just built for you, it’s built by you, addressing what you have told us are the most pressing issues your organization is facing. Our distinguished faculty members have partnered together and identified the four paths they believe are the most important drivers to reinforce success and improvement for the community hospital. The result is a timely and relevant program focused on helping you find the right solutions for your own hospital’s future.

The Estes Park Institute conferences take place at destinations that offer the perfect blend of relaxing scenery and academic substance. As your hospital’s leadership team learns together, you’ll strengthen the bonds of teamwork that will continue to benefit your hospital—and your community—long after the conference ends. At the Estes Park Institute, we believe there is something bigger than hospitals and health systems, more important than the latest state-of-the-art equipment, even more critical than the bottom line. It’s the patient.

Our MISSION

The Estes Park Institute believes health care must have a moral center, and that health care leaders and professionals have the highest duty and responsibility in our society. The mission of Estes Park Institute is to educate teams of health care executives, physicians and trustees so that they can better serve their patients and all of the people in their local communities, and can exercise leadership in this field. We fulfill that mission by presenting up-to-the-minute information, analysis and insight into the problems and opportunities that shape health care in the United States.
March 22–25, 2015
La Quinta Resort & Club

The La Quinta Resort & Club is an Estes Park favorite and one of our most unique locations. Nestled at the base of the Santa Rosa Mountains, this desert oasis is renowned for its lush landscaping, beautiful flowers, and world-class hospitality. Unwind in exquisite Spanish-style casitas, some featuring private patios and glowing fireplaces. Enjoy state-of-the-art tennis facilities and five world-class championship golf courses. La Quinta Resort & Club is truly a golfer’s paradise. Experience the best kept secret in the Palm Springs area!

Vintage/Deluxe Casitas: $295
Starlight Casitas (w/ fireplace): $325

See page 19 for future dates.
Our distinguished faculty members have partnered together to identify the four paths they believe are the most important drivers to reinforce success and improvement for the community hospital. The following vital learning experiences are taking shape:

**GOVERNANCE IN A TIME OF TRANSFORMATION** deals with the Board's changing roles and responsibilities.

**PHYSICIAN LEADERSHIP—THE MEDICAL STAFF & BEYOND** examines new standards and evolving roles.

**CULTURE, LEADERSHIP & PERFORMANCE—THE PATHWAY TO PERFECT CARE** aggregates all the factors that impact the delivery of exceptional quality and patient safety.

**IDEAWORKS —BRINGING INNOVATIONS TO LIFE** explores transforming health care for tomorrow’s challenges.

Below is a sampling of the topics that will be included in our new and innovative program with a restructured format.

- Patient Safety & Quality Improvement
- Hospital/Physician Coordination
- Leadership in Trying Times
- Collaborating and Integrating Lawfully
- Financial Stability and Fiduciary Responsibility
- Crisis Management
- Fraud and Abuse
- The Patient Experience
- Medicare ACOs
- Personal Transformation
- Post-Acute Care Strategies
- CMO Roundtable
- Coordination of Care and Bundled Payments
- Generosity
- Physicians as Board Members
- Regulatory & Compliance Changes
- Challenges for Critical Access Hospitals
- The Science of Transformation
- Innovations
- Provider Owned Insurance Organizations
- Effective Incentive Systems
- Merger and Acquisition Alternatives
- Antitrust Activities
- Employed/Contracted Physicians
- The False Claims Act and Quality of Care
- Clinical Affiliation + Population Health Management
- Disruptive Employees
- Patient Information Security
- Recovery Auditor Guidelines
- Health Impact Bonds
- Developing a Change Management Culture
La Quinta

CONFERENCE SCHEDULE

General Sessions
In an Estes Park Institute general session, executives, physicians and trustees come together to hear real solutions to a broad range of problems and challenges facing health care organizations today. Hearing the same message as a team stimulates discussion and provides a strong foundation for generating a take-home plan to implement new ideas and strategies.

Program Paths  New this Year!
Change and uncertainty have become constants in 21st century health care. To help you cope with those new realities, we have designed 4 focused programs – or "Paths" – as the most important drivers for continued success in your communities. These are vital learning experiences for you and your team to take back home, and the content of each Path continues in our Interactive Sessions.

Interactive Sessions
Our workshop-style interactive sessions drill down by offering a choice of topics for each individual team member’s area of expertise. The Estes Park Institute Fellows delve into the nuts and bolts of specific issues and conclude with a discussion period, enabling participants to ask questions about how these topics apply to their own organization.
SUNDAY, MARCH 22

4:00 – 6:00 PM  GENERAL SESSION: NATIONAL POLICIES & LOCAL PRIORITIES

RESTRUCTURING THE CARE DELIVERY SYSTEM: WILL LIMITED GROWTH IN REVENUES FORCE A CHANGE?
Stuart Altman, PhD
Should hospitals restructure the way they provide services to lower costs because of expected declines in payments from the major payer groups? A major emphasis of this discussion will center on the growing importance of Medicaid, whether a health care system is located in a state that has agreed to expand its Medicaid program, and what is likely to happen to the Medicare trust fund and its hospital payments.

FORGET THE POLITICAL TURMOIL – WE MUST ACT NOW!
Barry Bittman, MD
Political health care bantering is no more than a costly diversion. As America’s health care system holds its breath for the next Supreme Court decision or presidential election, valuable time is wasted that is severely jeopardizing the survival of our community hospitals. This session is a call to action for America’s community hospitals, illuminating the real issues we must immediately address regardless of political outcome in this extraordinarily challenging health care environment.

HOW THE CONCEPT OF BUNDLED PAYMENTS WILL CHANGE HEALTH CARE
John Horty, LLB
Payment for health care has wider consequences than “how much” is paid. Fee-for-service rewarded each item of service but in some cases resulted in unnecessary care or procedures. Changing what and how care is paid for in ACOs and Bundled Payments will change both care and its organization, as well as channeling the money. We will look at how these new concepts, as well as global payment, affect quality and cost of care.

PANEL DISCUSSION AND QUESTION & ANSWER SESSION
Stuart Altman, PhD; Barry Bittman, MD; John Horty, LLB

MONDAY, MARCH 23

8:00 – 12:00 Noon  PROGRAM PATHS

Change and uncertainty have become constants in 21st century health care. To help you cope with those new realities, we have designed 4 focused programs – or “Paths” – as the most important drivers for continued success in your communities. Our Path Leaders will guide a team of faculty members as they explore these vital learning experiences, helping find the right solutions for you and your team. Each Path continues in our Interactive Sessions.

PATH 1: GOVERNANCE IN A TIME OF TRANSFORMATION
John Tiscornia, MBA, CPA, Path Leader

INTRODUCTION
John Tiscornia, CPA

CREATING LOYALTY AND COMMON PURPOSE WITH EMPLOYED PHYSICIANS
John Horty, LLB
Many hospitals and health systems have followed the strategy of employing physicians to meet the new challenges of health care – but simply providing a paycheck doesn’t create common purpose. For the employed physician model to succeed, physicians must feel a responsibility to the success of the hospital, and leadership must create a culture where employed physicians are valued as central to the hospital’s future. A strong board often has advantages in creating this culture shift.

THE FUTURE CHALLENGES FOR HEALTH CARE GOVERNANCE
Richard Levy, PhD
The changing strategies and structures of health care delivery systems mandate that governance organizations modify themselves and rethink their roles. These roles may differ for standalone community hospital boards, regional boards, and system boards. This presentation will discuss the process and success factors for transforming governance boards and suggest new opportunities for enhanced value added by those boards.
NEW COMMUNICATIONS CHALLENGES FOR THE BOARD
Steve Rivkin
Most hospital issues are operationally oriented and should be handled directly and exclusively by management. But there are new communications challenges for the Board: Crises and other high-profile situations that transcend management, and here the community needs to be reassured by the calming presence of board member leadership.

AFFILIATE, MERGE OR STAY INDEPENDENT: YOUR BIGGEST DECISION
Steve Tringale
At what point should boards consider affiliations or mergers? What is the board’s role in assessing benefits and risks? What are the governance impacts of affiliating, merging, or staying independent? What steps should boards take to prepare for affiliation/merger discussions and decisions?

THE CHALLENGES FACING THE HOSPITAL’S FIDUCIARY RESPONSIBILITIES ON COMPLIANCE
Jim Kopf
Board members have a fiduciary responsibility to ensure the hospital’s programs and policies are in line with government rules, laws and regulations. How do the board and senior leaders determine if they adhere to the changing regulatory and compliance protocols? This session provides an in-depth discussion of corporate best practices, compliance and the hospital’s fiduciary responsibility under its duty of care.

GOVERNING IN THE MIDST OF CHANGE
John Tiscornia, CPA
Governance challenges and roles differ for standalone community hospital boards, regional boards and system boards – and governing goes beyond the hospital walls. Changing leadership roles of both board and management is paramount – moving from strategic oversight to strategic leadership; providing oversight for multiple and complex relationships across the continuum of care; and going beyond monitoring performance to leading the change. The board has a major role in developing a change management culture.

PATH 2: CULTURE, LEADERSHIP & PERFORMANCE—THE PATHWAY TO PERFECT CARE
The factors that impact the delivery of exceptional quality and patient safety
Della Lin, MD and Gary Kaplan, MD, Path Leaders
The imperative for quality and safety is compelling, as it should be. In reality, cost constraints and policy mandates often crowd out the imperative. The path to higher quality and safer care may actually improve business performance and lower costs.

Critical success factors include culture, leadership and high resilience performance:
- A healthy, supportive tangible culture of dignity and respect—not just a fuzzy problem
- Aligned and committed leadership and leadership capacity built throughout the organization
- High resilient performance committed to driving out needless variation

This focused program will provide up-to-date information through a combination of presentations, dialog, faculty panels and group work to give attendees an opportunity to learn, create, test and share new ideas. At the conclusion, each attendee should have several practical solutions to propel them further along the path to perfect care.

Agenda:
- Where are we now?
- What’s the business case and case for urgency?
- Drilling down on culture and performance
  - The GM story; The Mary McClinton story; What can we learn?
  - What does a culture of respect “look” like?
- Leadership, Leadership, Leadership

PATH 3: IDEAWORKS–BRINGING INNOVATIONS TO LIFE
Transforming health care for tomorrow’s challenges
Leanne Kaiser Carlson, MSHA and Barry Bittman, MD, Path Leaders
America’s health care system is currently undergoing the most radical change since its inception. Our present health care system is fragmented, unaffordable and unsustainable. Innovations and disruptive technologies will play a major evolutionary role in the creation of an effective affordable health care system for this and future generations.

This year Estes Park Institute is inviting innovators to join us and share their insights. Each will describe an exciting new frontier. Our goal is to engage in extended dialogue about how these new frameworks for health care redesign can be disseminated and replicated in communities, and how they might ultimately intersect with other trends and advances.
INNOVATING FOR THE FUTURE
Barry Bittman, MD and Leanne Kaiser Carlson, MSHA

Innovators (innovators may change):

ADVANCED DISEASE COORDINATION
Jeff Thompson, MD, CEO, Gundersen Health System
La Crosse, Wisconsin’s Gundersen Health System’s approach to advanced care planning led to the development of an extraordinarily effective care model for patients with complex chronic illnesses. From unprecedented community engagement to innovative medical information sharing, there are systems to support patient wishes. In La Crosse, 96% of those who die have an advance care plan, and that plan is followed 99% of the time. When patients choose palliative care, these clinicians and nurses then slide into the care mix to augment not eliminate the primary care or care coordinators already deeply connected to the patient. In this conversation we learn about the way all these innovations come together to transform care for those with advanced disease.

INSTITUTIONS DON’T HAVE NEEDS, PEOPLE DO
James Hickman, CEO, Better Health East Bay
Philanthropy has become an important catalyst for innovation in community and population health-based approaches, creating more rewarding opportunities for funders seeking to make a meaningful impact on the overall well-being of their local communities. In this session, participants will learn about Better Health East Bay's vision to make a positive difference on community and population health management, with insight into their plans to help build a region-wide data and care delivery consortium that addresses the broader health needs of patients who currently use the ED for primary care.

HOW THE NEW BIOLOGY WILL CHANGE MEDICINE
Joseph Scherger, MD
Health care is on the verge of a revolution in new biology applied to the healing of many diseases. Most notably, stem cell therapies provide a rejuvenation of tissue never seen before in therapeutics. This presentation will cover three topics in new biology that will emerge over the next five years: immune enhancing therapies, stem cell rejuvenation of tissue, and new knowledge in nutrition that prevents and heals many diseases. A strategy will be described for how community hospitals may develop the strategic partnerships necessary to provide the new biology to their communities.

PATH 4: PHYSICIAN LEADERSHIP–THE MEDICAL STAFF & BEYOND
New standards and evolving roles
Linda Haddad, JD, Path Leader

THE PHYSICIAN HOSPITAL ORGANIZATION: THE ECONOMIC EPICENTER OF POPULATION HEALTH MANAGEMENT
Steve Tringale
This session provides an outline of the business requirements, governance implications of those business requirements, and the core competencies that should be resident in any organization adopting a population health management (PHM) strategy. Participants will be walked through a typical readiness assessment exercise, and the most crucial areas and determiners of early success in a PHM environment will be highlighted. Also, the session will outline the financial, service, and actuarial expectations that provider organizations should have of their payer partners in a PHM relationship.

CONFLICTS OF INTEREST: DEALING WITH THE INEVITABLE!
Charlotte Jefferies, JD
New arrangements, new alliances and new competitors in the “marketplace” (formerly known as health care providers) create real and imagined conflicts of interest. A sophisticated understanding of the law, plus perceptions and actual practice is needed to identify and address conflicts of interest that might derail otherwise promising ventures.

CLINICAL INTEGRATION IN A RED-HOT ANTITRUST ENVIRONMENT
Linda Haddad, JD
Antitrust enforcers are not opposed to clinical integration, coordination or consolidation – all fast moving trends in health care. They do believe sincerely, however, that competition is vital to high quality, ready access and cost-effectiveness. Enforcement activity has waxed and waned over the decades, but the current environment teems with such efforts. For boards, executives and physician leaders who are striving to provide excellent, comprehensive care in the challenging health care arena, balancing those great principles is key. Learn the elements of antitrust enforcement and how to build an entity that stays within the lines.

AUTONOMY VS. ALIGNMENT: HOW NOT TO STRUCTURE YOUR PHYSICIAN ORGANIZATION
Rob Mechanic, MBA
WHY HAVE AN EMPLOYED PHYSICIAN LEADERSHIP GROUP?
Dan Mulholland, JD
Hospitals and health systems are employing more and more physicians but often they are cobbled together through practice acquisitions and individual recruitments. In order to function as a truly integrated system, it is essential to develop a core leadership team of employed physicians. This session will discuss how to get a physician leadership group up and running, describe the authority and responsibility of the group, who should be on it, and how it should be organized.

TUESDAY, MARCH 24

7:00 – 7:45 AM  A CONVERSATION ABOUT PREPAREDNESS: WHAT DID WE LEARN FROM EBOLA? (Breakfast session)
Della Lin, MD
An informal opportunity to share experiences and concerns—we’ll explore lessons learned from drills and lessons learned from hospitals that have taken care of Ebola patients. We’ll discuss staff preparedness and challenges in managing the message.

8:00 – 9:00 AM  INTERACTIVE CONCURRENT SESSIONS PERIOD ONE

FUNDING THE FUTURE: INTERSECTING PHILANTHROPY AND INNOVATION
Leanne Kaiser Carlson, MSHA
Philanthropy is the means through which organizations are advancing innovation and evolving themselves for the future. Philanthropists can do what the market cannot. Many are bold, entrepreneurial, risk-tolerant, and in pursuit of ideas that capture their imagination. Understand what it takes to attract these donors and how to create more powerful intersections between philanthropy and innovation.

RESPONDING TO DISRUPTIVE BEHAVIOR: WHAT TO DO, AND WHEN TO DO IT
Charlotte Jefferies, JD
It is now clear through various rulings authored by both state and federal courts that disruptive behavior is a legitimate consideration when evaluating whether physicians should be granted or retain clinical privileges to practice in hospitals or other health care entities. Once identified, disruptive behavior cannot and should not be ignored. There is a heavy cost to quality and to business when disruptive behavior goes unchecked.

LIMITING SPENDING GROWTH: WHO WILL CONTROL THE HEALTH CARE SYSTEM?
Stuart Altman, PhD
This session will provide an analysis of the two market-oriented approaches to limit the growth in health care spending. The first, the Supply Side Approach, incentivizes providers of care to limit the growth in total medical care spending by providing some form of fixed total payment or episode-based bundled payment. The second, the Demand Side Approach, puts the major incentive on consumers of health care services by either using high deductible health insurance or some form of tiered or limited network of providers.

EHR, HIPAA & PHI: WHAT THE BOARD NEEDS TO KNOW
Jim Kopf
Government scrutiny is intensifying on electronic health records and HIPAA requirements under ACA regarding protected health information. What is the Boards oversight responsibility? What questions should the Board ask senior leaders on this topic? What audit reports should the Board receive concerning EHR, HIPAA, and PHI. What do they need to know and when should they know it?

NEW IRS RULES FOR TAX-EXEMPT HOSPITALS
Dan Mulholland, JD
On December 31, 2014, the IRS issued final regulations regarding the requirements for charitable hospital organizations added by the Affordable Care Act. These new regulations replace previous guidance on these requirements and are 64 pages long and chock-full of new rules governing billing, collection, financial assistance, and community needs assessment. This session will explain these new rules and give you concrete advice about what you need to do to comply.

CMO/PHYSICIAN LEADERSHIP ROUNDTABLE (Invitational)
Linda Haddad, JD

9:10 -10:10 AM  INTERACTIVE CONCURRENT SESSIONS PERIOD TWO

THE EXPANDED ROLE OF NON-PHYSICIAN PRACTITIONERS IN HEALTH CARE REFORM
Charlotte Jefferies, JD
Whether they are called mid-levels, physician extenders or advanced practice clinicians, non-physicians, especially Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs), are providing more care in hospitals (and in retail marketplaces) than ever before. CMS has stated that those practitioners providing a “medical level of care” must be evaluated through the medical staff credentialing, privileging, and peer review processes. In this session, we will discuss how hospitals should address this important but sensitive matter. What’s your state’s oversight
requirement, if any? What level of oversight is currently being provided in your hospital? Do you have a policy that allows non-physicians to function at a level appropriate to their skills and training while instituting safeguards to be sure that patients who need to be cared for by a physician are appropriately referred?

PRIVATE INSURER COST CONTROL STRATEGIES: IMPLICATIONS FOR COMMUNITY HOSPITALS
Stuart Altman, PhD, and Robert Mechanic, MBA
Slower growth in health care spending will continue to create financial pressure for many community hospitals and physicians. To control spending, insurers, employers and public programs are expanding their use of defined contribution health care programs, limited network health plans, bundled and global payments and reference pricing for high cost services. How should your organization position to compete successfully in this changing market?

MALPRACTICE OR FRAUD? THE FALSE CLAIMS ACT AND QUALITY OF CARE ISSUES
Dan Mulholland, JD
There have been several high-profile cases recently where hospitals and physicians have been sued under the False Claims Act for cases alleging that certain procedures like cardiac stents were medically unnecessary. A few doctors have even gone to jail. This session will explain how the Government and the courts view medical necessity, how this sort of litigation can explode into a three-ring legal circus, and what you can do to minimize risk.

HOW TO DEVELOP A CHANGE MANAGEMENT CULTURE
John Tiscornia, MBA, CPA
The accelerating pace of change is a major challenge for all health care organizations. By fostering a change management culture, leaders can help their organizations achieve strategic and sustainable gains, and advance their missions. What process and methods enable organizations to successfully manage this unprecedented pace of change? What are the barriers? What strategies encourage everyone in an organization to take ownership for change?

THE INNOVATIVE LIFE
Leanne Kaiser Carlson, MSHA
Our own lives are the first place we must innovate if we are to transform our organizations. The places we lead will be no more imaginative, bold, and powerful than we are as leaders. Think about your life as a designed space—one that can be optimized for growth, contribution, meaning, and exhilaration. Look at ways to evolve yourself and make great leaps.

10:20 – 11:20 AM  INTERACTIVE CONCURRENT SESSIONS PERIOD THREE

READMISSIONS: THE BOTTOM LINE
Barry Bittman, MD
In this challenging era of health care reform, the process of reducing potentially preventable readmissions is one of the most daunting tasks community hospitals are facing. Attendees will explore this topic that emphasizes developing rational cost-effective strategies for improving patient outcomes and reducing unnecessary readmissions, while boosting remuneration and avoiding penalties.

MEDICARE BUNDLED PAYMENT: RISKS, OPPORTUNITIES & IMPLICATIONS FOR FUTURE HOSPITAL PAYMENT POLICY
Robert Mechanic, MBA
Medicare’s bundled payment program is evolving fast. CMS received applications from over 1,000 hospitals and 1,000 more physician groups to take risk for episodes that include a hospital stay and 30-90 days of post-acute care. Hospitals have until April to select episodes for a 2015 start. This session will discuss the program’s evolution, the risks and opportunities it creates for hospitals, key strategies for success, and the impacts it may have on local health care markets.

WHEN BAD THINGS HAPPEN TO GOOD HOSPITALS
Steve Rivkin
What do you do when the hospital loses money, is ambushed in the press and on social media, has to fire a bunch of people, has a physician who goes rogue, or a management facing a “no confidence” vote? Crisis management is no longer an optional discipline for hospital leadership. This session will give you the touchstones for dealing with a crisis.

REGULATIONS, RULES – RIDICULOUS!
Jim Kopf
Affordable Care Act rules, HIPAA regulations, civil False Claims Act violations becoming criminal allegations, physician compensation—health care and hospitals continue to be under the government microscope. Every year the government adds health care laws and regulations or modifies existing ones. What should the board and leaders expect from the government this year? What regulations and rules are important to hospital operations?
STATES’ RUSH TO MANAGED MEDICAID: STRATEGIC CHALLENGES FOR HOSPITALS & HEALTH SYSTEMS

Steve Tringale
States are increasingly relying on waivers from the traditional Medicaid program and moving to comprehensive managed Medicaid models. While this move provides Governors with a budget management tool, these programs create new challenges and raise a series of important strategic questions for hospitals and health systems.

SERVING AS HOSPITAL OR HEALTH SYSTEM BOARD CHAIR (Invitational)
John Horty, LLB
An interactive discussion to explore the responsibilities and challenges of this leadership position.

11:30 – 12:30 PM INTERACTIVE CONCURRENT SESSIONS PERIOD FOUR

POPULATION HEALTH MANAGEMENT: DESIGN OPTIMIZATION THROUGH STRATEGIC PLANNING
Barry Bittman, MD
It’s time to tear down the silos. Striving to reinvent a better yesterday is a harbinger of failure. As our fee-for-service payment system rapidly gives way to risk-based contracts, strategic planning must be carried out with a fresh vision and a new set of ground rules. Join Dr. Bittman as he outlines a novel decision-making strategy with four fully-integrated pillars that can guide your hospital and its board along a successful path into the future.

CRITICAL ATTRIBUTES OF MARGIN IMPROVEMENT
John Tiscornia, MBA, CPA
The strategies and actions needed to achieve significant cost/revenue improvement in today’s environment are fundamentally different from past efforts, which often focused on efficiency in specific departments or areas. Today’s challenges require leadership at all levels, accountability throughout the organization, a system-wide focus, and a transformation strategy that encompasses operational excellence, new revenue models, clinical transformation, and issues of scale and integration.

MEDICARE ACOs: SUCCESSES, FAILURES & POLICY CHANGES
Robert Mechanic, MBA
Medicare’s new accountable care programs are arguably the signature payment and delivery reform innovation contained in the Affordable Care Act. Initial enthusiasm has been strong with more than 350 organizations joining these programs in the first three years. But the program has had decidedly mixed results. This session will analyze ACO program design and results to date and discuss changes that will be required to ensure that the program is sustainable for both CMS and participants over the long-run.

SUSTAINABILITY AND THE HEALTH OF YOUR COMMUNITIES
Jeff Thompson, MD
Learn how to engage your staff, inspire your community, and decrease costs by taking a more environmentally sound approach to our work; make money by decreasing the toxins we put into the air and water; and, learn to avoid the mistakes we made on the road to producing more energy from renewable sources that we use.

12:30 – 1:45 PM LUNCH Break

1:45 – 3:15 PM INTERACTIVE CONCURRENT SESSIONS PERIOD FIVE (90-minute sessions)

ALTERNATIVES TO A MERGER OR ACQUISITION
Dan Mulholland, JD; Steve Rivkin; Steve Tringale
This session takes the audience through an institution’s options to merge, acquire, or remain independent; and examines the less disruptive options of affiliations and alliances.

FLASHPOINTS IN THE MEDICAL STAFF WORLD
Linda Haddad, JD
This lively interactive session is designed, with respect, for the attention span of a wired generation. It will address some of the stickiest issues medical staff leaders confront as they work to save their organized medical staff, recruit new leaders and deal with the burden of ED call, peer review in multiple settings and the aging of the medical staff. Participants will learn the legal and practical elements of ED call and dealing with aging colleagues, gather tips about what makes medical staff membership desirable for a new generation, and find out how to lure others to succeed them in their leadership roles.

EMPLOYED PHYSICIANS: CHALLENGES, OPPORTUNITIES & ECONOMIC REALITIES
Barry Bittman, MD and John Horty, LLB
The divide that traditionally separated hospitals and physicians is rapidly eroding. As the unprecedented need to work together in an era of intense economic challenges is rapidly redefining the playing field, no one can survive on the sidelines. Here is a frank and eye-opening discussion of new ground rules, out-of-the-box strategies, and cost-effective survival tactics that create a win-win.
IS YOUR HOSPITAL A PATIENT-CENTERED MEDICAL HOME?
Joseph Scherger, MD
Patient Centeredness is becoming a new standard as part of an overall consumer movement in the US and around the world. In the information age, companies that empower customers to have greater control over their experience succeed while those that control customers often fail. Health care has a long tradition of paternalistic control that must give way to greater patient control over their health information and decision making. This presentation will define patient centeredness in the context of community hospitals and provide ways to transition to this new standard of care.

WEDNESDAY, MARCH 25

8:00 – 11:00 AM  GENERAL SESSION:  “WHERE DO WE GO FROM HERE?”

TACTICS FOR TODAY, STRATEGIES FOR TOMORROW
John Tiscornia, CPA
A strategic plan that drives decision-making is essential for leaders in today’s rapidly changing environment. The strategic planning process leading to such a plan is crucial as leaders navigate the transition from volume to value. This session will address where we are today in that transition; what short-term tactics can fill the gap between the first and second curve; and what longer-term strategies will help ensure success in the new health care environment.

FORGING BETTER CARE OUT OF NEW RELATIONSHIPS
Linda Haddad, JD
This session will build on Monday’s “Physician Leadership: The Medical Staff and Beyond” to peer into the future and provide guidance and confidence that from our current base, relationships can be strengthened and new ones forged that will not only improve care, but also renew the passion and joy that called participants to health care in the first place.

CHANGE THE STORY…. CHANGE EVERYTHING
Della Lin, MD
Ever feel like an initiative or goal is not going anywhere; missing its mark; stuck in a rut; not changing behavior? Changing the story and examining from a different perspective may be the key to propel things back in motion. We’ll examine examples of how reframing and changing perspectives can bring behavior, safety, and quality in a whole new light.

LEADERSHIP FOR MEANINGFUL CHANGE
Gary Kaplan, MD
The challenges to community health care providers are increasing. Fundamental shifts in reimbursement coupled with shortages in primary care and an aging population mean that doing more of what we’ve always done isn’t a pathway to success. Most important, physicians must be on the same page with the organization. When not aligned, no organization can effectively achieve its mission.

INVENTING THE FUTURE
Leanne Kaiser Carlson, MSHA
There are many futures unfolding in health care and in communities around the country. Some are desirable and others much less so. Our future will be a result not just of the trends around us, but of our imagination and creativity. In this session we look at the future of innovation and what we must do to improve health and wellbeing, as well as thrive organizationally.

A BIAS FOR ACTION
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 these new ideas, and give them life when we get back home?

11:00 AM  CONFERENCE ADJOURNS

The Estes Park Institute conference program is subject to change.
SENIOR FELLOWS

Our experts exemplify a higher standard in health care education by providing realistic solutions, innovative tools and inspiration to challenge the status quo. Don't miss an opportunity to introduce yourself and chat with them at the conference reception, breakfast, or following a session. They’re eager to help you apply what you are learning to your own organization. They’re committed to improving health care in your community, and they welcome your questions and comments.

**STUART ALTMAN, PHD = HEALTH FINANCING & POLICY**
Dr. Stuart Altman, Sol C. Chaikin Professor of National Health Policy at The Heller School for Social Policy and Management, Brandeis University, is an economist with approximately five decades of experience working closely with issues of federal and state health policy within government, the private sector, and academia. He has served on numerous government advisory boards on both the federal and state levels and is recognized as a leader in the health care field.

**BARRY BITTMAN, MD = HEALTH CARE INNOVATIONS & MANAGEMENT**
Barry Bittman, MD, is a neurologist, author, international speaker, and researcher. As Senior Vice President – Chief Population Health Officer, Highmark Allegheny Health Network, Dr. Bittman leads innovative interdisciplinary teams in the development of protocols, algorithms, and comprehensive integrative strategies that enable an integrated delivery network to optimize care and achieve Triple Aim objectives. He also leads one of the nation's largest Accountable Care Organizations.

**LINDA HADDAD, JD = HEALTH LAW & PHYSICIAN-HOSPITAL RELATIONSHIPS**
Ms. Haddad is a senior partner in the law firm of Horty, Springer & Mattern, PC in Pittsburgh, Pennsylvania. She has presented in hundreds of educational conferences, including programs conducted by the American Health Lawyers Association, medical societies, hospital associations, and various hospital and health care systems. She is a fellow in the Allegheny County Bar Association and is listed in *The Best Lawyers in America* and *Pennsylvania Super Lawyers*.

**JOHN HORTY, LLB = HEALTH POLICY & GOVERNANCE**
John Horty serves as Chair of the Estes Park Institute and is managing partner of the law firm Horty, Springer & Mattern, PC. Mr. Horty has educated board and medical staff leaders for decades, and his reputation for promoting leadership and supporting community hospitals is well established in the health care industry. He is an Honorary Fellow of the American College of Healthcare Executives, a recipient of the Award of Honor of the American Hospital Association, and holds an Honorary Life Membership in the American Hospital Association.

**CHARLOTTE JEFFERIES, JD = HOSPITAL LEADERSHIP & LAW**
Ms. Jefferies is a senior partner in the law firm of Horty, Springer & Mattern, PC of Pittsburgh, Pennsylvania and a research editor for *HortySpringer Publications*, including *ACTION KIT for Hospital Law* and *The Medical Staff Law Manual*. Ms. Jefferies is an experienced health planner and works as a legal consultant/counselor and educator to community hospitals, other health organizations, and hospital staff and leadership regarding various legal and ethical issues.
LEANNE KAISER CARLSON, MSHA = HEALTH FUTURES, INNOVATION & WISDOM CULTURES
Leanne Kaiser Carlson is a futurist and organizational alchemist. Through the Kaiser Institute, Leanne enables CEOs to transmute what is limited or undesirable in themselves and their organization. Leanne also brings unique insight around the power of generosity to shape the future of health systems. She believes generosity heals and creates tools and curriculums for health care, unleashing immense new resources and enabling hospital foundations to grow.

GARY KAPLAN, MD, FACP, FACMPE, FACPE = INNOVATION MEDICINE
Dr. Kaplan has served as chairman and CEO of the Virginia Mason Health System in Seattle, Washington since 2000, where he is also a practicing internal medicine physician. Dr. Kaplan is widely recognized as one of the most influential physician executives in health care. He is a founding member of Health CEOs for Health Reform, has held leadership positions with numerous organizations, and is a member of the Institute of Medicine.

JOHN KITZHABER, MD = HEALTH POLICY & RESOURCE ALLOCATION
Dr. John Kitzhaber is the past Governor of Oregon and author of the groundbreaking Oregon Health Plan, providing health care access to thousands. He is one of the nation’s most respected voices on health care reform and is ranked among the nation’s most influential physician executives. Dr. Kitzhaber has continued his work to improve access to cost-effective health care and improve health outcomes while lowering the per capita rate of medical inflation.

JAMES KOPF = HEALTH CARE REGULATIONS, INTEGRITY & COMPLIANCE
Jim Kopf is an executive health care consultant and an expert on health care fraud and compliance. His prior experience includes 26 years as a federal law enforcement officer with the Office of Inspector General, U.S. Department of Health and Human Services, and the Federal Bureau of Investigation. Mr. Kopf co-authored and was the director of Operation Restore Trust, a presidential initiative which set the current standard for health care fraud investigations.

DAVID LAWRENCE, MD, MPH = ADVANCED INTEGRATION STRATEGIES
Dr. Lawrence served as CEO and Chairman of Kaiser Foundation Health Plan and Hospitals until his retirement in 2002. He currently pursues interests in new business development, teaching, public policy, and writing and consults with selected health care systems that pursue advanced integration strategies. Dr. Lawrence is a member of the boards of McKesson Corporation, Proteus Digital Health, Aditazz, and CellWorks and serves as an advisor on several others.

DELLA LIN, MD = PATIENT SAFETY LEADERSHIP
Dr. Lin is an inaugural National Patient Safety Foundation/HRET Patient Safety Leadership Fellow (2002) and continues as core faculty for the program. She is also adjunctive faculty for the Institute for Health Care Improvement (IHI) and faculty for the Jefferson School of Population Health’s Quality and Safety Leadership Series (QSLS). Dr. Lin works with organizations and hospitals in their board, MEC, joint leadership and patient safety seminars.

ROBERT MECHANIC, MBA = PUBLIC POLICY, STRATEGY & HEALTH CARE FINANCE
Robert Mechanic is senior fellow at the Heller School of Social Policy and Management at Brandeis University and Executive Director of the Health Industry Forum, a program devoted to improving the quality and effectiveness of the U.S. health care system. His research focuses on health care payment systems and the adaptation of organizations to new payment models. He is an expert in episode-based payment systems.
DAN MULHOLLAND, JD = HEALTH, LEGAL & REGULATORY AFFAIRS
Dan Mulholland is a senior partner in the law firm of Horty, Springer & Mattern, PC. He has spoken and written extensively concerning a wide variety of health law topics. Mr. Mulholland regularly advises clients on hospital medical staff, corporate tax fraud and abuse, and compliance matters and frequently provides strategic counseling to hospital and health system boards. He is also editor of a number of HortySpringer publications, including Health Law Express.

STEVE RIVKIN = HEALTH COMMUNICATIONS & MARKETING STRATEGY
Steve Rivkin founded Rivkin & Associates LLC, a marketing and communications consultancy, in 1989. He has worked with more than 100 hospitals and health care groups on marketing, reputation and crisis management, and other communications assignments and is a frequent speaker at health care conferences and retreats. He is a former journalist, magazine editor, advertising and marketing executive and is the co-author of six business management books.

JOSEPH SCHERGER, MD, MPH = INFORMATION TECHNOLOGY & QUALITY IMPROVEMENT
Joseph E. Scherger, MD, MPH, is Vice President for Primary Care at Eisenhower Medical Center in Rancho Mirage, California. He is Clinical Professor of Family Medicine at the Keck School of Medicine at the University of Southern California (USC). Dr. Scherger’s main focus is on the redesign of office practice using the tools of information technology and quality improvement, and he has authored more than 400 medical publications.

JOHN TISCORNIA, MBA, CPA = HEALTH CARE FINANCIAL PLANNING & GOVERNANCE
John Tiscornia is a Managing Director at Huron Healthcare. He is the past chairperson of the finance committee of a major health care system and a former partner and director of Arthur Andersen's National Health Care Practice, where he was also in charge of developing Andersen's national health care training program. Mr. Tiscornia is a clinical professor in the Graduate School of Public Health and Community Medicine at the University of Washington.

STEVEN TRINGALE = STRATEGIC PLANNING, PUBLIC POLICY & HEALTH CARE REFORM
Steven J. Tringale is President and Chief Executive Officer of Tringale Health Strategies LLC (THS), a Boston-based consultancy that delivers a wide range of professional services including strategic planning, network and contract development, product development, and hospital/physician alignment strategies to clients in the health care industry. He has presented to numerous groups and testified in front of many state legislatures and congressional committees.

Most senior fellows will present at each conference. In addition to the Estes Park Institute Senior Fellows, guest presenters with specific expertise may be invited to present at various conference locations.
GUEST PRESENTER

RICHARD LEVY

Richard Levy has served on the Sutter Health Board of Directors since 2006 and as its chairman in 2013 and 2014. He has served on the Board of the Palo Alto Medical Foundation since 1999, currently as Chairman of the Finance and Planning Committee. Mr. Levy was chairman of the Varian Medical Systems Board of Directors from 2002 to 2014, as well as its CEO from 1999 to 2006. He also serves on the Board of Directors and advisory boards of several other organizations.

INNOVATORS

JEFFREY THOMPSON, MD

Jeffrey Thompson, MD, is CEO and chairman of the Boards of Gundersen Health System, a practicing pediatric intensivist and neonatologist, and chairman of the board of the La Crosse Medical Health Science Consortium. Under Dr. Thompson’s leadership, Gundersen Health System’s approach to advanced care planning has led to the development of an extraordinarily effective care model for patients with complex chronic illnesses, transforming care for those with advanced disease.

JAMES HICKMAN

James Hickman serves as President and CEO of Better Health East Bay, a nonprofit organization that applies a common sense approach to solving health care issues for the underserved and those who require complex care. He works with philanthropists, social innovators, clinicians, and community leaders to fund groundbreaking innovations to transition the East Bay’s traditional hospital-based care model to a more connected and coordinated system focused on outpatient and community-based care.

Guest presenters and innovators may be different at each location.
TARGET AUDIENCE
The Estes Park Institute conference experience is for the entire leadership team—executives, physicians and trustees. With the future of the community hospital so dependent on cooperation among governance, administration and physician leaders—especially employed physicians—the Estes Park Institute is committed to the development of these teams.

CONFERENCE OBJECTIVE
The objective of an Estes Park Institute conference is for health care leaders to learn and explore with our health care experts the current trends, innovations and solutions to help navigate the challenges presented by health reform and a rapidly changing health care environment.

CONTINUING EDUCATION CREDITS
CME/ACCME: 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.

ACHE: The Estes Park Institute is authorized to award approximately 16 hours of pre-approved ACHE Qualified Education credit (non-ACHE) for this program toward advancement or recertification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward ACHE Qualified Education credit should indicate their attendance when submitting application to the American College of Healthcare Executives for advancement or recertification.

NAMSS: This program has been approved by the National Association of Medical Staff Services for approximately 16 hours of continuing education units. Medical staff services and credentialing professionals are responsible for verifying attendance at continuing education activities relative to their recertification. For your convenience, we will provide a certificate as proof of attendance.
“Excellent insight into where we were and where we can be going to fix the system.”

“Great stuff, things we can go home and DO!”

“Thank you for putting together an excellent program and outstanding speakers. I look forward to attending more Estes Park Institute meetings.”

Conference
REGISTRATION

EACH REGISTRATION INCLUDES:

- Attendance at one Estes Park Institute conference
- Complimentary attendance for spouse/community member
- Continental breakfast each morning for registrants and guests
- Opportunities to network with the Estes Park Institute Fellows and Registrants
- Online access to all presentation, reference and resource materials
- CME/ACCME, ACHE and NAMSS credit

TUITION

$6,500 (each team of four)
$1,845 (single)

Upon registration, you will be sent accommodation information. Tuition for a physician, health care executive, or board member includes attendance at one Estes Park Institute conference and complimentary admittance for his/her spouse or a community representative who is not directly affiliated with the health care organization, but who may be involved in community health initiatives.

CANCELLATION POLICY

All cancellations must be confirmed in writing. Written cancellations received by Estes Park Institute 30 or more days prior to the opening of the conference are eligible to receive a refund, less a processing fee of $150 per person. Cancellations received within 15–29 days of the opening of the conference are not eligible for a refund, but money will be held on account up to 12 months for transfer to another Estes Park Institute conference. Cancellations within 14 days of the opening of the conference and “no show” registrants are not eligible for refund or transfer.

FACULTY DISCLOSURE

In accordance with the Accreditation Council for Continuing Medical Education requirements on disclosure, information about relationships of presenters with commercial interests (if any) will be included in materials distributed at the time of the conference.

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.
Estes Park Institute’s new program will evolve from our winter/spring conferences, bringing you the most up-to-date information in the health care industry!
Conference Registration

1 ONLINE: EstesPark.org
2 CALL: 800-727-8225
3 FAX THIS FORM TO: 724-548-1383
4 MAIL THIS FORM TO: Estes Park Institute P.O. Box 400 Englewood, CO 80151

SELECT CONFERENCE:

- La Quinta (Palm Springs), CA
  La Quinta Resort & Club
  March 22-25, 2015

- Naples, FL
  The Ritz-Carlton, Naples
  January 10-13, 2016

- Half Moon Bay (San Francisco), CA
  The Ritz-Carlton, Half Moon Bay
  October 25-28, 2015

- Maui, HI*
  Grand Wailea
  February 14-19, 2016

*At the Hawaii conference, Wednesday is an open day. Wednesday sessions will take place on Thursday, and an additional day of sessions will take place on Friday.

Contact Name
Contact Email
Health Care Organization
Street Address
City
CEO Name
CEO Email
Contact Title
Contact Phone
Fax
Number of Beds

METHOD OF PAYMENT

- Bill hospital/health system
- Check enclosed (payable to: Estes Park Institute)

Total Paid Registrants:

- $6,500 (each team of four)
- $1,845 (single)

Total Amount Due: $

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REGISTRANT NAMES

(Space may be reserved and names submitted at a later date. Additional names may be attached on a separate sheet.)

Registrant Name
Registrant Title
Registrant Email
Spouse / Community Representative

Registrant Name
Registrant Title
Registrant Email
Spouse / Community Representative

Registrant Name
Registrant Title
Registrant Email
Spouse / Community Representative

Registrant Name
Registrant Title
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