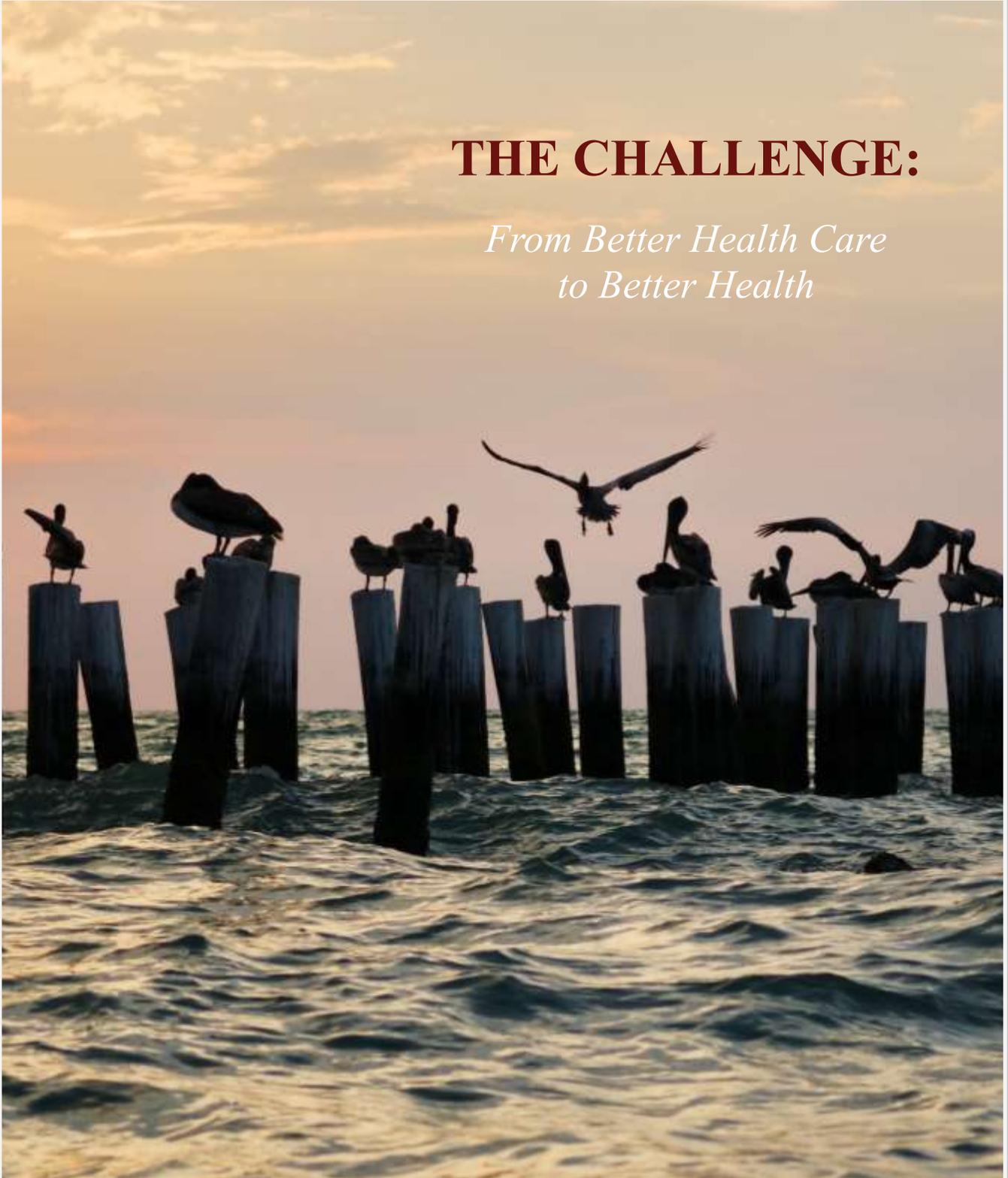




THE ESTES PARK INSTITUTE
ESTESPARK.ORG

THE CHALLENGE:

*From Better Health Care
to Better Health*



Naples, Florida ▪ January 13—16, 2019



THE ESTES PARK INSTITUTE

OUR MISSION

Estes Park Institute believes that health care must have a moral center and that health care professionals, trustees and managers of hospitals and health systems have the highest duty and responsibility in our society. The mission of Estes Park Institute is to educate teams of physicians, board members and health care managers so that they can better serve their patients and all people in their local communities and can exercise leadership

in the field. We fulfill that mission by conducting educational conferences for health care leaders including physicians, board members, management and spouses of the participants. At the conferences, the Estes Park Institute faculty presents up-to-the-minute information, analysis and insight into the problems and opportunities that shape health care in the United States.

THE CHALLENGE FOR HOSPITALS

The instability of the present health care system, that began to be apparent two years ago, continues. And action by both parties in Washington and in the private section makes it even more apparent. Perhaps it is time to understand that when actual change begins to replace general instability, it is usually because of change in the world outside our hospital world. That is what is happening now, even though we are just beginning to understand its power.

Hospitals as we have known them since just after World War II – in most towns and cities – are changing. They will have to become responsible for the health of patients after they leave the hospital rather than just for those within its walls. Hospitals will be given responsibility for health as well as health care, for no other local or other governmental entities can do the job with the local population.

How this will be understood and will occur has yet to be considered. And, present organization of a hospital and its payment will have to be rethought.

Facing this challenge is our responsibility at the Estes Park Institute Conferences. Welcome to the search for solutions.



John Harty, LLB
Board Chair

Opening Sessions

The Opening Sessions will begin at 3:00 pm; these will include CHALLENGES facing Trustees and Physician Leaders and a Networking session for CEOs. The Opening General Session will begin at 5:30 pm in the *Vanderbilt Ballroom*; we encourage you to visit the registration desk early to pick up your conference materials and to avoid the last minute rush. If you do miss registration on Sunday, we will re-open Monday morning at 7:00 am in the *R/C Ballroom Foyer*.

Social Events

We look forward to seeing you at the Conference Reception on Sunday, from 6:30 pm to 7:30 pm in the *R/C Ballroom & Foyer*. Please join us Monday, Tuesday & Wednesday mornings in the *Vanderbilt Courtyard* for a Continental Breakfast from 6:30 am to 8:00 am. Spouses/guests are welcome to attend all functions and/or any sessions they are interested in.

Dress

Business casual attire is appropriate and encouraged at The Ritz-Carlton. However, gentlemen may need to wear jackets and ties in some of the restaurants. Also, it is sometimes difficult to maintain a temperature in the meeting rooms to satisfy all attendees, so we suggest you bring a sweater to the sessions.

Mobile App/Materials

Estes Park Institute is pleased to offer a complimentary mobile app to help our attendees navigate the conference. We encourage all participants to download the app for easy access to the conference program, speaker bios, maps, and much more. We may use the app during the general sessions to allow audience members to interact with the panels and you will find the session materials and slide presentations available for reference or download during and after the conference.

Cell Phones

In consideration of others, it is requested that there be no use of cell phones in the meeting rooms.

Special Services

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

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Continuing Medical Education Credits

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

The University of Pittsburgh School of Medicine designates this live activity for a maximum of *16.0 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Other health care professionals are awarded *1.6* continuing education units (CEU's) which are equal to *16.0* contact hours.

Disclaimer Statement

The information presented at this CME program represents the views and opinions of the individual presenters, and does not constitute the opinion or endorsement of, or promotion by, the UPMC Center for Continuing Education in the Health Sciences, UPMC / University of Pittsburgh Medical Center or Affiliates and University of Pittsburgh School of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use his/her own personal and professional judgment when considering further application of this information, particularly as it may relate to patient diagnostic or treatment decisions including, without limitation, FDA-approved uses and any off-label uses.

POWER YOUR WAY TO BETTER WELL-BEING

Blue Zones Project® is a community well-being improvement initiative designed to make healthy choices easier through permanent changes in environment, policy, and social networks.

When the entire community participates—from worksites and schools to restaurants and grocery stores—the small changes contribute to huge benefits for all of us: lowered healthcare costs, improved productivity, and ultimately, a higher quality of life.

Visit bluezonesproject.com to learn more about the movement that's transforming communities across the country.

BLUE ZONES PROJECT®

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ACHE Certification

Estes Park Institute is authorized to award 16.0 hours of pre-approved ACHE Qualified Education credit for this program toward advancement, or recertification, in the American College of Healthcare Executives. Participants in this program who wish to have the continuing education hours applied toward ACHE Qualified Education credit must self-report their participation. To self-report, participants must log into their MyACHE account and select “My Education Credit” to log hours earned.

NAMSS Certification

This course has been approved for National Association of Medical Staff Services (NAMSS) continuing education credit. Accreditation of this educational content in no way implies endorsement or sponsorship by NAMSS.

Estes Park Institute is authorized to award 16.0 hours of NAMSS continuing education credits.

CME Credit for Physicians and other Health Care Providers

If you are a physician or other health care provider and you would like to receive CME credit for attendance at the Naples conference: Please fill out the Credit Designation Sheet (located in your registration packet) and return it to the registration desk by the end of the conference. When you return the Credit Designation Sheet you will receive a Certificate of Attendance which will include instructions on how to retrieve your transcript from our accreditation agency, UPMC. Transcripts will be available 4—6 weeks post-conference, we will send you a reminder via email once the transcripts are available.

ACHE, NAMSS, Trustee Certificates

If you would like ACHE or NAMSS credit (instead of, or in addition to, CME) or if you would like to receive a Trustee Certificate: Please fill out the certificate request form (located in your registration packet) and return it to the registration desk by the end of the conference. These certificates will be sent to you via email approximately two weeks post-conference.



SUNDAY, JANUARY 13

1:00 pm—5:00 pm	REGISTRATION	R/C Ballroom Foyer
3:00 pm—5:00 pm	OPENING SESSIONS	
	CHALLENGES FACING TRUSTEES	R/C Salon I
	CHALLENGE FOR PHYSICIAN LEADERS	Plaza Ballroom III
5:30 pm—6:30 pm	GENERAL SESSION	Vanderbilt Ballroom
	KEYNOTE ADDRESS:	
	<i>THE WHAT, WHY, AND HOW OF ALL-PAYER HOSPITAL GLOBAL BUDGETS</i>	
6:30 pm	DAY ADJOURNS	
6:30 pm—7:30 pm	CONFERENCE RECEPTION	R/C Ballroom & Foyer

MONDAY, JANUARY 14

6:30 am—8:00 am	CONTINENTAL BREAKFAST	Vanderbilt Courtyard
7:00 am—8:00 am	REGISTRATION	R/C Ballroom Foyer
7:00 am—7:45 am	BLUE ZONES PRESENTATION (non-CME)	R/C Salon III/IV
	BLUEPRINT FOR IMPROVED WELL-BEING	(bring your breakfast in)
8:00 am—9:15 am	GENERAL SESSION	Vanderbilt Ballroom
	WHAT IS HAPPENING IN WASHINGTON & THE STATES	
9:15 am—9:30 am	BREAK	
9:30 am—10:45 am	BREAKOUT BY HOSPITAL TYPE	
	HEALTH SYSTEMS & COMMUNITY HOSPITALS	R/C Salon III/IV
	RURAL HOSPITALS & CAHS	R/C Salon I/II
10:45 am—11:00 am	BREAK	
11:00 am—12:30 pm	BREAKOUT BY LEADERSHIP ROLE	
	FUTURE GOVERNANCE BY TRUSTEES	R/C Salon I/II
	PHYSICIAN & MEDICAL STAFF LEADERSHIP	Plaza Ballroom III
	FINANCIAL THREATS/EXECUTIVE LEADERSHIP	R/C Salon III/IV
12:30 pm	DAY ADJOURNS	

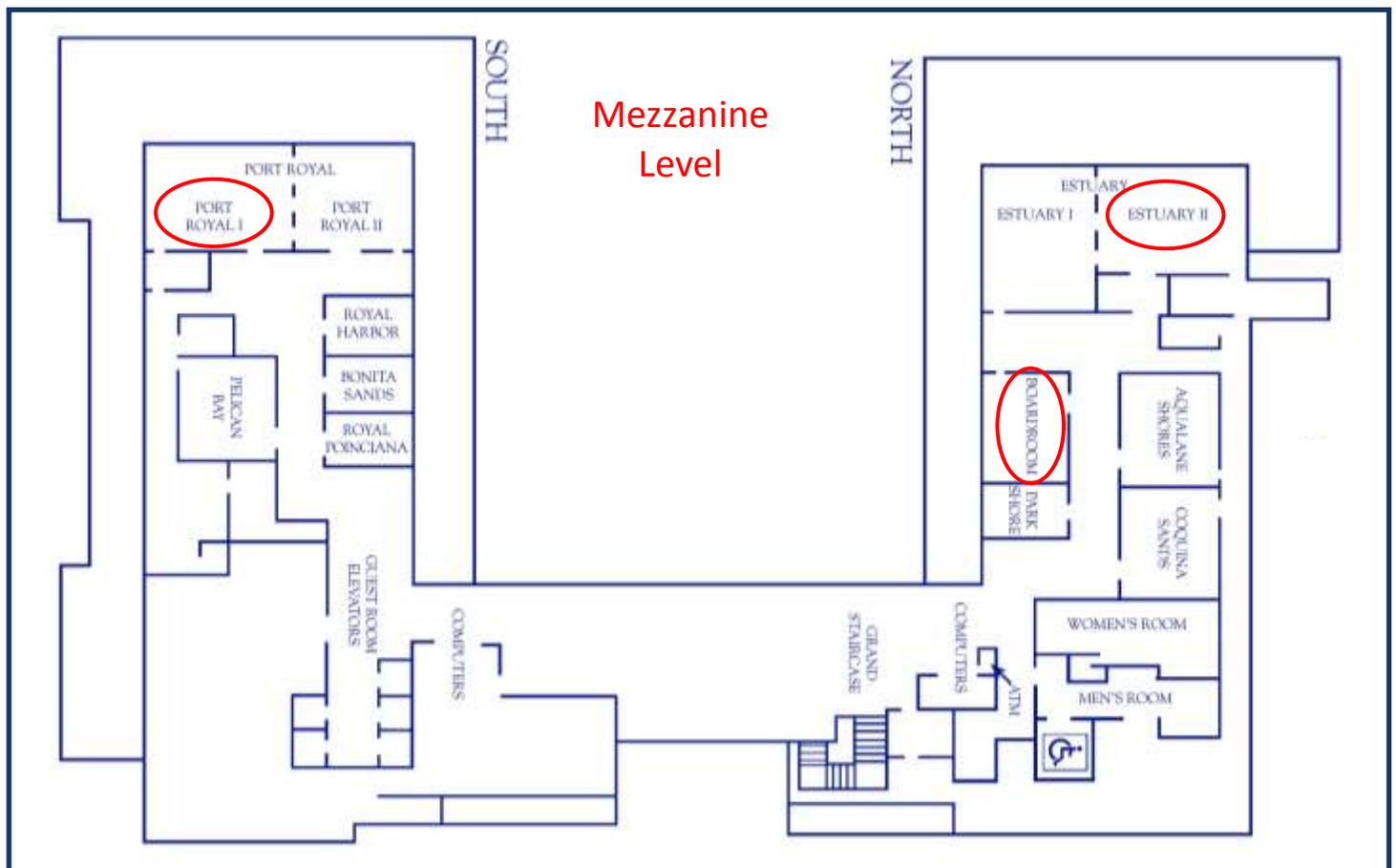
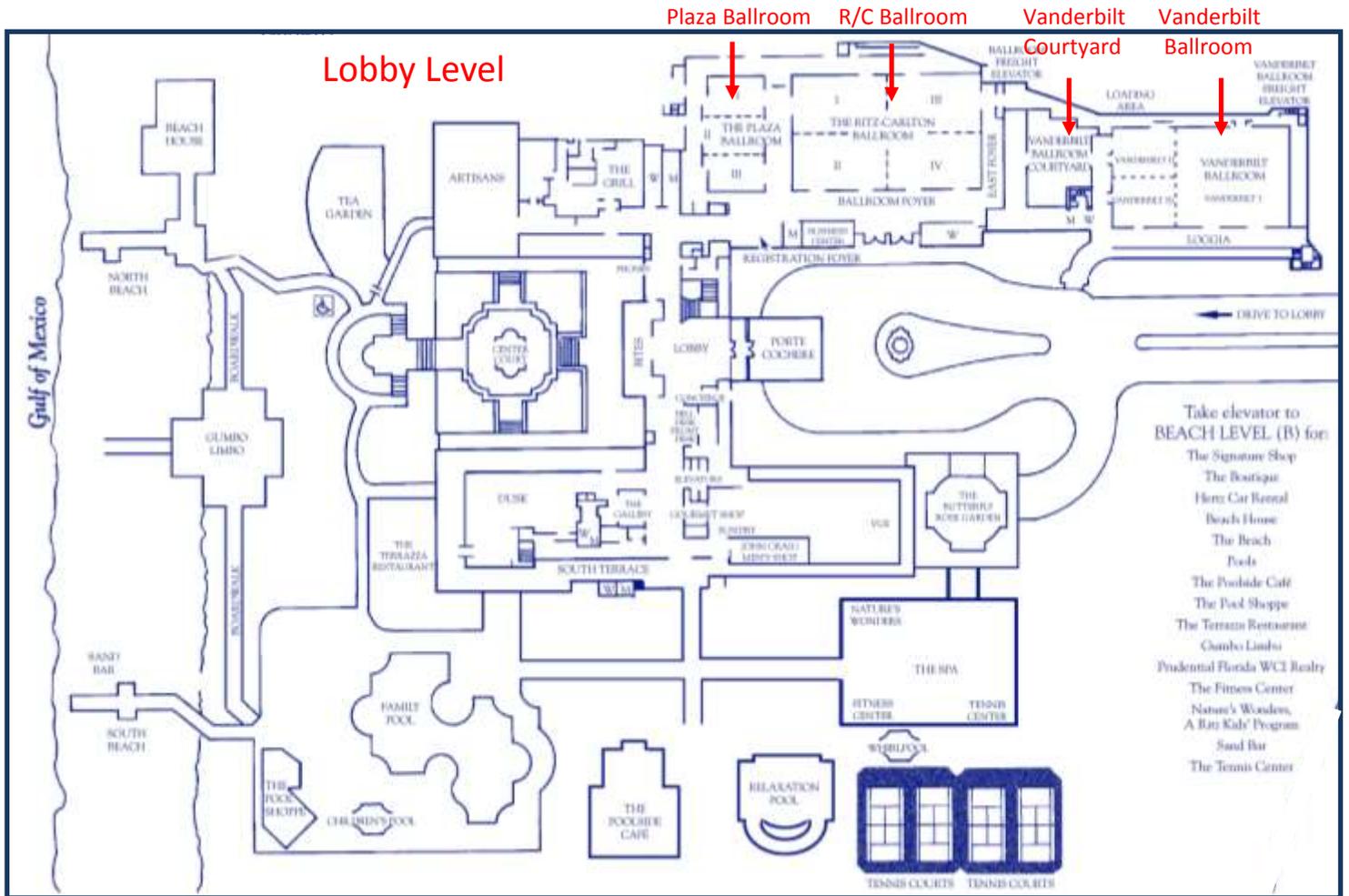
TUESDAY, JANUARY 15

6:30 am—8:00 am	CONTINENTAL BREAKFAST	Vanderbilt Courtyard
8:00 am—9:15 am	GENERAL SESSION	Vanderbilt Ballroom
	TRANSFORMING HEALTH CARE DELIVERY/VOLUME TO VALUE	
9:15 am—9:30 am	BREAK	
9:30 am—11:30 am	BREAKOUT BY ESSENTIAL ISSUE	
	LEADERSHIP IMPERATIVE: PATIENT SAFETY/QUALITY	R/C Salon I
	POST-ACUTE CARE COORDINATION (PART 1)	Plaza Ballroom I/II
	WHAT BOARDS NEED TO KNOW ABOUT MED STAFFS...	Plaza Ballroom III
	VALUE-DRIVEN GROWTH	R/C Salon II

11:30 am—1:00 pm	LUNCH BREAK (on your own)	
1:00 pm—2:00 pm	WORKSHOP SESSION #1	
	POST-ACUTE CARE COORDINATION (PART 2)	Plaza Ballroom I/II
	ENHANCED RECOVERY AFTER SURGERY (ERAS)	R/C Salon I
	MOVING THE HOSPITAL INTO THE COMMUNITY	R/C Salon II
	PROMOTING HEALTH: OBESITY & TYPE 2 DIABETES	Plaza Ballroom III
	BOARD RESPONSIBILITY/FINANCIAL PLANNING	R/C Salon III
2:00 pm—2:15 pm	BREAK	
2:15 pm—3:15 pm	WORKSHOP SESSION #2	
	HOW TO HOST A CONGRESSIONAL VISIT	Plaza Ballroom III
	BUSTING BURNOUT & LEADING ENGAGEMENT	R/C Salon I
	THE SOCIAL DETERMINANTS OF RURAL HEALTH	R/C Salon III
	ALLIANCES, AFFILIATIONS & JOINT VENTURES	R/C Salon II
	PROMOTING HEALTH: COGNITIVE DECLINE	Plaza Ballroom I/II
3:15 pm—3:30 pm	BREAK	
3:30 pm—4:30 pm	WORKSHOP SESSION #3	
	MEDICAL STAFFS THAT BECOME PART OF A “SYSTEM”	R/C Salon II
	REGULATION GUIDANCE	Plaza Ballroom III
	GLIMPING INTO DESIGN THINKING IN H/C	R/C Salon I
	THE TRUMP CHANGES TO MEDICARE ALT PAYMENT	R/C Salon III
	A NO BURNOUT & THRIVING PHYSICIAN NETWORK	Plaza Ballroom I/II
4:30 pm	DAY ADJOURNS	

WEDNESDAY, JANUARY 16

6:30 am—8:00 am	CONTINENTAL BREAKFAST	Vanderbilt Courtyard
7:00 am—7:45 am	CARAVAN HEALTH PRESENTATION (non-CME)	R/C Salon II
	HOSPITALS CAN WIN/COLLABORATIVE ACO MODEL	(bring your breakfast in)
8:00 am—9:00 am	WORKSHOP SESSION #4	
	LOBBYING CMS	Plaza Ballroom III
	HAPPY, LONG-LIVED PHYSICIANS	R/C Salon III
	DON'T TALK WITH YOUR THUMBS!	Plaza Ballroom I/II
	WHEN A CRISIS STRIKES THE HOSPITAL	R/C Salon IV
9:00 am—9:10 am	BREAK	
9:10 am—11:00 am	CLOSING GENERAL SESSION	Vanderbilt Ballroom
	SEEKING PERFECTION: REFLECTIONS ON THE JOURNEY	
	THE BEGINNING OF A BEAUTIFUL FRIENDSHIP	
11:00 am	CONFERENCE ADJOURNS	



Sunday, January 13

1:00 pm—5:00 pm
CONFERENCE REGISTRATION
 R/C Ballroom Foyer

3:00 pm—5:00 pm
OPENING SESSIONS

CHALLENGES FACING TRUSTEES
 R/C Salon I



John Harty, LLB, Jennifer Bell, Barry Bittman, MD, Joseph Scherger, MD & Fraser Seitel

For the past century, beginning after World War I, trustees have had responsibility for the growth of community hospitals (almost all were independent community hospitals) and of health care in hospitals. That responsibility is changing, and now, changing rapidly. Systems are replacing independent hospitals and the new responsibility of hospital trustees is rapidly increasing into the community. This requires looking at payment to the hospital for these increased responsibilities, and at the same time, cutting the cost of care with the financial risk that entails. For being part of a system does not automatically decrease financial risk to the community hospital. We will discuss the challenges and give ideas to meet them.

CHALLENGE FOR PHYSICIAN LEADERS:
THE DISRUPTIVE PRACTITIONER’S IMPACT ON THE CULTURE OF SAFETY
 Plaza Ballroom III



Linda Haddad, JD & Anthony Pinevich, MD

A most excellent clinician, sometimes charming, but too often a terror to staff and colleagues, poses a painful dilemma to medical staff leadership. This session addresses policies and techniques to give this physician the best chance to modify behavior and so to be successful--but also provides guidance in terminating the relationship, without litigation, if that intervention fails. *Session objectives: This session emphasizes that qualifications for medical staff privileges include an ability to work well with others, respecting a culture of safety. Participants will learn the policies, the interventions, and the course of action to address this most unpleasant task of leadership.*

5:30 pm—6:30 pm
GENERAL SESSION
 Vanderbilt Ballroom
 WELCOME & ANNOUNCEMENTS



Fraser Seitel, moderator

KEYNOTE ADDRESS: THE WHAT, WHY, AND HOW OF ALL-PAYER HOSPITAL GLOBAL BUDGETS



Joshua Sharfstein, MD

Dr. Joshua Sharfstein, former health Secretary in Maryland and Professor of the Practice in Health Policy and Management at Johns Hopkins, will discuss all-payer hospital global budgeting – an alternative payment approach that sets hospital revenues at the start of the fiscal year. **Considered by some to be the “opposite of fee-for-service reimbursement,” all-payer global budgets incentivize care coordination, prevention, reductions in unnecessary care, and greater community health.** There are also important questions about unintended consequences of these arrangements. Ten Maryland rural hospitals have received all-payer global budgets **since 2011, and the rest of the state’s hospitals since 2014.** Pennsylvania is establishing a pilot for rural hospitals, and ten states recently attended a policy academy at Johns Hopkins on the subject. Dr. Sharfstein **will speak from his experience establishing Maryland’s program,** reviewing key evaluations, and engaging with federal officials, state leaders, and hospital executives around the country.

6:30 pm
CONFERENCE ADJOURNS FOR THE DAY

6:30 pm—7:30 pm
CONFERENCE RECEPTION
 R/C Ballroom & Foyer

Monday, January 14

6:30 am—8:00 am
CONTINENTAL BREAKFAST

Vanderbilt Courtyard

7:00 am—8:00 am
REGISTRATION

R/C Ballroom Foyer

7:00 am—7:45 am (non-CME)
BLUE ZONES SPONSOR PRESENTATION
R/C Salon III/IV

THE BLUEPRINT FOR IMPROVED WELL-BEING

Come discover Blue Zones Project's® unique, systemic approach to improving well-being by focusing on the "life radius." By optimizing the settings where we routinely spend our time - worksites, schools, restaurants, grocery stores, faith-based communities and neighborhoods - we make healthy choices easier and naturally adopt healthier behaviors together as a community. We will be joined by one of our many innovative partners who will provide personal insight into how Blue Zones Project has worked with the sponsor organization and their community.

8:00 am—9:15 am
GENERAL SESSION

Vanderbilt Ballroom

Fraser Seitel, moderator

WHAT IS HAPPENING IN WASHINGTON AND THE STATES THAT COULD IMPACT THE HEALTH SYSTEM



Stuart Altman, PhD & Jennifer Bell

Although there have been no major health legislative activities recently, CMS and other federal agencies have been hard at work changing a number of important provisions of the Affordable Care Act. So too have state governments, including possible adoption of the ACA Medicaid provisions in several new states. In this session we will explore these changes and discuss how they might impact the health system.

Session objectives: To understand what changes have been implemented or are being contemplated by the federal and state governments; to understand how these government activities might influence the provision of health services; to understand how these government activities could impact individuals and their ability to receive medical services.

9:15 am—9:30 am
BREAK

9:30 am—10:45 am
BREAKOUT BY HOSPITAL TYPE

HEALTH SYSTEMS & COMMUNITY HOSPITALS: RESPONDING TO GOVERNMENTAL, EMPLOYER AND COMPETITIVE CHALLENGES

R/C Salon III/IV



Stuart Altman, PhD & Steven Tringale

Hospital and health systems are confronted with a series of complex, and in some cases conflicting, demands as we look at the emerging trends in health care delivery for 2019. This session will catalog those challenges, as well as suggest strategic responses to these trends. The session will look at specific issues within an overriding backdrop of the pressure every hospital and health system is under to transition to a value-driven financing system, and take lead responsibility for improving the health status of its community.

RURAL HOSPITALS & CRITICAL ACCESS HOSPITALS

R/C Salon I/II



Rob Mechanic, MBA & Ira Moscovice, PhD

Although some rural and critical access hospitals are strong and financially stable, many are struggling. Many have difficulty recruiting physicians and their revenues are constrained by their reliance on Medicare and Medicaid. Many serve communities struggling with poverty, addiction and other social factors that adversely affect health. As economic anchors of their communities, cost cutting in response to revenue shortfalls has negative impacts on local residents and businesses. In May 2018, CMS announced a new rural health strategy but has offered few specific policy proposals. Given this uncertain environment, rural hospitals must develop concrete strategies to maintain fiscal stability while continuing to effectively serve their communities. This session will discuss the environment facing rural providers and potential strategies for improving financial stability and enhancing services through participation in alternative payment models, deploying telehealth, and developing more holistic models that deploy non-medical workers to engage patients in their homes and communities.

Session objectives: Identify policy and environmental

trends affecting rural health; identify solutions that rural health systems have implemented to create efficiencies, improve quality and better serve the needs of their communities; discuss what is needed to participate successfully in value-based payment arrangements; describe strategic and operational changes needed to begin this journey.

Who should attend: Hospital executive officers, physician leaders, hospital management staff, practice management staff and board members.

10:45 am—11:00 am
BREAK

11:00 am—12:30 pm
BREAKOUT BY LEADERSHIP ROLE

FUTURE GOVERNANCE BY TRUSTEES:
GOVERNANCE IN A DISRUPTIVE ENVIRONMENT
R/C Salon I/II



John Tiscornia, CPA &
Gary Kaplan, MD

This session discusses the unique challenges boards face during this time of disruption in the health care industry. The session will help to prepare trustees to deal with the ever-changing health care environmental issues that impact their roles and responsibilities, such as leadership and communication within the community – health inside and outside of the four walls of the organization, staying on top of the ever-changing and disruptive environment, helping the organization adapt to the new environment, and developing a culture to success in the future. There will be opportunities for discussion and planning around critical success factors and actions to consider.

PHYSICIAN & MEDICAL STAFF LEADERSHIP:
TOOLS OF THE TRADE: BYLAWS, POLICIES AND
TECHNIQUES

Plaza Ballroom III



Linda Haddad, JD

This session will present clinical privileges case studies with possible resolutions to the issues, and policies that might have averted them in the first place. Medical **technological advances could outpace Medical Staffs'** abilities to assess their appropriateness and acquire the skill set and experience required. We will discuss how to stay on the cutting edge while protecting patients.

Session objectives: Participants will spot the risks of haste and the potential for conflicts at the earliest time and learn the policies/processes to deal with them while averting litigation.

FINANCIAL THREATS CONFRONTING EXECUTIVE LEADERSHIP
R/C Salon III/IV



Barry Bittman, MD &
Steven Tringale

This session is designed to be an interactive discussion on the specific financial challenges confronting hospitals and health systems. We will stimulate the discussion by outlining some of the trends in payment model evolution, by payer type, as well as changes in insurance products design, benefit structures and provider networks. We will also summarize key federal and state initiatives regarding financing models. The session will also look at the cross-cutting issue of risk transfer from the traditional financing system to the delivery system, resulting in new vertical integration models.

12:30 pm
CONFERENCE ADJOURNS FOR THE DAY

GET THE MOBILE APP

Use our complimentary mobile app to access conference information and resources.

- * Review the conference program
- * Locate meeting rooms and explore the area
- * Customize your daily schedule
- * Consult the Location Guide to help plan meals/entertainment
- * View presentation slides and handouts
- * Plan to attend future EPI conferences
- * Learn about EPI Fellows and guest speakers

DOWNLOAD INFORMATION

Registrants will receive download and login information for the mobile app prior to the conference.

If you have questions, please call Karen Christy at 800-223-4430.

Wi-Fi Access Instructions (meeting rooms only)

Choose wireless network: RitzCarlton_Conference
Enter password when prompted: Gulfcoast19



LEARN MORE ON JANUARY 16

Hospitals Can Win at Risk in a Collaborative ACO Model

Join Caravan Health's President Tim Gronniger, a former CMS official, for a breakfast discussion where he will share the experience of over 300 hospitals that are thriving in Collaborative ACOs. The scaled-up model, serving 100,000 lives or more, is a proven case study that demonstrates how hospitals and physicians can collaborate to reduce their risk dramatically.

Wednesday, January 16 at 7am
Room Ritz-Carlton Salon II

www.CaravanHealth.com | 916.542.4582 | info@caravanhealth.com



caravanhealth
bringing population health to life

Tuesday, January 15

6:30 am—8:00 am
CONTINENTAL BREAKFAST
 Vanderbilt Courtyard

8:00 am—9:15 am
GENERAL SESSION
 Vanderbilt Ballroom
Fraser Seitel, moderator

TRANSFORMING HEALTH CARE DELIVERY FROM VOLUME TO VALUE



Barry Ronan, MPA, FACHE

In 2010, as part of an eventual Centers for Medicare and Medicaid demonstration project, Western Maryland Health System transitioned their health care delivery model from volume-focused to one that is value-based. The model has proven to be successful in that all Maryland hospitals now function under an all-payer global budget. **Since the new model's inception eight years ago**, Western Maryland has evolved to be the safety net for the region through their extensive work in population health with a focus on addressing the social determinants of health. Simultaneously, they have been successful in reducing preventable admissions, readmissions, ED visits and ancillary utilization. Their value-based model has received numerous national awards, been touted by the *NY Times* and has received millions of dollars in grant funding to further their efforts in reducing the overall total cost of care while improving the health status of the region.

9:15 am—9:30 am
BREAK

9:30 am—11:30 am
BREAKOUT BY ESSENTIAL ISSUE

LEADERSHIP IMPERATIVE: TAKING AIM BENEATH THE SURFACE TO IMPROVE PATIENT SAFETY, QUALITY, AND THE WELL-BEING OF OUR CARE TEAMS

R/C Salon I



Della Lin, MD & Gary Kaplan, MD

We should not tolerate that "these things happen," allowing the same mistakes to repeat. Although Patient Safety and Quality has been a mantra for over two decades, most improvement has been incremental. A

transformation requires committed leadership, engaged governance, and steadfast work. We must look beneath the surface for preventable harm--harm experienced by both our patients AND our staff/clinicians who care for patients. We must surface behaviors found critical as ALWAYS EVENTS, confronting our own blind spots and unrecognized biases. This session will offer new approaches to move organizations and communities towards zero harm.

Session objectives: Identify clinical harm beyond the usual extrinsic measurements of harm; recognize blind spots resulting in preventable harm; describe the challenge of how our own staff/clinicians should be supported following an adverse event; develop a plan towards a robust culture of respect that is the foundation for a safety culture that safeguards humanism in health care; illustrate leadership and governance role-modeling and decision-making challenges in holding an organization accountable to safety/quality.

POST-ACUTE CARE COORDINATION: THE ESSENTIAL ELEMENTS - A "HOW TO" MINI SYMPOSIUM

Plaza Ballroom I/II—Continued in Workshop Session #1



Barry Bittman, MD, John Harty, LLB & Ann Keene, RN
 In this challenging era of rapid health care transformation, with hospitals and health systems bearing both quality and financial responsibility for at-risk and chronically ill patients, the need for care coordination should not be underestimated. Faced with rising costs and progressively-limited outcomes-based reimbursement, hospitals are searching for cost-effective strategies that ensure a high quality continuum of care for the 5-10% of their patients who are associated with the majority of health care expenditures and financial penalties. Rather than presenting a general topic overview, this 3-hour interactive mini-symposium focuses on the heart of the matter — **the "essential elements" required to achieve successful hospital-based community care coordination.** This program is intended to provide a practical perspective for CEOs, CFOs, managers, and front line clinicians who are dedicated to building a robust care coordination strategy for their community.

Our 12 discussion topics include:

- Rationale and the WHY: How to best support your providers
- Historical Considerations: A focus on what actually

works

- Financial Applicability: Risk-based contracts, ACOs, Bundled Payments and Capitation
- Initial Investment and Economic Impact: How not to break the bank with a focus on improving the bottom line
- Redeployment Rather than Recruitment: Assembling your care coordination team from within
- The Care Coordination Team: Staff selection, roles, and responsibilities
- Operational Principles: Never losing sight of your objectives
- Engaging and Caring for Challenging Patients: Successful strategies that drive outcomes
- Enlisting Additional Resources: A community-based approach
- Appropriate Patient Selection: A novel data-driven strategy for the care coordination team
- Working with and Training Volunteer Health Coaches: **Intergenerational impact in a “no discharge” environment**
- Philanthropy: Beyond the confines of bricks and mortar
- Tracking Meaningful Outcomes: Fostering positive relationships with payors

Session objectives: This program has been designed to enable the participants to: Explore the foundations for care coordination in the context of effectively addressing psychosocial determinants of health and care gaps; become familiar with a series of effective strategies for coordinating at-risk patients with the goal of improving outcomes and care experiences while reducing cost; more fully understand a project plan for beginning and sustaining a care coordination program for individuals facing the challenges of chronic illnesses; discover key insights for recruiting and training health coaches and intergenerational benefits; review financial considerations and meaningful outcomes that determine care coordination efficacy.

WHAT BOARDS NEED TO KNOW ABOUT MEDICAL STAFFS... AND WHAT MEDICAL STAFFS NEED TO KNOW ABOUT BOARDS

Plaza Ballroom III



Linda Haddad, JD

So, it is not exactly doctors from Venus and boards from Mars, but there are differences. Of course both seek excellent care of the community and their patients, but

appreciation of each other’s perspectives, commitments and dedication contributes greatly-- both to success of the organization and to joy in the journey.

Session objectives: ‘Walking a mile in another’s shoes’ is a metaphor for developing empathy. Understanding the depth and breadth of the others’ expertise and caring may deepen respect as well as progress toward shared goals.

VALUE-DRIVEN GROWTH – AN OVERVIEW

R/C Salon II



John Tiscornia, CPA & Steven Tringale

Margin pressure getting worse: Health systems are experiencing sustained and often unprecedented margin pressure which we think will likely get worse. While there are several reasons for it, two key drivers are the continued shift towards outpatient care models and a set of ominous disruptions of the inpatient care model.

Value-based care is a key strategic lever: Health systems recognize value-based care is coming, but we believe they are making two key mistakes. First, they underestimate how much risk they are already taking and continue to operate as if FFS is and will always dominate. Second, they overestimate their preparedness to take risk and win under value-driven care.

Increasing urgency and executive alignment: The best health systems are mobilizing to get their executive teams aligned on a financial model that demonstrates the true pace of shift in the market and dimensionalizes needed value-based investments and return. We believe the key is to develop a practical roadmap that lowers risk while you play ambidextrously in both FFS and value-driven care and that leverages best practices.

Session objectives: Develop a better understanding of disruption in health care; articulate the distinction between “Value-Based Care” and “Value-Driven Growth”; understand the importance of innovation in Value-Driven Growth; understand components of a practical approach.

11:30 am—1:00 pm

LUNCH BREAK—on your own

1:00 pm—2:00 pm

WORKSHOP SESSION #1

POST-ACUTE CARE COORDINATION: MAKING IT WORK

Plaza Ballroom I/II—Continued from morning Breakout



Barry Bittman, MD, John Horty, LLB, Leanne Kaiser Carlson, MSHA & Steven Tringale

In this challenging era of rapid health care transformation, with hospitals and health systems bearing both quality and financial responsibility for at-risk and chronically ill patients, the need for care coordination should not be underestimated. Faced with rising costs and progressively-limited outcomes-based reimbursement, hospitals are searching for cost-effective strategies that ensure a high quality continuum of care for the 5-10% of their patients who are associated with the majority of health care expenditures and financial penalties. Rather than presenting a general topic overview, this 3-hour interactive mini-symposium focuses on the heart of the matter — **the “essential elements” required to achieve successful hospital-based community care coordination.** This program is intended to provide a practical perspective for CEOs, CFOs, managers, and front line clinicians who are dedicated to building a robust care coordination strategy for their community.

Our 12 discussion topics include:

- Rationale and the WHY: How to best support your providers
- Historical Considerations: A focus on what actually works
- Financial Applicability: Risk-based contracts, ACOs, Bundled Payments and Capitation
- Initial Investment and Economic Impact: How not to break the bank with a focus on improving the bottom line
- Redeployment Rather than Recruitment: Assembling your care coordination team from within
- The Care Coordination Team: Staff selection, roles, and responsibilities
- Operational Principles: Never losing sight of your objectives
- Engaging and Caring for Challenging Patients: Successful strategies that drive outcomes
- Enlisting Additional Resources: A community-based approach
- Appropriate Patient Selection: A novel data-driven strategy for the care coordination team
- Working with and Training Volunteer Health Coaches:

Intergenerational impact in a “no discharge” environment

- Philanthropy: Beyond the confines of bricks and mortar
- Tracking Meaningful Outcomes: Fostering positive relationships with payors

Session objectives: This program has been designed to enable the participants to: Explore the foundations for care coordination in the context of effectively addressing psychosocial determinants of health and care gaps; become familiar with a series of effective strategies for coordinating at-risk patients with the goal of improving outcomes and care experiences while reducing cost; more fully understand a project plan for beginning and sustaining a care coordination program for individuals facing the challenges of chronic illnesses; discover key insights for recruiting and training health coaches and intergenerational benefits; review financial considerations and meaningful outcomes that determine care coordination efficacy.

ENHANCED RECOVERY AFTER SURGERY (ERAS): MORE THAN HOSPITAL LOS

R/C Salon I



Della Lin, MD

ERAS has been embraced in many hospitals across the country, with complementary efforts such as the “**Perioperative Surgical Home**” (American Society of Anesthesiologists), “**Improving Surgical Care and Recovery**” (American College of Surgeons and AHRQ), and even bundled payments. Hospitals and ACOs have enjoyed a ROI, primarily with lower lengths of stay, without an increase in complication rates. However, the true intent of ERAS does not begin and end with hospital LOS. It is centered with the patient. This session will look at ERAS through the lens of patients--- with four patient stories.

Session objectives: Describe the ERAS journey through the eyes of patients; connect ERAS with important elements of high-performing/high-reliable teams; identify Enhanced Recovery After Surgery principles and current literature outcomes.

MOVING THE HOSPITAL INTO THE COMMUNITY
R/C Salon II



Barry Ronan, MPA, FACHE

Western Maryland Health System has had a great deal of experience in addressing value-based care delivery, population health and the social determinants of health. During this workshop, you will gain an understanding of how they got their board to support such a dramatic change in care delivery. You will learn how they got the medical staff and employed staff to understand and support their initiatives, as well as how they got the elected officials on board, along with the community. You **will see what went well and what didn't go so well.** You heard what global budgeting and value-based care delivery are in the general session; this workshop will focus on how to bring the concept of truly caring for the community to fruition.

PROMOTING HEALTH: A PROGRAM TO PREVENT & REVERSE OBESITY & TYPE 2 DIABETES

Plaza Ballroom III



Joseph Scherger, MD

A new understanding of Obesity and Type 2 Diabetes has clarified these problems as diseases of excess insulin and insulin resistance. Programs have been started at hospitals to both prevent and reverse these conditions through lifestyle change. The key components of these programs include intermittent fasting with nutrition change toward low carbohydrates and healthy fats. Exercise is included but is not as necessary as previously thought. This presentation will go over the protocols for successfully preventing and reversing Obesity and Type 2 Diabetes so that you will be able to implement such a program at your hospital.

BOARD RESPONSIBILITY FOR INTEGRATING STRATEGIC AND FINANCIAL PLANNING

R/C Salon III



John Tiscornia, CPA

In these challenging times of intense competition, increasing expenses, decreasing revenue and changing medical technology, it is critical that the organization has a strategic plan and a financial plan. However, these two plans must be integrated in the organization to be

successful. A strategic plan without the financial **implementation will not be achievable.** It is the board's responsibility to ensure that these two plans are integrated.

Session objectives: This session will provide the board with key questions and monitoring criteria to ensure that the strategic plan and financial plan are integrated.

2:00 pm—2:15 pm

BREAK

2:15 pm—3:15 pm

WORKSHOP SESSION #2

HOW TO HOST A CONGRESSIONAL VISIT

Plaza Ballroom III



Jennifer Bell

If you can believe it, less than half of Congress voted on the Affordable Care Act. That means your Member of Congress may be representing you with good intentions but not as much information as they should have. Hosting your Member of Congress or visiting them in their office is the best way to bring your priorities to their attention and develop a relationship you both need to be successful. This session is best suited for those who have little to no experience in hosting a Member of Congress at their facility and want to know the How-Tos to pull it off.

BUSTING BURNOUT AND LEADING ENGAGEMENT... WITH A SMILE

R/C Salon I



Della Lin, MD

The well-being of our care teams is paramount. Burnout has been described as a public health crisis by hospital CEOs. Focusing on engagement - physicians, staff, and our community partners - is foundational. This session will continue discussion from the Essential Issue session on Quality and Safety, with particular aim at these two critical issues.

Session objectives: Describe the current literature around burnout; illustrate how leadership interventions and organizational structures can have an impact; discuss how a SMILE culture can be a formula for engagement.

THE SOCIAL DETERMINANTS OF RURAL HEALTH

R/C Salon III



Ira Moscovice, PhD

Developing relevant strategies for improving individual and population health in rural communities depends on understanding the unique characteristics of those communities. Rather than primarily focusing on improving access to health professionals and services, a multi-prong strategy for improving population health that moves beyond the clinical sphere by addressing specific social determinants of health relevant to rural populations is discussed.

ALLIANCES, AFFILIATIONS & JOINT VENTURES

R/C Salon II



Dan Mulholland, Esq. & Steven Tringale

The shift to value-based financing systems and the resultant transfer of risk to the delivery systems has hospitals and health systems of all sizes scrambling to find both actuarial and business scale, as well as the clinical and business expertise to succeed in this new environment. This session will focus on the numerous governance and contract-based models that have emerged, as an alternative to an asset merger and loss of local governance control, to assist hospital leadership in successfully navigating the transition to value-based care.

PROMOTING HEALTH: A PROGRAM TO PREVENT & REVERSE COGNITIVE DECLINE

Plaza Ballroom I/II



Joseph Scherger, MD

New research has shown that cognitive decline, such as **with Alzheimer's disease, can be prevented and even reversed** through intensive lifestyle change. The interventions include healthy nutrition, regular exercise, quality sleep, stress reduction and executive cognitive function. The evaluation of cognitive function includes laboratory testing, genetic testing, a volumetric MRI, and testing cognitive function. The presentation will show you the latest protocols for doing this work so that you could implement such a program at your hospital.

3:15 pm—3:30 pm

BREAK

3:30 pm—4:30 pm

WORKSHOP SESSION #3

WHAT HAPPENS TO MEDICAL STAFFS THAT BECOME PART OF A "SYSTEM"

R/C Salon II



Linda Haddad, JD, Dan Mulholland, Esq. & Anthony Pinevich, MD

This session addresses the issues medical staff leaders face when their hospital becomes part of a system. Depending upon system size and proximity, many of the following issues must be addressed:

- Unified or separate medical staffs?
- **"Standardized" bylaws/policies**
- Centralized credentialing or hospital specific?
- **"Portable" clinical privileges**
- Sharing information
- Distribution of resources
- Demands on the larger entity to cover gaps in the smaller entity
- Assignment of service lines to exclusive hospitals (with potential impact on professional fees, hospital reputation)

Session objectives: Physician leaders will better understand many of the underlying issues that must be considered in forming system relationships.

REGULATION GUIDANCE FOR THE TOTAL HEALTH CARE SYSTEM

Plaza Ballroom III



Jim Kopf

The hospital was the all-encompassing center of the **community’s health care universe. That health care universe is expanding.** While hospitals still play a critical role, other ancillary services working in conjunction with the hospital have become an integral component of a total health care system. From preventative health clinics to post-acute care centers, the new health care system is a continuum from the hospital to the home. The new health care system identifies the correct setting; be it Skilled Nursing Facilities, Home Health Care, Adult Day Care or physical therapy that is based on the patients need, in order to ascertain patient risk and reduce readmissions. The new health care system has also expanded hospital mergers and acquisitions to meet growing community needs and financial self-preservation. Whenever health care changes, oversight is soon to follow. It is important that as a new community of caregivers emerge and integrate, the new health care system needs to ensure appropriate utilization; including thorough specialized analytics put in place to reduce possible fraud, waste and abuse. This session will discuss new oversight initiatives and audits that are being utilized to meet the changing health care landscape. Topics for discussion: Hospital sponsored caregiver centers; home hospital; due diligence procedure; HIPAA and HER; preventative internal audits and oversight; and, adverse outcomes measurements.

GLIMPSING INTO DESIGN THINKING IN HEALTH CARE

R/C Salon I



Della Lin, MD & Leanne Kaiser Carlson, MSHA

“Design Thinking” is a provocative and powerful tool that has been applied worldwide. The tool is often credited for inventions such as the computer mouse (IDEO). However, the process is not limited to tangible inventions and its application within health care has not reached its compelling potential. This session will provide a brief glimpse into why and how design thinking has been applied to health care.

Session objectives: Define design thinking principles; discuss applications of design thinking to

health care and healthy communities; experience steps in the design thinking process.

THE TRUMP CHANGES TO MEDICARE ALTERNATIVE PAYMENT MODELS – SHOULD YOU GET IN OR GET OUT?

R/C Salon III



Rob Mechanic, MBA

The Trump administration’s new advanced bundled payment program (BPCI-A) starts in October, and hospitals only have one more chance to apply in spring 2019. BPCI-A is much more complex than the original program with new opportunities and challenges. The administration has also released its new Medicare Shared Savings Program rule that puts ACOs, and hospital-based ACOs in particular, on a much faster path to downside risk. This session will deliver the details and help you evaluate whether to play or stay on the sidelines.

Session objectives: Develop a comprehensive understanding of the recently revised Medicare ACO and bundled payment initiatives and assess the risks and benefits of participating in these programs.

Who should attend: Hospital executive officers, physician leaders, hospital management staff, practice management staff and board members.

A NO BURNOUT & THRIVING PHYSICIAN NETWORK

Plaza Ballroom I/II



Joseph Scherger, MD

The quadruple aim includes better health, better care, lower cost and a physician network that has work vitality. Physician burnout has become common as a result of repeated frustrations, lack of a sense of control over the work environment, and a disconnect between the nature of the work and patient needs. These factors cause an erosion of meaning for physicians in the care of patients. This workshop will cover methods for bringing vitality into the work of physicians so that they are thriving in their work and helping the hospital achieve its mission.

4:30 pm

CONFERENCE ADJOURNS FOR THE DAY

Wednesday, January 16

6:30 am—8:00 am
CONTINENTAL BREAKFAST
 Vanderbilt Courtyard

7:00 am—7:45 am (non-CME)
CARAVAN HEALTH SPONSOR PRESENTATION
 R/C Salon II

HOSPITALS CAN WIN AT RISK IN A COLLABORATIVE ACO MODEL

Join Caravan Health’s President Tim Gronniger, a former CMS official, where he will share the experience of over 300 hospitals that are thriving in Collaborative Accountable Care Organizations (ACOs). While CMS is pushing providers to take risk, many smaller ACOs experience random savings and losses of 10-20 percent, simply due to statistical variation in health care spending. Caravan Health has solved this issue by forming Collaborative ACOs serving 100,000 lives or more. The scaled-up model is a proven case study that demonstrates how hospitals and physicians can collaborate to reduce their risk dramatically.

8:00 am—9:00 am
WORKSHOP SESSION #4

LOBBYING CMS: YOU CAN DO IT EVEN IF YOU’VE NEVER DONE IT

Plaza Ballroom III



Jennifer Bell

Over 4,000 people work at the Centers for Medicare and Medicaid Services (CMS), and 75,000 more work at the Department of Health and Human Services. If you have a problem and want to change things, is there really anyone to talk to – do they care? The answer is YES. Lobbying **CMS isn’t like lobbying Congress, but armed with the insights and practice advice from this session, you can feel confident you can get things done with the seemingly faceless bureaucracy.**

HAPPY, LONG-LIVED PHYSICIANS: LET’S MAKE IT HAPPEN

R/C Salon III



Leanne Kaiser Carlson, MSHA

Happy, long-lived physicians—**let’s make it our priority in health systems.** We can design for physicians to attain more meaning, vibrancy, and longevity than any other

population. It’s not just an interesting idea; it’s an imperative. Healthy physicians talk to patients differently and are more able to coach patients about health behaviors. And they contribute more effectively professionally in other ways. In this session, we look at what we have going both for and against us. And we consider how to innovate ambitiously.

DON’T TALK WITH YOUR THUMBS! THE LEGAL PITFALLS & PERILS OF TEXTING, EMAILS & SOCIAL MEDIA

Plaza Ballroom I/II



Dan Mulholland, Esq.

For better or worse, technology has forever changed the way we relate to one another, but for all the convenience text messaging and other electronic communications provide, they also give rise to new and potentially ruinous legal problems. Concerns about HIPAA privacy and security are of course front and center in this regard, but document production in lawsuits or government investigations have become far more complicated and expensive as a result of these new developments. On top of that, the use (or rather misuse) of social media can result in reputational damage and possible legal liability if not carefully monitored. Aside from going back to old-fashioned notions like picking up the phone or walking down to hall to talk to people rather than using text or e-mails, and leaving Twitter and other social media for the twits that use it, some basic common sense can go a long way in terms of keeping you out of legal hot water or becoming a laughingstock or punching bag on the internet. This session will give examples of how new communication technologies can get you into trouble, and some simple tips on how to avoid it.

WHAT TO DO WHEN A CRISIS STRIKES THE HOSPITAL

R/C Salon IV



Fraser Seitel

Every hospital, regardless of size or location, is **susceptible to the occasional "crisis."** Hospital crises come in many forms, from surgical mishaps to workplace violence, from financial losses to "no confidence" votes. This workshop will equip you to deal with the internal and external pressures that crisis will surely bring. It will provide: An explanation of the difference between a "problem" and a "crisis"; typical crises with which administrators/trustees/doctors are faced; effective public relations philosophy to confront crisis; and, tactical "battlefield" steps to take in the crucible...in order to beat back the Philistines and live to fight another day.

9:00 am—9:10 am

BREAK

9:10 am—11:00 am

CLOSING GENERAL SESSION

Vanderbilt Ballroom

Fraser Seitel, moderator

SEEKING PERFECTION: REFLECTIONS ON THE JOURNEY



Gary Kaplan, MD

This session will review the Virginia Mason journey over 17 years to transform its organization and culture. From the early changes and challenges focused on old paradigms to the adoption of the Toyota Production System (Lean Management) as a management system, this session will highlight early resistance to change, the development of a new strategic plan, adoption of new compacts with physicians, leaders, and board members, and hard wiring improvements in quality and safety for sustainability. The session will include the critical role of leadership and governance and the implications of change in a very dynamic marketplace.

Sessions objectives: Attendees will understand how the power of a new strategic vision focused on moving from a physician-driven organization to a patient-drive organization can catalyze change and engage physicians, staff, patients and families with common purpose and passion for improvement. Attendees will understand the applicability of a new management system to health systems, community

hospitals, physicians and all team members to improve quality, safety, and patient experience, while empowering those closest to the work to improve the work, yielding higher quality, lower costs and a sustainable business model.

THE BEGINNING OF A BEAUTIFUL FRIENDSHIP



Jim Kopf

We will discuss putting what we learned into action through alliances, partnerships, and collaborations - creating a total health care system.

11:00 am

CONFERENCE ADJOURNS

Your opinions are very important to us. Please be sure to fill out your daily evaluations so we can continue to provide you the best conference experience possible.



*Sharing your successes and failures—
Connecting hospitals so others may learn from your experience*

Many of the hospitals that attend Estes Park Institute conferences face the same challenges, and it is important that the leaders of these hospitals learn from one another. Earlier this year, we reached out asking health care organizations to submit videos introducing innovative ideas, programs, or practices that they have implemented in an effort to improve health. And, to share their successes, or failures, so that others could learn from their experiences. Today, we are proud to share with you these stories, from organizations who have done something unique, timely, and brave; those who have improved care, enhanced the lives of patients and staff, and changed the health of their communities for the better.

Adventist Health System—Altamonte Springs, FL—Health System—Care Navigation

Issue: Addressing the challenge of Care Navigation—creating a seamless and connected experience for our consumers—through the support of our Design Center.

Solution: The Design Center at Adventist Health System uses design thinking to help unlock solutions to our most strategic challenges. The definition of design thinking is ever-changing and it will continue to evolve. However, the fundamental building blocks of design thinking and user-centered design are built upon three pillars: empathy research, co-creation by cross-functional teams and iterative prototyping. We are proud to share this story which showcases the incredible work our cross-functional teams are doing to provide wholistic, exceptional, connected care to the consumers we serve.

Beaver Dam Community Hospital—Beaver Dam, WI—Rural Health Care System—Addressing Alcohol Abuse

Issue: Beaver Dam Community Hospital is leading the way in addressing alcohol abuse for Dodge County, Wisconsin – a county where 30% of residents admit to excessive drinking within the last thirty days.

Solution: BDCH recognizes that this is a strong community need and will take a strong community effort to solve. As such, they are working with local taverns, law enforcement, physicians, like-minded community organizations, and national experts to implement evidence-based models such as “Place of Last Drink” and “SBIRT- Screening, Brief Intervention, and Referral to Treatment”.

Duke Raleigh Hospital—Raleigh, NC—Community Hospital—Target Zero

Issue: Before Target Zero, unit leaders and team members received statistics on patient and employee harms several weeks or even a month or two after the injury occurred. This time lapse made it impossible to connect the event that occurred with the actual patient and their specific circumstances. We wanted to have real-time feedback when harms occur to empower our teams to develop solutions and truly understand the impact of harm on our patients and team members.

Solution: We created a board for each unit to follow six different harms related to Target Zero. These include pressure injuries, falls with injury, CDiff, CAUTI, CLABSI, and employee injuries. We found a way to collect, verify, and distribute the data every week; boards are updated every Tuesday by unit leadership in the morning huddle and discussed daily throughout the week. Teams use this opportunity to discuss each event and brainstorm ways they can prevent future harm. We also have a Target Zero board tracking the entire hospital in the executive leadership suite, which is also updated every Tuesday.

New Hanover Regional Medical Center — Wilmington, NC —Hospital/Ambulatory Clinic Network—Farmers Market

Issue: At NHRMC, our mission statement is, “leading our community to outstanding health.” We wanted to live that mission by tackling nutrition and access to fresh foods for our employees.

Solution: We developed a monthly farmers market in which local farmers and vendors are invited onsite at the hospital to display and sell the local goods they grow and produce. Instead of employees having to seek this product out, many of which have a difficult time doing as they live in food deserts, we decided to bring this product to them.

Pomona Valley Hospital Medical Center—Pomona, CA—Rural Hospital—“Stopping Diabetes in Its Tracks”

Issue: The community recognizes that Diabetes is a disease that disproportionately impacts those who are poor or live in neighborhoods with environmental risks, as well as the Hispanic and African-American communities. With a Hispanic-majority population and high poverty and environmental risk factors, the Pomona area has been disproportionately impacted by the ongoing diabetes epidemic.

Solution: To address this devastating problem, multiple leading organizations in the community, starting with Pomona Valley Hospital Medical Center, have formed the “Stopping Diabetes in its Tracks” coalition. The coalition developed a systemic approach to prevent and control prediabetes and diabetes during a planning period funded by the UniHealth Foundation in Los Angeles for \$90,000. The program integrates hospital, clinic, and enhanced community resources to achieve continuity of prevention and health care services for maximal impact to challenge the diabetes epidemic in Pomona.

To learn more about the programs presented in these videos, please refer to the Innovation Videos section on the mobile app. Has your organization done something innovative that you would like to share? Contact us at Educate@EstesPark.org for submission details.

UPCOMING CONFERENCES



SAN DIEGO, CALIFORNIA

January 27-30, 2019
Fairmont Grand Del Mar



MAUI, HAWAII

February 17-22, 2019
Grand Wailea



PHOENIX, ARIZONA

March 17-20, 2019
Arizona Biltmore



HALF MOON BAY, CALIFORNIA

October 27-30, 2019
The Ritz-Carlton, Half Moon Bay



NAPLES, FLORIDA

January 12-15, 2020
The Ritz-Carlton, Naples

For more information: Call 800-727-8225 or e-mail BarbeGraham@estespark.org
Estes Park conferences provide CME, ACHE and NAMSS accreditation.

Conference Registration



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Select Conference:

_____ **San Diego, CA**
Fairmont Grand Del Mar
January 27-30, 2019

_____ **Maui, HI***
Grand Wailea
February 17-22, 2019

_____ **Phoenix, AZ**
Arizona Biltmore
March 17-20, 2019

_____ **Half Moon Bay, CA**
The Ritz-Carlton, Half Moon Bay
October 27-30, 2019

_____ **Naples, FL**
The Ritz-Carlton, Naples
January 12-15, 2020

*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.

Contact Name	Contact Title	
Contact Email	Contact Phone	Fax
Health Care Organization	Number of Beds	
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.

COMMUNITY REPRESENTATIVE

Tuition for a physician, health care executive, or board member includes attendance at one Estes Park Institute conference and complimentary admittance for 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 Name
Registrant Title	Registrant Title
Registrant Email	Registrant Email
Community Representative	Community Representative
Registrant Name	Registrant Name
Registrant Title	Registrant Title
Registrant Email	Registrant Email
Community Representative	Community Representative

