PHOENIX, ARIZONA
March 12-15, 2017
Arizona Biltmore
ESTESPARK.ORG
A clear vision for the future benefits every organization—especially at a time when powerful changes continue to reshape our health care world.

While the past influences your decision-making and serves as a guide, new and innovative ideas are required to truly realize your vision. To solve problems, set goals, and guide your organization, you must clear an unimpeded path to the future. Today’s health care challenges require inventive, forward-thinking solutions.

Our conference program is designed to help you set clear goals for the future, addressing what you have told us are the most pressing issues your organization is facing. Over four days, the Estes Park Institute’s distinguished faculty and expert guest presenters will explore solutions to operational, financial, technological, and quality challenges and provide strategies and tactics to help your organization set and meet those goals.

We bring your health care leadership together in a supportive learning environment that provides an opportunity for growth and innovation. You’ll be inspired to look at problems in a new light and look for solutions that, up until now, may never have occurred to you. As your hospital’s leadership team learns together, you’ll strengthen the bonds of teamwork that will continue to benefit your hospital, your community, and your patients long after the conference ends.

At the Estes Park Institute, our goal is to help you create a clear vision for the future of your organization.

*I think the greatest advantage is the ability/opportunity to set the stage and discuss areas of opportunity within my organization.*
— President & Chief Executive Officer

**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.
Phoenix, Arizona
March 12-15, 2017
Arizona Biltmore

Discover this Arizona landmark hotel, recognized as one of the world’s best. With its iconic architecture and rich, colorful history, the Arizona Biltmore retains its timeless quality while offering a modern, sophisticated experience. Take some time to explore this expansive property’s 39 acres of pristine gardens. Enjoy two 18-hole championship golf courses, six cushioned tennis courts, sparkling pools, exceptional dining options, and soothing organic treatments at Spa Biltmore. Less than 20 minutes from Sky Harbor International Airport, this convenient location has it all!

Classic/Deluxe: $379
## Conference Schedule

### Arizona Biltmore
March 12-15, 2017
Phoenix, Arizona

### SUNDAY

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<tr>
<th>Event</th>
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<tr>
<td>Conference Registration</td>
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<tr>
<td>Trustee Track</td>
<td>2:30 PM - 4:30 PM</td>
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<tr>
<td>Opening General Session</td>
<td>5:00 PM - 6:30 PM</td>
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<tr>
<td>Conference Reception</td>
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### MONDAY

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<tr>
<td>Registration</td>
<td>7:00 AM - 8:00 AM</td>
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<tr>
<td>Special Presentation by Blue Zones Project®</td>
<td>7:15 AM - 7:45 AM</td>
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<tr>
<td>General Session</td>
<td>8:00 AM - 9:15 AM</td>
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<tr>
<td>Break</td>
<td>9:15 AM - 9:45 AM</td>
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<tr>
<td>Program Tracks</td>
<td>9:45 AM - 12:15 PM</td>
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### TUESDAY

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<td>Continental Breakfast</td>
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<td>Special Presentation by The Hardenbergh Group</td>
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<td>General Session</td>
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<tr>
<td>Break</td>
<td>9:00 AM - 9:30 AM</td>
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<tr>
<td>Interactive Concurrent Sessions (Periods 1 &amp; 2)</td>
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<tr>
<td>Lunch (on own)</td>
<td>11:45 AM - 1:15 PM</td>
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<tr>
<td>Interactive Concurrent Sessions (Periods 3 &amp; 4)</td>
<td>1:15 PM - 3:30 PM</td>
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<tr>
<td>Invitational Session for New Trustees</td>
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### WEDNESDAY

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<tr>
<td>General Session</td>
<td>8:00 AM - 11:00 AM</td>
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<tr>
<td>Conference Adjourns</td>
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*“Would recommend this for everyone in health care leadership.”*  
— Board Member/Physician

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![The Estes Park Institute](estespark.org)
An Estes Park Institute conference 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 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 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 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 Track continues in our Interactive Sessions.

**Interactive Sessions**

Our workshop-style interactive sessions provide team members with the opportunity to drill down by offering a choice of topics for each individual’s area of expertise. The Estes Park Institute faculty dives into the nuts and bolts of specific issues and includes extended discussion periods, enabling participants to ask questions that relate to their own organization.

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*Estes Park programs are by far the best in the industry.*

— Hospital VP/Administrator
“We cannot solve our problems with the same thinking we used when we created them.”

— Albert Einstein

SUNDAY

1:00 pm to 5:00 pm
REGISTRATION

2:30 pm to 4:30 pm
TRUSTEE TRACK — HEALTH CARE TRUSTEES: THE PRESENT
JOHN HORTY, LLB; LINDA HADDAD, JD; GARY KAPLAN, MD; JIM KOPF; AND JOHN TISCORNIA, MBA, CPA
A health care organization is very complex and governance provides unique challenges. Boards can benefit from discussion of what current practices are effective for health care organizations. There is an integral relationship between the medical staff and the health care organization. This relationship adds complexities that are unique to health care boards. The understanding of these complexities and nuances are critical to governance. This session will include specific case examples of governance practices and will demonstrate certain processes that have been effective. The delivery of health care is highly regulated. The board has a significant responsibility to ensure that the risks of regulatory violations are monitored both today and in the future. Participants will have an understanding of what can be done to have the current health care organization board operate as efficiently and effectively as possible in today’s environment.

5:00 pm to 6:30 pm
GENERAL SESSION — ONCE UPON A TIME IN A HOSPITAL MUCH LIKE YOURS
LEANNE KAISER CARLSON, MSHA WITH ESTES PARK INSTITUTE FELLOW STORYTELLERS
We begin with stories from the front lines of health care. Stories related by our faculty from the perspective of patients and clinicians and executives. Stories that convey great truths from those immersed in the struggles and breakthroughs of health care today.

LIFE WORTH LIVING
DELLA LIN, MD

CONFESSIONS OF A SPECIALIST
BARRY BITTMAN, MD

ALMOST IMPOSSIBLE MEANS IT’S POSSIBLE
LINDA HADDAD, JD

THE FISHERMEN
STEVEN TRINGALE

THERE IS NO GREATER TRAGEDY
GARY KAPLAN, MD

A DOCTOR’S DILEMMA—THE PATIENT OR THE HOSPITAL?
JOE SCHERGER, MD

BEYOND FEAR
LEANNE KAISER CARLSON, MSHA

6:30 pm to 7:30 pm
CONFERENCE RECEPTION
MONDAY

6:30 am to 8:00 am  CONTINENTAL BREAKFAST

7:15 am to 7:45 am  CAN YOUR CITY MAKE YOU HEALTHY?  
(Bring your breakfast to this special presentation by Blue Zones Project®)

8:00 am to 9:15 am  GENERAL SESSION — THE NEW ADMINISTRATION’S HEALTH CARE

   SETTING THE STAGE
   JOHN HORTY, LLB

   WHAT COULD CHANGE
   STUART ALTMAN, PhD

   PANEL DISCUSSION
   STUART ALTMAN, PhD; BARRY BITTMAN, MD; GARY KAPLAN, MD; AND STEVEN TRINGALE

9:15 am to 9:45 am  BREAK

9:45 am to 12:15 pm  FOUR CONCURRENT PROGRAM TRACKS

(Choose one to customize your learning experience. These sessions are followed by at least one additional concurrent session to address related issues in depth.)

HEALTH CARE TRUSTEES: THE FUTURE
JOHN HORTY, LLB; ANTHONY PINEVICH, MD, MBA; LINDA HADDAD, JD; AND JOHN TISCORNIA, MBA, CPA

The very definition of health care is changing. It’s often easier for organizations to make a series of small decisions than to focus on the big issues, but addressing the substantial impact of changes in health care delivery can no longer be delayed. In the end, the hospital and its trustees will need to accept new responsibilities outside the hospital so that its community will get the latest and best care at a cost we can afford. In the end, the hospital and its trustees will decide its future, or others will. In this track, we will examine the new role of hospital trustees; examine changes in medicine and health care delivery that impact hospitals; and consider new governance strategies for hospitals and the changing relationship of physicians and hospitals.

SAFETY AND QUALITY: AN AFFAIR OF THE HEAD AND THE HEART
GARY KAPLAN, MD AND DELLA LIN, MD

In Dec 2015, The National Patient Safety Foundation (NPSF) issued a report stating that “Patient Safety is a public health issue that requires the full attention of the health care system. We have failed to make substantial, measureable, system-wide strides in improving patient safety. Other priorities have overshadowed the agenda of keeping patients safe from harm related to care.” Ross Baker, in his white paper “Beyond a Quick Fix” (November 2015), speaks of the challenges limiting progress in patient safety. “We haven’t built this into the souls of our profession.” This workshop-style conference track will utilize both cases from our own experiences and those of colleagues across the country to illustrate major themes surrounding patient safety and quality that require the full attention of our organizations and its leadership. This work must penetrate the soul of the organization. We will explore new models of care creating high reliability outcomes and market competitiveness as well as approaches to addressing and preventing unanticipated outcomes and medical error. We will examine how adaptive leadership and interdependecies and synergies between patient experience and staff experience impact optimal performance. Participants will leave with at least 3 critical questions to take back to their organizations for fuller attention.
DESIGN THINKING: BREAKTHROUGHS AND INNOVATIONS
LEANNE KAISER CARLSON, MSHA AND BARRY BITTMAN, MD WITH GUEST INNOVATOR

Health is where many of the most interesting things happening in the world come together. It’s the nexus of design thinking and innovation. In this track we look at breakthroughs in health-inducing habitats, innovation for the poor, care coordination, and information technology. And we’ll think together about what it would take to do something similar in other communities. Along the way we’ll understand what design thinking is all about and why it is so essential for health.

THE LONG-TERM OUTLOOK FOR MEDICARE AND PRIVATE PAYMENT REFORM: WHAT DOES IT MEAN FOR HOSPITALS AND PHYSICIANS?
STUART ALTMAN, PHD; ROB MECHANIC, MBA; AND STEVEN TRINGALE

Perhaps no other aspect of health care is changing more radically than the way that government and private insurers pay for medical services. Most of these new payment systems are designed to modify or eliminate fee-for-service and reward or penalize providers based on how well they manage populations of patients. Recent payment changes led by Medicare have tried to respond to past criticisms by incorporating new features. To protect patients, the new models tie payment to quality and give Medicare beneficiaries free choice of providers. To protect providers most programs are voluntary and do not require providers to take on substantial risk. While these changes make the new programs more politically acceptable, they limit the ability of providers to truly manage specific patient populations and reduce the potential for government savings. Policy is now shifting towards mandatory payment reform demonstration projects and an expansion of provider risk in voluntary initiatives. Still uncertain is whether these payment shifts will drive a broad transformation of payment and care delivery or will create another backlash due to new administrative burdens, program complexity, and financial penalties for poor performers. This track explores new payment models now being promoted by Medicare and commercial payers, how they came about, how they are being implemented, and what providers can expect in the future. We will discuss the pros and cons of major approaches like ACOs, bundled payments, and physician payment reforms created by MACRA and the opportunities and risks for community providers.
Conference Program

TUESDAY

6:30 am to 8:00 am  CONTINENTAL BREAKFAST

7:15 am to 7:45 am  CONSOLIDATING AND SIMPLIFYING PRACTITIONER ADMINISTRATION
(Bring your breakfast to this special presentation by The Hardenbergh Group)

8:00 am to 9:00 am  GENERAL SESSION (with audience Q&A) — POPULATION HEALTH: THE PATH TO SURVIVAL UNDER RISK-BASED AND CAPITATED PAYMENT SYSTEMS
BARRY BITTMAN, MD AND STEVEN TRINGALE
Time is running out and the stakes are rising! As the responsibility for managing total medical expenditures for our patients is shifted to us, the need for a radically different health care delivery strategy that extends beyond our walls must not be underestimated. Join us for an intriguing strategic planning session.

9:00 am to 9:30 am  BREAK

9:30 am to 10:30 am  INTERACTIVE CONCURRENT SESSIONS PERIOD ONE

COMMUNITY HOSPITALS AT A CROSSROADS
JOHN HORTY, LLB AND STUART ALTMAN, PhD
Community hospitals are facing substantial challenges which threaten their continued existence. As pressure has increased to improve the quality of patient care and improve efficiencies, more care is being provided in less intensive outpatient settings, and hospitals are being required to invest sizeable sums in new information technology. At the same time, both governmental and private payers are changing the way they pay hospitals by emphasizing “value-based” payment systems that reward quality-based services rather than the number of procedures. Smaller, independent providers, particularly many community hospitals, are especially vulnerable to the potential negative financial impact. What has made this problem worse for many community hospitals is the loss of their bargaining power relative to big private payers and larger health systems. The negative effects of these factors has become particularly apparent in the state of Massachusetts as a number of community hospitals have been forced to close or merge with larger systems, forcing more patients to seek hospital care outside their community and often at much higher costs. This situation prompted the Massachusetts legislature to ask the state’s Health Policy Commission (HPC) to study the problem and offer suggestions on how to aid these vital community institutions. We will explore the results of the HPC study and discuss whether similar situations exist in other regions of the country.

BURNOUT: ACTION BEFORE FLAMEOUT – PART ONE
DELLA LIN, MD
Mitigating burnout is one of the top concerns in health care today... and with good reason. Higher levels of burnout are correlated with more medical errors, poorer patient adherence, poorer patient satisfaction, and more organizational turnover. Recent surveys report physician burnout at 54%. Part 1 of this two-part session will lay the groundwork and use a unique exercise to better understand how systems and individuals are coupled in burnout. We will address leadership actions to immunize against burnout. Part 2 will continue the interactive discussion of leadership actions and pursue successful team and individual actions to manage and mitigate burnout. Although it is ideal for participants to attend both sessions, the two parts will be designed to also welcome those who can only participate in Part 1 or Part 2.

PHYSICIAN PAYMENT UNDER MACRA: HOW WILL IT CHANGE THE MARKET?
ROB MECHANIC, MBA
Medicare’s new approach to physician payment is onerous, complex, and has the medical profession scared. Beginning in 2019, physicians will be subject to financial penalties for scoring poorly on new CMS performance...
metrics. They can only bypass this system by enrolling in alternative payment models. The new system will begin based on physicians' 2017 performance. Will this be the beginning of the end for independent physician practices? If not, what is the pathway to success? Session attendees will develop an understanding of new CMS rules for implementing Medicare physician payment reforms. We will discuss how hospitals can best support their employed physicians and medical staffs.

**A WELLNESS PROGRAM THAT MAKES YOUR EMPLOYEES AND POPULATION HEALTHIER**

**JOSEPH SCHERGER, MD**

Wellness is a high priority for employees and the population being served by a hospital. Rather than wait for health problems to occur, hospitals should go “upstream” toward improving health, the first item of the Triple Aim. This session will go over the major components of Wellness and discuss methods of improving health by addressing issues such as substance abuse (including tobacco), physical activity, healthy nutrition, stress management, restful sleep, and social vitality.

**HEALTH INFORMATION TECHNOLOGY: THE MOST IMPORTANT QUESTIONS FOR A BOARD MEMBER TO ASK**

**ROBIN SETTLE, MBA**

Health IT concerns and opportunities, for years at a steady simmer, have now reached a rolling boil. The rash of cybersecurity breaches, shifting patient-as-consumer demands, new telehealth engagement opportunities, health IT interoperability, and the transportability of health insurance have woven health IT through every clinical, financial, and operational aspect of a health care organization. Join Robin Settle, a health care IT expert, to discuss the most pressing questions facing hospital leaders and for an open Q&A on other top-of-mind information technology issues. After attending this session, participants will be able to better answer:

- How can we share data most effectively with our partners and affiliates? What is interoperability, why is it important, and why is it so hard?
- How to improve patient engagement and why is it important?
- Where is the innovation? How can I take advantage of some of these?
  - Telemedicine, e-visits, call centers
  - Home monitoring
  - Cloud based activities
  - Advanced analytics
- Can a community hospital afford all of this? How much does it cost? What are my options?

**CEO ROUNDTABLE (INVITATIONAL)**

**JOHN TISCORNIA, MBA, CPA**

10:45 am to 11:45 am  INTERACTIVE CONCURRENT SESSIONS PERIOD TWO

**A TALE OF 2 MEDICAL STAFFS: EMPLOYED VS. INDEPENDENT**

**LINDA HADDAD, JD**

Do hospital physician contractual relationships impact patient care? Are employed physicians, or those in large physician groups, more likely than independent physicians to engage in coordinated, protocol-driven care? Or vice versa? If so, are two standards of care acceptable? The CMS innovation projects (bundled payments, ACOs) were designed to see to what extent changing payment can improve care and the patient experience. What have you learned or changed as a result of payment innovations? Quality and cost of care may be intertwined. What is the best way to structure contractual or employment relationships?

**PHILANTHROPIC SUPERABUNDANCE: HOW TO INNOVATE**

**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.

**COMPLIANCE 2.0: YOU’RE NOT PARANOID—THEY REALLY ARE AFTER YOU**
**THE GOVERNMENT’S FOCUS ON INDIVIDUAL LIABILITY**
**JIM KOPF AND DAN MULHOLLAND, JD**
The Department of Justice wants to send you to jail. That is, it could try to do so if your organization doesn’t treat compliance seriously, and if serious violations of the myriad of laws and regulation governing health care occur. A recent memo from DoJ says that prosecutors should actively be on the lookout for situations where directors and officers of corporations can be held personally liable—both civilly and criminally—for violations of law by their companies. The memo went on to say that you won’t receive any credit for simply having a corporate compliance program. You are expected to actively look for problems and take appropriate action (including cooperating with the Government in identifying individuals responsible for corporate wrongdoing). All this suggests that it is time for hospital and health system boards and senior managers to not only take ownership over the compliance program, but also take it to the next level. This session will review recent government pronouncements about personal liability for regulatory violations, talk about key areas of focus, and discuss the implications for your organization.

**BURNOUT: ACTION BEFORE FLAMEOUT – PART TWO**
**DELLA LIN, MD**
Mitigating burnout is one of the top concerns in health care today… and with good reason. Higher levels of burnout are correlated with more medical errors, poorer patient adherence, poorer patient satisfaction, and more organizational turnover. Recent surveys report physician burnout at 54%. Part 1 of this two-part session will lay the groundwork and use a unique exercise to better understand how systems and individuals are coupled in burnout. We will address leadership actions to immunize against burnout. Part 2 will continue the interactive discussion of leadership actions and pursue successful team and individual actions to manage and mitigate burnout. Although it is ideal for participants to attend both sessions, the two parts will be designed to also welcome those who can only participate in Part 1 or Part 2.

**HEALTHY NUTRITION: FEEDING YOUR PATIENTS RIGHT**
**JOSEPH SCHERGER, MD**
Our understanding of healthy nutrition has changed dramatically this decade with improved nutrition science and a better understanding of human biology. Gone is the low-fat diet with healthy whole grains (complex carbohydrates). Humans are healthier when they avoid processed foods, carbohydrates with grains, sugar and high fructose corn syrup—the drivers of overweight and obesity. Much disease is caused by the inflammatory proteins in grains and cow’s milk causing “leaky gut.” The role of the gut microbiome in human health is becoming understood and “dysbiosis” is the basis of many common health problems. This session will explain the advances in nutrition science and recommend that your hospital serve more healthy food to patients and employees—a change as potentially important as making hospitals smoke-free.

**GETTING THE MAXIMUM RETURN ON YOUR HEALTH INFORMATION TECHNOLOGY — I THOUGHT THIS WOULD MAKE MY LIFE EASIER**
**ROBIN SETTLE, MBA**
You have implemented your Electronic Health Record system and spent millions in valuable capital. Your goal was to close gaps and drive efficiencies, but it seems as if your best health IT efforts only generate more challenges. Physicians are still unhappy with the system; there are ever-changing data security requirements; and you’re battling to manage the expenses in light of other strategic priorities. Join Robin Settle, a health care IT expert, for a discussion on how to develop and maintain a health IT strategy for ensuring maximum return and reap the benefits of your EHR. After attending this session, participants will develop an understanding of:
• What are the operational benefits I should be achieving?
• Developing strategies for achieving physician and stakeholder health IT buy-in, including training and on-boarding recommendations
• How much patient engagement do I need to do or should I do?
• What are best practices for provider-to-provider communications – transitions of care, consultations
• Identifying key success indicators and how to benchmark performance

BOARD CHAIR ROUNDTABLE (INVITATIONAL)
JOHN HORTY, LLB

11:45 am to 1:15 pm   LUNCH BREAK (on own)

1:15 pm to 2:15 pm   INTERACTIVE CONCURRENT SESSIONS PERIOD THREE

PALLIATIVE CARE: OPTIMIZING QUALITY OF LIFE FROM A HUMANISTIC PERSPECTIVE
BARRY BITTMAN, MD

America’s population is rapidly aging. Patients with serious illnesses are living longer with diminished quality of life. Often these patients endure pain unnecessarily or resort to calling 911 for symptom management. Hospitalization is expensive and carries significant risks. There is a better way. Join Dr. Bittman for an in-depth exploration of reestablishing patient choice and improving overall outcomes.

PHYSICIAN LEADERSHIP CHALLENGES
LINDA HADDAD, JD

As the shape shifting medical staff absorbs changes in patient expectations, payment models, and moves toward alternative sites of care, leaders must still make sure that physicians are available to provide ED call, that the workplace is respectful and fosters the culture of safety, and that members are capable, by fitness for duty and skill set, to provide services the community deserves. This session will provide physician leaders the tools to set high standards, intervene timely when they are not met, and give each member the best chance to be successful.

COMPLIANCE 2.0: TAKING YOUR COMPLIANCE PROGRAM TO THE NEXT LEVEL—YOUR GET OUT OF JAIL FREE CARD
JIM KOPF AND DAN MULHOLLAND, JD

The Government will no longer give you extra credit for having a compliance program, because you’re expected to have one. What every hospital and health system board should do now is review your compliance program, make sure it is functioning, and then be proactive in continually improving it. The OIG, the American Health Lawyers Association, and other organizations have recently issued new compliance and regulatory guidance for boards. Communication and collaboration of the functional components of compliance, legal, HR, audits, and quality were emphasized. The underlying theme is applying risk management throughout all components and making sure the board takes ownership over the compliance process. What does that mean for the board? What is the new government standard for board oversight and fiduciary responsibility? This session will suggest concrete actions your board should take now to evaluate the effectiveness of your compliance program and make sure it is ready to deal with the brave new regulatory world. It will describe the Government audits and investigations aimed at hospital operations; discuss how to integrate the components of regulatory compliance; and outline the real responsibilities of the board Compliance Committee.

NEXT STEPS IN HEALTH CARE DELIVERY
ANTHONY PINEVICH, MD, MBA AND JOHN HORTY, LLB

The current method of health delivery clearly will not work in the future. The future is now and it will be revolutionary and constant. Major changes will affect health care organizations of different size, scope, and location. An individualized approach will be the key to effectiveness. In this session, participants will have the opportunity to discuss future scenarios and begin preparations for change.
BOARD LEADERSHIP: ACHIEVING CRITICAL SUCCESS FACTORS THROUGH STRATEGY & FINANCIAL PLANNING

JOHN TISCORNIA, MBA, CPA

Boards face numerous challenges and decisions as the pace of change in the health care industry continues to accelerate. A key approach for boards is to determine the critical success factors for their organization. Then, board and management need to strategize to achieve those critical success factors and determine the financial impact. Management needs to implement strategies to achieve those success factors, and the board needs to have significant input in developing these strategies and monitoring their accomplishment. This session will provide participants with the process and tools to define critical success factors; to learn how these need to be integrated into the strategic and financial plan; and to discuss the key metrics for measuring results.

CEO ROUNDTABLE (INVITATIONAL)

STEVEN TRINGALE

2:30 pm to 3:30 pm INTERACTIVE CONCURRENT SESSIONS PERIOD FOUR

RISK-BASED CONTRACTING: ADVANCING BEYOND SURVIVAL MODE WITH EMPLOYED AND INDEPENDENT PROVIDERS

BARRY BITTMAN, MD

Health care’s financial landscape has changed dramatically. HHS set an aggressive goal of tying 85 percent of all traditional Medicare payments to quality or value by 2016, and 90 percent by 2018. Fee-for-service contracts are quickly fading. With the balance of health care rapidly shifting to outpatient services, the survival of community health care depends on the immediate and deliberate steps we take now that must engage and support our employed and independent physicians in ways we never considered previously. Join Dr. Bittman and discover what you need to do now!

WILD—LIVE AND LEAD BEYOND TAME

LEANNE KAISER CARLSON, MSHA

We live and lead in a world that is super-controlled—managed and de-risked as far as possible. But the boundaries that make us safe also keep us from the great possibilities. We hunger for wildness. Not recklessness, but coming into relationship with that which is large, emergent, and unknown. It is in the wild where we come most alive. In this conversation we explore what it means to live and lead beyond what’s tame.

CYBERSECURITY, HIPAA AUDITS, AND PROTECTING ELECTRONIC HEALTH RECORDS

JIM KOFF

Much has been written and discussed about cybersecurity and protecting electronic health records (EHR). Breaches and ransomware are a daily occurrence. The government has scheduled more on-site and desk audits. Is the hospital’s EHR safe? Are hospitals ready for a government audit? Is the hospital taking the correct procedures to ensure its Protected Health Information (PHI)? In this session we will consider PHI safeguards and the Board’s role; learn how to prepare for a government audit; and learn how to understand a Corrective Action Plan and why you should have one.

HIGH PERFORMANCE TEAMS: CATCH MY DRIFT

DELLA LIN, MD

The importance of teams, team training, and high reliability are no longer simply a health care adaptation from other industries. What are components of a high performing team? How do teams mitigate “drift,” error, and harm? This session will explore examples of the evolution of high performing teams into a cultural intervention that fosters engagement, reliability, pride, and results.
THE FUTURE OF HEALTH CARE: COMING SOON TO YOUR HOME
ROB MECHANIC, MBA
As baby boomers retire, there will be growing demand for clinical models that allow older Americans with complex chronic conditions and physical impairments to receive care in their homes. Health care providers are deploying a range of initiatives that provide primary care, emergency care, and even hospital-level care in patients' homes in order to reduce potentially avoidable hospitalizations and emergency department visits. These models have not been financially viable in fee-for-services but they are likely to be a cornerstone of population health management under alternative payment models. In this session, we will review a diverse range of home-based health care initiatives and technologies that are reducing total health care spending while generating high patient satisfaction. And we will discuss how hospitals should participate in this emerging sector.

PHYSICIAN CONTRACTING UNDER VALUE-BASED PAYMENT
DAN MULHOLLAND, JD
Physician reimbursement is changing radically. MACRA, ACOs, bundled payment arrangements, and other alternative payment models will affect not only how physicians are reimbursed but also how they relate to hospitals and health systems that employ them. Unfortunately, many physician compensation models do not take so-called "value-based" reimbursement schemes into account. This can not only cause financial losses but also provide disincentives to care coordination and integration. This session will suggest a process to analyze where you are now and what you need to do to take value-based payments into account for your physician compensation arrangements.

CMO ROUNDTABLE (INVITATIONAL)
LINDA HADDAD, JD

3:45 pm to 4:45 pm
JOHN HORTY, LLB

QUESTIONS AND ANSWERS FOR NEW TRUSTEES (INVITATIONAL)

This session will give trustees who have been elected to their hospital boards the opportunity to ask and discuss questions they may have about being the elected trustee of a hospital. Many new trustees have business and board experience. Yet, they are confused by the questions they will encounter as a hospital trustee because of the differences in payment for hospital and medical services and the organization of the hospital's medical staff. This session will answer these and other questions and promote general discussion of what is required to be a good hospital trustee.
WEDNESDAY

6:30 am to 8:00 am  CONTINENTAL BREAKFAST

8:00 am to 11:00 am  GENERAL SESSION — FROM VISION TO REALITY
A series of short presentations on visioning, goal-setting, success stories, best practices, and how leadership brings a vision to life.

CONTRACTING, CAPITATION, CAUTION
BARRY BITTMAN, MD
Join Dr. Bittman for an exploration of a new form of health care economics—specifically assuming financial responsibility for the overall continuum of care. This illuminating presentation is intended for both hospitals and providers who are facing the challenges of at-risk payments for services that extend beyond the confines of their four walls. Through comparisons with other fields, Dr. Bittman presents the risks and the potential rewards, as well as the preparation required to venture into this challenging arena, which few, if any, can avoid. Discover the importance of the post-acute space where obstacles and opportunities abound. And develop a realistic framework for optimizing outcomes while reducing overall expenditures.

WHEN IT COMES TO VALUE-BASED HEALTH CARE, FOCUS ON YOUR COMMUNITY
STEVEN TRINGALE
There will be many great examples presented at the conference of how hospitals and health systems have responded to the challenges of moving into a value-based health care system. You will be provided with valuable insights into the legislative, regulatory, clinical, and business trends that are driving and will continue to drive change in health care delivery. Which innovations are most important to your organization? The answers lie in your community. In fact, your community is relying on you to be the thought leader on what a high-value, performance-based health care system should look like. Embrace the challenge.

GETTING THE DESIRED RESULT
JIM KOPF
Hospital leadership faces daily challenges: cyber security, regulatory changes, audits, and HR concerns to name a few. Each has its unique set of problems. This session will discuss a problem-solving approach to get the desired results for the hospital.

FROM INDICATION TO ACTION: ASK THE FACULTY
JOHN HORTY, LLB, MODERATOR
This session will allow participants to ask the faculty questions on how to implement the solutions discussed during the conference.

11:00 am  CONFERENCE ADJOURNS

Conference program and presenters are subject to change.
At the Estes Park Institute, our faculty hails 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 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, is a published author of many books and journal articles, 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, inventor, and researcher. As CEO of the Institute for Innovative Healthcare, he serves as a consultant for health systems, hospitals, and physician organizations engaged in transforming health care delivery. Based upon his commitment to shaping the future of health care, Dr. Bittman focuses on population health management, risk-based contracting, shared savings, care coordination across the continuum, and physician alignment.

LINDA HADDAD, JD ■ HEALTH LAW & PHYSICIAN-HOSPITAL RELATIONSHIPS
Linda Haddad is a Senior Partner in the law firm of Horty, Springer & Mattern in Pittsburgh, Pennsylvania and a Fellow in the Allegheny County Bar Foundation. She has served as an Adjunct Instructor at the Heinz College at Carnegie Mellon University Masters of Medical Management Program and has presented in hundreds of educational conferences, including programs conducted by the American Health Lawyers Association, medical societies, hospital associations, and hospital and health care systems.

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.

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. Gary 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 and has been honored nationally for his leadership. He is a founding member of Health CEOs for Health Reform and has held leadership positions with numerous organizations.

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.

“Very informative, fantastic interaction and exchange of ideas.”
— President, Medical Staff

DELLA LIN, MD ■ PATIENT SAFETY LEADERSHIP
As a physician with leadership experience for over 25 years, Dr. Lin brings clarity, inspiration, and provocative challenges to her audiences by integrating practical clinical experience with systems thinking around organizational resilience, leadership, culture, and new thinking in the patient safety and quality landscape. She is an author focused on successful patient safety strategies and culture and also 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.
JOSEPH SCHERGER, MD, MPH ■ INFORMATION TECHNOLOGY & QUALITY IMPROVEMENT
Joseph 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. He has served in an editorial capacity and as a medical expert for several publications and has authored over 400 medical publications.

JOHN TISCORNIA, MBA, CPA ■ HEALTH CARE FINANCIAL PLANNING & GOVERNANCE
John Tiscornia is 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. Mr. Tiscornia is a clinical professor in the Graduate School of Public Health and Community Medicine at the University of Washington. Throughout his career, he has been involved in strategic, financial, business, and regulatory challenges of the health care industry and has had extensive experience with governance.

STEVEN TRINGALE ■ STRATEGIC PLANNING, PUBLIC POLICY & HEALTH CARE REFORM
Steven Tringale is President and CEO of Tringale Health Strategies LLC (THS), a Boston-based consultancy that delivers strategic planning, network and contract development, product development, and hospital/physician alignment strategies to clients in the health care industry. He has held a number of senior executive positions in large health care companies, presented to numerous groups, and testified in front of many state legislatures and congressional committees.

Most faculty members will present at each conference. In addition to the Estes Park Institute faculty, guest presenters with specific expertise may be invited to present at various conference locations.
SUSAN FRANK, RN, MSN
Susan Frank is President of ASF Solutions LLC, a company that is supporting health care redesign by focusing on Population Health Management and operational strategies to optimize the triple aim approach: Better outcomes, better patient experience, and improved cost. Susan works with teams to lead Population Health Management strategies for facilities or physician organizations focusing on innovation and clinical, physician, and payor integration.

STEVEN KAMAJIAN, DO, FACOFP
As a board-certified family practice specialist, Steven Kamajian, DO, FACOFP, has spent over 30 years on the front lines of health care serving patients, both old and young. He founded the Westminster Free Clinic in Thousand Oaks, California, where he employed the medical home model decades before health care reform and “accountable care” came into play, giving the hard-to-reach, low-income patient population access to a wide range of health care professionals and more.

ANTHONY PINEVICH, MD, MBA, FACP
Dr. Anthony Pinevich serves at UPMC Mercy in Pittsburgh, Pennsylvania, as Vice President of Medical Affairs, Chief of Nephrology, Director of Apheresis, and Director of the Internal Medicine residency. His hospital/health system oversight areas have included hospitalist services, risk management, infection control, medical staff services, case management, utilization review, social services, and safety/quality, including pay-for-performance activities.

ROBIN SETTLE, MBA
With more than 30 years of experience in working with health care providers, Robin Settle brings a wealth of expertise to her engagements. She has directed significant client projects in IT planning, vendor selection, and operational impact assessments. She also has an extensive background in creating connected communities and working to strengthen ties between hospitals and other providers across the continuum of care.

JEFFREY THOMPSON, MD
Dr. Thompson is a pediatric intensivist and neonatologist, executive advisor, and chief executive officer emeritus at Gundersen Health System. He served on Gundersen’s boards and played a key role in negotiations and governance design. A founding member and past board chair of the Wisconsin Collaborative for Healthcare Quality and a 2013 White House Champion of Change, he has led Gundersen’s nationally-recognized initiatives for patient care, quality improvement, and sustainability.

Guest presenters may change. Not all guests will present 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.

"Excellent overview of health care. Precisely the type of presentation I was eager to hear."
— Board Vice Chair

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.
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
- $6,700 (each team of four)
- $1,895 (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.

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Conference Registration

Select Conference:

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

- Naples, FL
  - The Ritz-Carlton, Naples
  - January 21-24, 2018

- Chicago, IL
  - JW Marriott Chicago
  - April 23-26, 2017

- San Francisco, CA
  - The Ritz-Carlton, San Francisco
  - October 29 - November 1, 2017

- Maui, HI*
  - Grand Wailea
  - February 11-16, 2018

Contact Name

Contact Email

Health Care Organization

Street Address

City

State

Zip

CEO Name

CEO Title

CEO Email

Name of System (if applicable)

Method of Payment

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

Total Paid Registrants:

- $6,700 (each team of four)
- $1,895 (single)

Total Amount Due: $

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 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.

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

CEO Name

CEO Title

CEO Email

Name of System (if applicable)

Bill hospital/health system

Check enclosed (payable to: Estes Park Institute)

Total Paid Registrants:

- $6,700 (each team of four)
- $1,895 (single)

Total Amount Due: $

*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.