we’ve changed everything...

...to bring the future into focus.

JW Marriott Chicago

CHICAGO, ILLINOIS

April 17-20, 2016
In health care, the path ahead is unclear. And what we are able to see, daunting. Yet, history reveals a reason for optimism... that one person, one idea, even one hospital can make a powerful difference.

As changes continue to sweep our industry, the Estes Park Institute has reinvented what a health care conference experience should be. Every session. Every discussion. Every facet of the program. Our new conference experience promises to deliver hope in the midst of turmoil, spirit amidst doubt. More than ever, Estes Park Institute will inspire your leadership team to continue to make a tremendous difference in the communities it serves—despite the obstacles and adversity.

Our conferences explore solutions to operational, financial, technological, and quality challenges and provide strategies and tactics to help your organization thrive in the future. 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. Your leaders will be reminded why they chose to do what they do.

Estes Park Institute has been bringing leadership teams together to provide continuing education for hospital executives, trustees, and medical staff leaders for over 30 years. Now we are redefining the health care conference.

At the Estes Park Institute—as in health care—everything has changed.

“Eye opening and thought provoking—provided ways to create our path forward.”
— Hospital President & CEO

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.
JW Marriott Chicago
April 17-20, 2016

SUNDAY
- CONFERENCE REGISTRATION: 1:00 PM - 5:00 PM
- OPENING GENERAL SESSION: 5:00 PM - 6:30 PM
- CONFERENCE RECEPTION: 6:30 PM - 7:30 PM

MONDAY
- CONTINENTAL BREAKFAST: 6:30 AM - 8:00 AM
- REGISTRATION: 7:00 AM - 8:00 AM
- GENERAL SESSION: 8:00 AM - 9:00 AM
- PROGRAM PATHS: 9:10 AM - 12:15 PM

TUESDAY
- CONTINENTAL BREAKFAST: 6:30 AM - 8:00 AM
- PROGRAM TRACKS: 8:00 AM - 9:50 AM
- INTERACTIVE CONCURRENT SESSIONS (Periods 1 & 2): 10:00 AM - 12:10 PM
- LUNCH (on own): 12:10 PM - 1:30 PM
- INTERACTIVE CONCURRENT SESSIONS (Periods 3 & 4): 1:30 PM - 3:40 PM

WEDNESDAY
- CONTINENTAL BREAKFAST: 6:30 AM - 8:00 AM
- GENERAL SESSION: 8:00 AM - 11:00 AM
- CONFERENCE ADJOURNS: 11:00 AM

“Great presentation—really appreciated the great variety of approaches. Lots of new ideas.”
— Senior VP, Corporate Strategy
Our program is designed to meet each individual health care leader’s education goals. Each member of your team will have the opportunity to experience Estes Park’s dynamic general sessions, delve deeper into a specific health care challenge with our focused paths and tracks, then drill down with our interactive break-out sessions.

**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 & Tracks**

Change and uncertainty have become constants in 21st century health care. To help you cope with those new realities, we have designed focused Program Paths and Tracks—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 and Track 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.

“Topics presented are right on target with what we are concerned about at our hospital.”
— Board Vice Chair
Conference Program

SUNDAY

1:00 pm to 5:00 pm  REGISTRATION

5:00 pm to 6:30 pm  GENERAL SESSION:  MAKING THE FUTURE
DELLA LIN, MD AND LEANNE KAISER CARLSON, MSHA WITH YOUTH PRESENTERS
One person, one idea, even one institution can make a powerful difference. Estes Park Institute welcomes two guest presenters who are living proof of that fact—two youthful agents for social change who embody the “yes we can” spirit. They have overcome obstacles. They have succeeded when others said it would be impossible. Their inspirational messages will remind you that you have the power. You can be the champion of change at your institution.

6:30 pm to 7:30 pm  CONFERENCE RECEPTION

MONDAY

8:00 am to 9:00 am  GENERAL SESSION:  THE 9 MAJOR PROBLEMS IN HEALTH CARE TODAY
STUART ALTMAN, PHD; JOHN HORTY, LLB; AND ARYANA KHALID, MHA
Three expert speakers discuss the nine major problems in the field today, ranging from competition between hospitals and retailers to the growth of bundled payments. Their presentations are followed by a panel discussion with questions from the audience.

PANEL DISCUSSION w/AUDIENCE Q&A
STUART ALTMAN, PHD; JOHN HORTY, LLB; AND ARYANA KHALID, MHA

9:10 am to 12:15 pm  FOUR CONCURRENT PROGRAM PATHS
(choose one to customize your learning experience)

QUALITY/SAFETY/PATIENT EXPERIENCE:  NUTS & BOLTS ARE NOT ENOUGH
GARY KAPLAN, MD AND DELLA LIN, MD
The easy wins around quality, safety, and patient experience are growing scarce. Performance measures have improved, but have they plateaued? Are the nuts and bolts just not enough? Path Co-champions Gary Kaplan, MD, and Della Lin, MD, will challenge what has worked up until now—traditional focus and mindsets—and look for breakthroughs around organizational culture, patient-centered engagement, transparency, and care design. As the capstone, we will examine the critical leadership skills in adaptive change and in talent development—how we must intentionally build leadership capacity within our organizations for our future. Through stories, practical tools, and results we will examine both the technical and human dimensions of change... to go beyond our current performance plateau towards the vision of perfect care and the perfect patient experience.

THE INNOVATORS:  PEOPLE IN THE TRENCHES OF REINVENTION
LEANNE KAISER CARLSON, MSHA; BARRY BITTMAN, MD AND INNOVATORS
Talk with people in the trenches—innovators moving the delivery of health care upstream from emergency rooms into clinics and then into the patient home, creating centers for innovation and entrepreneurship, using technology in novel ways to connect patients and families, forming new economic models with payers, operating large ACOs, and designing health-promoting environments. We’ll discuss particular innovations, but also explore the broader issues and strategies around organizational innovation. There are often common elements behind all things we seek to change or reinvent. This path is built around conversation rather than a series of presentations. We’ll discuss the things that matter most to you.
RESPONDING TO PAYMENT REFORM: HOW TO SUCCEED IN A VALUE-FOCUSED HEALTH CARE ENVIRONMENT
JOHN HORTY, LLB; STEVEN TRINGALE; STUART ALTMAN, PhD; ROB MECHANIC, MBA; AND ARYANA KHALID, MHA
Policy makers at the state and federal level, as well as private insurers, are relying on a major reform of the health care financing system to drive fundamental change in the way health systems organize and deliver care. Aligning your institution’s financial model to succeed in a value-focused health care environment will be a critical aspect of that change. Co-championed by John Horty, LLB, and Steven Tringale, this path will examine the way Medicare, state Medicaid programs, and private insurers are changing their expectations of and requirements for network partners. The faculty will also explore both the risks and opportunities these initiatives present to your hospital or system, its physicians, and the communities you serve.

HEALTH CARE TECHNOLOGY: THE PROMISE & THE PROVOCATION
DAN MULHOLLAND, JD; JIM KOPF; JOSEPH SCHERGER, MD, MPH; AND ROBIN SETTLE, MBA
Information technology and other technological innovations in health care hold the promise of revolutionizing how care is delivered in a cost-effective and efficient manner. But all too often, they become a fiscal and operational black hole that consumes far more resources and attention than warranted. Co-championed by Dan Mulholland, JD, and Jim Kopf, this path will address some of the common issues and challenges presented by health care technology and suggest practical ways for boards, management, and physician leaders to deal with them. Included in this path:

HEALTH INFORMATION TECHNOLOGY: ADVANCING THE AGENDA
ROBIN SETTLE, MBA
Nationally-known health information technology consultant Robin Settle will focus on three major forces driving the health IT agenda: organizational strategic imperatives, regulatory requirements, and financial/operational considerations. She will also address the following key questions that every hospital and health system should be thinking about:

- What technology issues need to be addressed in the boardroom, and why?
- What do you need to know to not just prepare for the discussion, but to add value and move the needle?

HEALTH CARE COMMUNICATIONS IN THE INFORMATION AGE
JOSEPH SCHERGER, MD, MPH
In this session, Dr. Scherger, Vice President for Primary Care at Eisenhower Medical Center in Rancho Mirage, California, will address the new standards and methods of health care communication that are rapidly becoming available in leading health systems.

BREACHES, THEFT, AND ELECTRONIC HEALTH RECORDS: HOSPITAL SECURITY IN THE CYBER AGE
JIM KOPF
Security consultant and former G-Man Jim Kopf will address regulatory and legal requirements regarding cyber security, theft, and breaches.

HELPING YOUR DOCTORS WITH I.T. – WITHOUT GETTING IN TROUBLE
DAN MULHOLLAND, JD
Attorney Dan Mulholland will explain the legal rules governing how hospitals can help doctors connect with hospital information systems and upgrade their own hardware and software. He will also discuss some fairly new ideas on how health information partnerships between health systems and physicians can go to the next level, such as making your quality improvement systems a patient safety organization to prevent the information in them from being used against you in a court of law.
TUESDAY

8:00 am to 9:50 am  FOUR CONCURRENT PROGRAM TRACKS
(choose one to customize your learning experience)

GETTING THE BEST FROM EACH PHYSICIAN
LINDA HADDAD, JD
Linda Haddad, JD, will walk you through step by step to address: setting expectations, mentoring, identifying problems early, undertaking collegial intervention, implementing performance improvement plans, and restructuring or terminating relationships. Whether the issue is competence, conduct, health, or age, the medical staff needs a well-defined policy and process to deal with it. Patients and physicians deserve no less. Ms. Haddad provides guidance for each of these processes.

GOVERNANCE: THE CHANGING ENVIRONMENT AND IMPLICATIONS FOR BOARDS
JOHN TISCORNIA, CPA AND GUEST PRESENTER
The dramatic, rapid changes in the health care environment are causing boards to rethink how they govern and who should govern. This includes boards of health care systems, independent hospitals, partnerships, and other relationships. New thinking about governance across the continuum of care is critical to the successful future of all health care organizations and the delivery of person-centered care. What are the implications for governing, and what does the board need to think about differently to evaluate and minimize future risk? Are boards adaptable enough to make the changes to meet the new challenges? The current environment requires boards to adopt a new approach to governing their health care organizations.

WORKING TOGETHER – AND TAKING BETTER CARE OF OURSELVES
CHARLOTTE JEFFERIES, JD AND STEVE RIVKIN
An integral part of taking care of our patients is taking better care of ourselves. (It’s come to be known as the “Quadruple Aim.”) When a hospital or health system is thought of as a “better place to work,” it becomes a more inviting place for patients as well, and patient satisfaction scores reflect that. Charlotte Jefferies, JD, and Steve Rivkin deal with the strategies and tactics for such workplace issues as team building, morale, retention, internal communications, burnout, and disruptive personnel.

GOOD: WHAT’S HAPPENING RIGHT IN HEALTH CARE
LEANNE KAISER CARLSON, MSHA
Genius and power can advance anything in our world. In health care there are places where they combine for goodness—places where innovation is about the potentiation of people and our planet. Ironically, we hear little about these places even though they show the way to breakthroughs essential everywhere. We begin this track by looking at health-creating neighborhoods, organizations advancing human caring, regions breaking silos, health systems developing farm to hospital food programs, and unlikely allies coming together. Then we’ll think about the larger implications and opportunities beyond these examples, how to escape assumed limitations, and attain the things that really matter.

10:00 am to 11:00 am  INTERACTIVE CONCURRENT SESSIONS PERIOD ONE

COLLEGIAL INTERVENTION: UNCOMFORTABLE BUT EFFECTIVE
CHARLOTTE JEFFERIES, JD
When a clinical or behavior concern arises regarding an individual physician, one of the most important tools of a physician leader is sitting down and talking with the physician in an attempt to constructively resolve that issue. It’s an attempt to reach out to another in the spirit of improvement, mentorship, and/or counseling. But any such discussion can be difficult and uncomfortable, so preparation is required, especially if the physician leader is
inexperienced and/or unaware of the collegial intervention tools that can help him or her prepare for, conduct, and follow up on issues that may arise. It’s an acquired skill. There’s no shooting from the hip on these matters!

GOVERNANCE AND THE NEW GOVERNMENT REGULATORY GUIDE: WHAT DOES THIS MEAN FOR HOSPITAL BOARDS?
JIM KOPF
The Office of Inspector General (OIG) Department of Health and Human Services, the Association of Healthcare Internal Auditors, the American Health Lawyers Association, and the Health Care Compliance Association published a second guide entitled “Practical Guidance for Health Care Governing Boards on Compliance Oversight.” The guide addresses issues relating to a board’s oversight and review of compliance program functions such as: (1) roles of, and relationships among, the organization’s audit, compliance, and legal functions; (2) the mechanism and process for issue-reporting within an organization; (3) the approach to identifying regulatory risks; and (4) methods of encouraging organization-wide accountability for achieving compliance goals and objectives. This session will discuss what the new guide means for hospital board members. How does the updated guide impact board chairs and board members? What questions should board members ask of senior leadership concerning regulatory and compliance issues?

CLINICAL DECISION SUPPORT
JOSEPH SCHERGER, MD, MPH
"The complexity of modern medicine exceeds the inherent limitations of the unaided human mind," said David Eddy, MD. Clinical decision support is an imperative for providing high quality medical care. This session will explore the many tools emerging to assist physicians, nurses, pharmacists, and other professionals and staff to provide safe and effective care at all times to patients.

MANDATORY MEDICARE BUNDLED PAYMENT IS HERE: HOW SHOULD YOU PREPARE?
ROB MECHANIC, MBA AND JOHN HORTY, LLB
The federal government aims to move half of Medicare payments into alternative payment models by 2018 and bundled payment figures prominently in the plan. CMS has now issued a final rule that establishes mandatory bundled payment for total joint replacement in 790 hospitals that includes hospitalization, surgery, and 90 days of post-acute services beginning April 1, 2016. This follows a CMS announcement that more than 1,600 acute care hospitals, physician groups, and post-acute care facilities signed up for Medicare's Bundled Payment for Care Improvement (BPCI) initiative. More bundled payments are in store for the future, and hospitals must prepare to navigate this new payment environment. This session will review the design of Medicare's Bundled Payment for Care Improvement program and the Comprehensive Care for Joint Replacement (CJR) proposal; present data illustrating areas for potential savings and important program risks; review strategies that have been adopted by hospitals currently participating in these programs; and discuss the future Medicare policy outlook for bundled payment.

LEAVING YOUR COMFORT ZONE
DELLA LIN, MD AND GARY KAPLAN, MD
In the past, times of change often were superimposed on long periods of stability. Our current environment seems devoid of these times of stability, which puts both leaders and those we lead outside our comfort zones. This session will be an extension of Monday morning’s Quality/Safety/Patient Experience Path, discussing adaptive leadership. Shared decision making and end-of-life care will be examples used to explore applying adaptive leadership to current challenges.

THE COMMUNITY HOSPITAL: ANCHOR FOR A HEALTHIER COMMUNITY
TYLER NORRIS, MDIV
This session will focus on what it means to be a "community anchor" and how hospitals can better understand and leverage all their assets (purchasing, payroll, facilities, policy investments, etc.) beyond grant-making to increase scale of impact on the economic, social, and environmental drivers of population health. Attendees will learn from
case stories across the country what’s working and what does and doesn’t add up to measurable impact. We will also explore opportunities, challenges, and approaches to mobilizing internally, and with external partners, on opportunities emerging from Community Health Needs Assessments and analyses of patient non-medical and social needs.

CMO ROUNDTABLE (Invitational)

11:10 am to 12:10 pm INTERACTIVE CONCURRENT SESSIONS PERIOD TWO

NEW HIPAA REGS & REQUIREMENTS: LIFE IN THE CYBER WORLD
Jim Kopf and Dan Mulholland, JD
As events continue to unfold, we will break down new regulatory requirements, meaningful use, risk analysis, government and private contractor audits of cyber security, EHR audits, and DOJ investigations of breaches.

STRATEGIC AND FINANCIAL PLANNING: KEYS TO SURVIVING THE WHITE WATER RAPIDS
John Tiscornia, CPA
The rapidly changing environment requires constant ongoing strategic analysis and planning. The monitoring of strategic elements is critical to make necessary course adjustments; otherwise, the organization could be at major financial risk. The financial plan and strategic plan must be integrated and monitored closely. These plans need to take into consideration each of the major environmental changes and their implications for the organization. Although the ultimate goal is the triple aim of quality, patient safety, and cost, it is critical to have financial strength to create independence and meet the objectives of the organization’s mission. The direction set by the strategic plan is ultimately the responsibility of the Board.

POPULATION HEALTH MANAGEMENT 101: PAYMENT REFORM DEMANDS CLINICAL INTEGRATION
Barry Bittman, MD and Steven Tringale
Population Health Management 101 focuses on perhaps the greatest challenge faced by hospitals and providers across America—the imperative of establishing clinical/financial integration now! Tringale and Bittman present a unique evolutionary perspective on the rough road from fee for service reimbursement to a risk/revenue system that’s rapidly evolving into multiple shared savings and capitation models across multiple payors. Bittman sets the stage through a discussion of the challenges inherent in moving from process-based measures to outcomes-based quality. He explores the challenges of care delivery fragmentation that’s progressively evolving into a continuous no-discharge system with extended complexity, risk and responsibility. Along that continuum, Tringale discusses the practical options providers and hospitals face in the context of resultant competition and financial jeopardy that evolves with added risk/responsibility. Tringale will give additional attention to the unique challenges of the transitions years, where hospitals are moving from an institutionally based volume driven system to a system based performance driven model. The presenters review the stark clinical and financial concerns inherent within the remarkable shift from inpatient high reimbursement services to a comprehensive lower reimbursement outpatient network designed to serve the needs of a community, which require a reorientation of every aspect of a hospital or health system’s strategy. Through real-world examples and straight-forward guidance, the presenters illuminate a practical and responsible path for successfully navigating this transformative journey.

EMBRACING INNOVATION: BEING OPEN TO AN OMG MOMENT SO NOT TO BECOME A KODAK MOMENT
Jon Pryor, MD
You have heard the sobering fact that the U.S. is below average in quality and yet has the highest per capita spending in health care among OECD countries—this alone should be a wakeup call regarding the need to innovate and disrupt how we deliver health care today. In this interactive session Jon Pryor, MD, of Hennepin Healthcare Systems, will speak to the importance of an innovation mindset and the impact it can make on an organization. He will discuss Hennepin’s past and recent innovation journey including:

- Gaining community and institutional buy-in
- Roadmap for Innovation
Human centered design as an innovation foundation
How innovation partners with philanthropy
You will leave this session with an understanding of why innovation is critical for our health care future. You will understand the importance and process for gaining innovation support, best innovation practices, and how to successfully leverage innovation as a catalyst for philanthropy.

LEADERSHIP AND ENGAGEMENT: MARSHMALLOWS INSIGHTS
DELLA LIN, MD
How do we maximize engagement, wisdom, and performance? What makes a collaborative health care team successful? Are there predictable and unpredictable pitfalls we can avoid? This interactive workshop is open to novices with intuitive wisdom as well as experienced collaborators with the scars to prove it.

MEDICARE ACOs: SUCCESSES, FAILURES & POLICY CHANGES
ROB MECHANIC, MBA
By 2015 more than 400 health systems were operating as Medicare ACOs covering more than 15 percent of Medicare beneficiaries. At the same time private payers have been expanding their commercial ACO initiatives. This session will examine recent changes to Medicare ACOs programs, ACO performance results, emerging trends in private payment initiatives, and what's being planned for the future. It will also discuss how to evaluate whether you should jump in or run the other way.

BOARD CHAIR ROUNDTABLE (Invitational)
12:10 pm to 1:30 pm  LUNCH BREAK
1:30 pm to 2:30 pm  INTERACTIVE CONCURRENT SESSIONS PERIOD THREE

YOUR MOST IMPORTANT PUBLIC? LOOK INSIDE FIRST
STEVE RIVKIN
A hospital or system has many important constituencies—among them, community leaders, business leaders, donors, the media, and legislators. But no “public” is more important than your internal audience of caregivers and support staff. They are your greatest assets, and your best ambassadors to every other audience. Effective communications will educate, inform, and motivate your internal “customers.” But they expect to be treated as adults, and they expect the facts. They expect candor, and they expect to know why major decisions were made. This interactive session will examine ways to ensure your internal communications are strategic, honest, open, and consistent.

WHAT HAPPENS TO MEDICAL STAFFS THAT BECOME PART OF A SYSTEM?
LINDA HADDAD, JD
"Nothing will change," a medical staff is sometimes told, as the hospital becomes part of a system. Parties may believe that, but if nothing changes, the “system” may not be as effective as it could or should be. Boards and medical staffs must understand how changes in the corporate structure also alter medical staffs. There is much to be gained by becoming part of a system, but to physicians it may feel like something is lost. Does it become one medical staff or several? Do smaller medical staffs get marginalized when their hospitals become part of a system? This session outlines issues and processes to make transitions as smooth and as positive as possible.

THE NEW NPDB GUIDEBOOK: ISSUES CONCERNING REPORTS OF ADVERSE PROFESSIONAL REVIEW ACTIONS
JOHN HORTY, LLB AND CHARLOTTE JEFFERIES, JD
A new National Practitioner Data Bank (“NPDB”) Guidebook was released on April 6, 2015, and significantly changes HRSA’s 13-year-old policy position regarding several important clinical privileges actions, specifically “proctoring,” “investigations,” “non-renewals,” and “resignations.” The NPDB was intended by Congress to be a flagging...
mechanism, “an information clearinghouse,” the purpose of which is to serve primarily as a flagging system that may alert users that a more comprehensive review of the qualifications and background of a health care practitioner, entity, provider or supplier may be prudent. The Guidebook appears to have moved somewhat away from the original intent of Congress as reflected in the Health Care Quality Improvement Act of 1986 (“HCQIA”). What can and should hospitals do to keep quality and safety first and yet comply with applicable reporting requirements?

POPULATION HEALTH MANAGEMENT 102: ACCOUNTABILITY AND PHYSICIAN PRACTICE INTEGRATION
BARry BITTMAN, MD AND STEVEN TRINGALE
Population Health Management 102 focuses on the formidable challenges of orchestrating high quality physician practice performance in concert with the survival of the community hospital. Beginning with the basics, it’s not surprising that physicians (employed and independent) often see themselves as high functioning individualists. Just consider the inherent competition of getting into medical school and securing the best post-graduate residency training. Yet in this challenging health care arena, star players alone cannot meet the continuous population health management demands for a community. From Medicare Advantage Stars to Medicare Shared Savings Program ACOs, the bottom line is simple: quality care is now a team sport. High level accountability and practice integration are no longer optional. The impact of working together, boosting alignment and reducing leakage is substantial. The advantages of working closely with your payors must not be underestimated. Organizational and governance models must support the new financial models necessary for success in a quality and performance based environment. Discover what it realistically takes to build and sustain a high quality continuous care delivery system with your team of physicians in the community. Is a shared savings program the answer? Is it worth the investment and the risk? Are there better options? Our intention is to help you win!

ANATOMY OF AN I.T. STRATEGIC PLAN: BUILDING THE CENTRAL NERVOUS SYSTEM TO HELP ACHIEVE OVERALL ORGANIZATIONAL SUCCESS
ROBIN SETTLE, MBA
Health care organizations are very thoughtful in the strategic planning process, looking at their strengths and weaknesses and creating plans to guide them towards the future. Today, technology is required to enable these initiatives. Like other capital projects, technology is expensive and often spans more than a year or two for completion. Preparing and maintaining an IT Strategic Plan that includes a current state assessment, future state vision, and strategic roadmap is critical to ensure that the organization stays on track with these initiatives so they can achieve their strategic goals. Understand the elements of a strategic plan; learn real life examples of aligning the IT strategic plan to your overall strategic plan; and develop tips for healthy maintenance.

2:40 pm to 3:40 pm  INTERACTIVE CONCURRENT SESSIONS PERIOD FOUR

STRATEGIES AND TOOLS FOR PHILANTHROPIC INNOVATION
LEANNE KAISER CARLSON, MSHA
Imagine your foundation as the most vibrant place in your organization—the place where resources and innovation merge and remarkable people create together. Think about approaches that unleash more heart power, strategies that are soulful rather than mechanical. Understand what it looks like when generosity becomes the organizing energy of the patient experience. We can attract more. But big leaps require us to reach, to be bold, and to inhabit the edges. In this session we explore tools to make this leap.

PHYSICIAN ENGAGEMENT/PHYSICIAN BURNOUT: WHAT IF PHYSICIAN LEADERSHIP DECISIONS WERE MADE BY THE SAME 3 MDs... ALWAYS?
DELLA LIN, MD
Two common challenges heard are “how do I get physicians engaged?” and “how do we manage burnout?” Using the TRIZ methodology, adapted from Russian patent engineers, this interactive workshop will turn the tables to unleash creativity and give you the opportunity to take back critical action steps to improve physician
“engagement” and manage burnout in your organization. Define how your organization utilizes physician input for decision-making and challenge hidden and not-so-hidden traditions in problem solving.

**DEFENDING FRAUD AND ABUSE MATTERS**  
**DAN MULHOLLAND, JD**

This session will provide practical tips on how to deal with fraud and abuse investigations and lawsuits. Strategies and tactics for dealing with administrative investigations, self-disclosures, and qui tam suits will be discussed, along with advice on how to respond to subpoenas, document retention, and joint defense agreements.

**WASHINGTON VERSUS HEALTH COMMUNITY: ADEQUATE HOSPITAL PAYMENT & MALPRACTICE REFORM**  
**STUART ALTMAN, PHD**

There are a few federal agencies that have a disproportionate impact on developing new health care policy and the implementation of existing policy. Among the most notable are the Office of The Actuary of the Center for Medicare and Medicaid Services, the Medicare Payment Advisory Commission (Medpac), and the Congressional Budget Office (CBO). In this session we will review and discuss the analytical approach used by these agencies, what issues they have focused on in the last 5 years and the results of the studies they reported in their publications. We will then discuss with the participants of the session their assessment of whether the findings of these studies and the policy options are consistent with the views of those who provide care.

**EHR VENDOR MARKETPLACE: WHICH STARS ARE RISING, AND WHICH ARE FALLING**  
**ROBIN SETTLE, MBA**

Epic continues to gain market share, McKesson is sunsetting its long-standing Horizon platform for a newer and more integrated product, and Cerner’s acquisition of Siemens certainly had an impact on the marketplace this year. We've heard this in the news, but how have these developments impacted the marketplace, new tools, and support for existing systems? We'll provide an unbiased look at who the big players are now, the differentiated disruptors, and who plays well with others—or doesn’t.

**CEO ROUNDTABLE (Invitational)**

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**WEDNESDAY**

8:00 am to 9:30 am  
**GENERAL SESSION: MAKING THE FUTURE A REALITY**

WHERE NEW IDEAS COME FROM  
**STEVE RIVKIN**

Best practices are techniques or methods that have been proven to lead to results superior than those achieved with other means. This session suggests the process becomes easier if you follow the “C-B-A” approach: Collect new ideas; Borrow one or more of these best practices; then Adapt them to your situation. This session will argue that the best ideas are borrowed ideas. It will discuss ways of finding best practices and different ways to adapt them, and challenge attendees to apply “borrowed ideas” to their own needs.

UPENDING THE ROLES OF PHYSICIAN LEADERS  
**LINDA HADDAD, JD**

A successful health care system has physicians in every level of leadership. But the time has come for a fresh look at their roles. Survival in the transformation of the health care system demands no less. Attendees will consider such disruptive ideas as: (1) An academic model leadership in a community hospital setting, including recruited, trained, contracted chiefs; (2) Eliminating clinical departments, now floundering to find meaning, and replacing them with units built around patient care, not physician training programs; (3) re-creating the MEC, now designed to represent
various interests on the medical staff, into a strategic leadership body; (4) creating a committee structure that serves in advisory roles to management and the board; (5) rethink whether it makes any sense to have physician-only committees in the critical, new, care-team environment.

GET INVOLVED OR THE GOVERNMENT WILL
Jim Kopf
Most management teams and boards react to the risk assessments and new rules, regulations and audits coming at them. For the best possible future, turn the tables and become proactive. One illustration: In the area of cyber security and protecting your identity and patient identity, your team can use existing tools to get ahead of the curve—and keep the government off your back. This session will guide you toward the proactive steps you can take regarding any and all new guidelines.

STRATEGY AND TACTICS: ENSURING IMPLEMENTATION AND SUSTAINABILITY
Gary Kaplan, MD
This session will focus on strategy and tactics for change implementation and how to ensure that changes stick and are sustainable. Models for implementing and sustaining change will be reviewed, and the importance of alignment will be emphasized. Accountability as a property of all successful and sustainable change initiatives will be discussed.

CONNECTING THE DOTS
DeLia Lin, MD
There are many bright spots that are notable project successes in health care transformation. To reach the next level, we will need to connect the dots from project to system-level change. Whether it is at the individual, team, hospital, or community level, as leaders, we must reveal the blind spots, be catalysts, and… connect the dots.

9:30 am to 10:45 am  TOWN HALL MEETING: CONVERSATIONS WITH THE AUDIENCE
Our Town Hall Meeting is derived from the traditional town meetings of New England. Guided by our faculty, this session will be an opportunity for all attendees to consider the topics presented and to ask questions, present ideas, and voice opinions.

10:45 am to 11:00 am  A TAKE-HOME ACTION AGENDA
Steve Rivkin
We’ve considered new strategies, new tactics, and fresh takes on old concepts—across four days and more than 40 separate sessions. We’ll discuss specific tools and techniques to sustain the momentum of these new ideas, and give them life back home.

11:00 am  CONFERENCE ADJOURNS

Conference program and presenters are subject to change.
At the Estes Park Institute, our Fellows hail from a wide range of disciplines, allowing them to provide realistic solutions, innovative tools, and inspiration to improve health care in your community. Don’t miss the opportunity to meet and talk with them at the conference. They welcome your questions and comments and are eager to help you apply what you are learning to your own organization.

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.
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.

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.

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.
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.
ARYANA KHALID, MHA ■ Payment Reform Path
Aryana Khalid joined CVS Health in 2015 as Vice President of Healthcare Services Strategy. Previously, she served as Chief of Staff to the Administrator for the Centers for Medicare & Medicaid Services, where she focused on the day-to-day operations of CMS, project management for the Affordable Care Act, and working with the Secretary’s Office and the White House on CMS policy and operational decisions. Prior to this role, she was Senior Advisor to the Principal Deputy Administrator and COO at CMS.

RICHARD LEVY, PHD ■ Governance Track
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. Dr. 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.

TERESA MALTBY, RSM, DMN ■ Governance Track
Terry Maltby has been a frequent presenter at governance and sponsorship programs. She has over thirty year’s experience serving on health care boards and has written numerous articles. Currently, she serves on the boards of Presence Health System, Mercy Medical Center in Cedar Rapids, Iowa, and the Illinois Catholic Health Association. She recently completed two terms on the national board of the Catholic Health Association, serving on the governance committee.

ROBIN SETTLE, MBA ■ Technology Path
As a partner with Kurt Salmon’s Health Care Group, Robin Settle has over 25 years of experience working within the health care information technology and provider sectors. She has directed significant client engagements in information technology planning, vendor selection, and operational impact assessments. She also has a deep background in planning connected communities, working to strengthen ties between hospitals and other providers across the continuum of care.

Guest presenters may change. Not all guests will present at each location.
**STEVEN COLLENS**

Steven Collens is CEO of MATTER, the health care technology startup center and community hub that nurtures entrepreneurs and innovators building next-generation health IT, medical device, diagnostic and biopharma technologies. Previously, he worked at Abbott in a variety of domestic and international functions. He helped found ConstantWellness.com, giving patients control over their health data and allowing providers to coordinate patient care.

**BRADLEY GILBERT, MD**

Dr. Bradley Gilbert is a health care industry leader at the state and national level. He is Board Certified in General Preventive Medicine and has extensive experience in Public Health, health care delivery, and health care policy development. Dr. Gilbert was appointed the Chief Executive Officer of Inland Empire Health Plan (IEHP), one of the largest public not-for-profit health plans in California, in October 2008 and is leading IEHP into the health care reform era.

**TYLER NORRIS, MDIV**

Tyler Norris, MDiv, is an entrepreneur and founder of over a dozen businesses and social ventures. His three decades of service in the public, private and non-profit sectors have focused on population health, community vitality, and equitable prosperity. Currently, he serves as vice president, Total Health Partnerships at Kaiser Permanente, where he helps lead the implementation of “anchor institution” work, applying assets to measurably improve population health and community well-being.

**JON PRYOR, MD, MBA**

Dr. Pryor joined Hennepin County Medical Center as CEO in April, 2013. Previously, he served as CEO of the Medical College of Physicians, the Medical College of Wisconsin’s clinical practice group. He has experience as a management consultant, working with health care clients to build financial models, develop growth strategies, and implement lean management. A urologic surgeon by training, he has been widely published in peer reviewed journals in the area of men’s health and urologic disorders.

**MATTHEW RUSH, FACHE**

Matthew Rush is the president and CEO of Hayes Green Beach Memorial Hospital (HGB), a Critical Access Hospital in Charlotte, Michigan, since 2000. Under his leadership, HGB has experienced dramatic increases in patient volumes, rapidly growing medical staff, a national award for customer service, and significant improvements in financial performance. Prior to HGB, he served as a health care executive for more than 20 years in a variety of positions.

**RAY WASHBURN**

Ray Washburn serves as President and CEO at Vincentian Collaborative System, a not-for-profit health care and human services organization. He has a strong business background with extensive management experience in strategic planning, finance, operations, marketing and information technology. He previously served as senior vice president of corporate services for Masonicare, was vice president of Gaylord Hospital, and worked over 20 years in the banking industry.

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Innovators may change. Not all innovators will present at each location.
Estes Park Institute is pleased to announce this exciting new conference location! Discover this landmark Chicago Loop hotel and experience the renowned architecture of Daniel Burnham and his vision for a luxury hotel in Chicago, Illinois. The historic JW Marriott soars above the skyscrapers and exudes refined style combined with 21st century sensibility, providing downtown Chicago with a one-of-a-kind destination. Located near State Street, Millennium Park, Magnificent Mile, and world-class museums, you’ll be just minutes from all that Chicago has to offer.

**Room Rate:** $296
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.
Conference Registration

EACH REGISTRATION INCLUDES:

- Attendance at one Estes Park Institute conference and 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.

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.
Conference Registration

Select Conference:

1. Chicago, IL
   JW Marriott Chicago
   April 17-20, 2016

2. Marina del Rey (Los Angeles), CA
   The Ritz-Carlton, Marina del Rey
   November 6-9, 2016

3. Maui, HI*
   Grand Wailea
   February 12-17, 2017

4. Phoenix, AZ
   Arizona Biltmore
   March 12-15, 2017

5. Naples, FL
   The Ritz-Carlton, Naples
   January 22-25, 2017

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

Method of Payment

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

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Cancellation Policy

All cancellations must be confirmed in writing. Written cancellations received by the 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.

Total Paid Registrants:

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

Total Amount Due: $

Registrant Names

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

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