



THE
**ESTES
PARK**
INSTITUTE

CONFERENCE PROGRAM

ESTES PARK INSTITUTE
THE GRAND WAILEA RESORT
MAUI, HAWAII
JANUARY 29 – FEBRUARY 3, 2012

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THE
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Policy Concerning Presentations by Estes Park Institute Faculty

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

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GENERAL INFORMATION

OPENING SESSION

The *Opening General Session* will begin promptly at 3:00 p.m. in the *Haleakala Ballroom* so we encourage you to visit the registration desk early to avoid the last minute rush. If you do miss registration on Sunday, we will re-open Monday morning at 6:30 a.m. at the *Haleakala Gardens*.

SOCIAL EVENTS

We look forward to seeing you at the *Conference Reception* on Sunday evening, from 6:00 p.m. to 7:00 p.m. at the *Haleakala Gardens*. Please join us Monday, Tuesday, Thursday, and Friday mornings for a *Continental Breakfast* from 6:30 a.m. to 8:00 a.m. at the *Haleakala Gardens*.

CONTINUING EDUCATION CREDITS

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Pittsburgh School of Medicine and the Estes Park Institute. The University of Pittsburgh School of Medicine is accredited by the ACCME to provide continuing medical education for physicians. *The University of Pittsburgh School of Medicine designates this live activity for a maximum of **23.25 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 **2.3** continuing education units (CEUs) which are equal to **23.25** contact hours. Estes Park Institute is authorized to award **23.25** hours of pre-approved Category II (non-ACHE) continuing education credit for this program toward advancement, recertification, or reappointment in the American College of Health Executives.

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

DISCLAIMER STATEMENT

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

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DISCLOSURE

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

Speaker	Affiliation/Financial Interest	Name of Proprietary Entity(ies)
Altman, PhD (Stuart)	Board Member:	Aveta; EmblemHealth; XL Health; Inspiris; Lincare; Tufts Medical Center Chair, Health Industry Forum
Haddad, JD (Linda)	Outside Speaking:	Various healthcare groups
Horty, LLB (John)	Consultant:	Horty, Springer and Mattern, PC
Kaplan, MD (Gary)	Stockholder:	A-VU Corporation
Lawrence, MD (David)	Consultant:	Virginia Mason Institute
	Consultant:	UCLA Health System
	Board Member:	McKesson Corporation; Agilent Technologies
Mechanic, MBA (Rob)	Stockholder:	Johnson & Johnson, Wellpoint, United Healthcare
Mulholland, JD (Dan)	Stockholder:	Horty, Springer & Mattern, PC
Tringale, (Steven)	Consultant	Hinckley, Allen & Tringale, LP

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

Bittman, MD (Barry)	Kopf (Jim)	Tiscornia, CPA (John)
Kaiser Carlson, MSHA (Leanne)	Lin, MD (Della)	Ya Deau, MD (Richard)
Jefferies, JD (Charlotte)	Rivkin, Steve	

DRESS

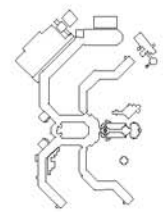
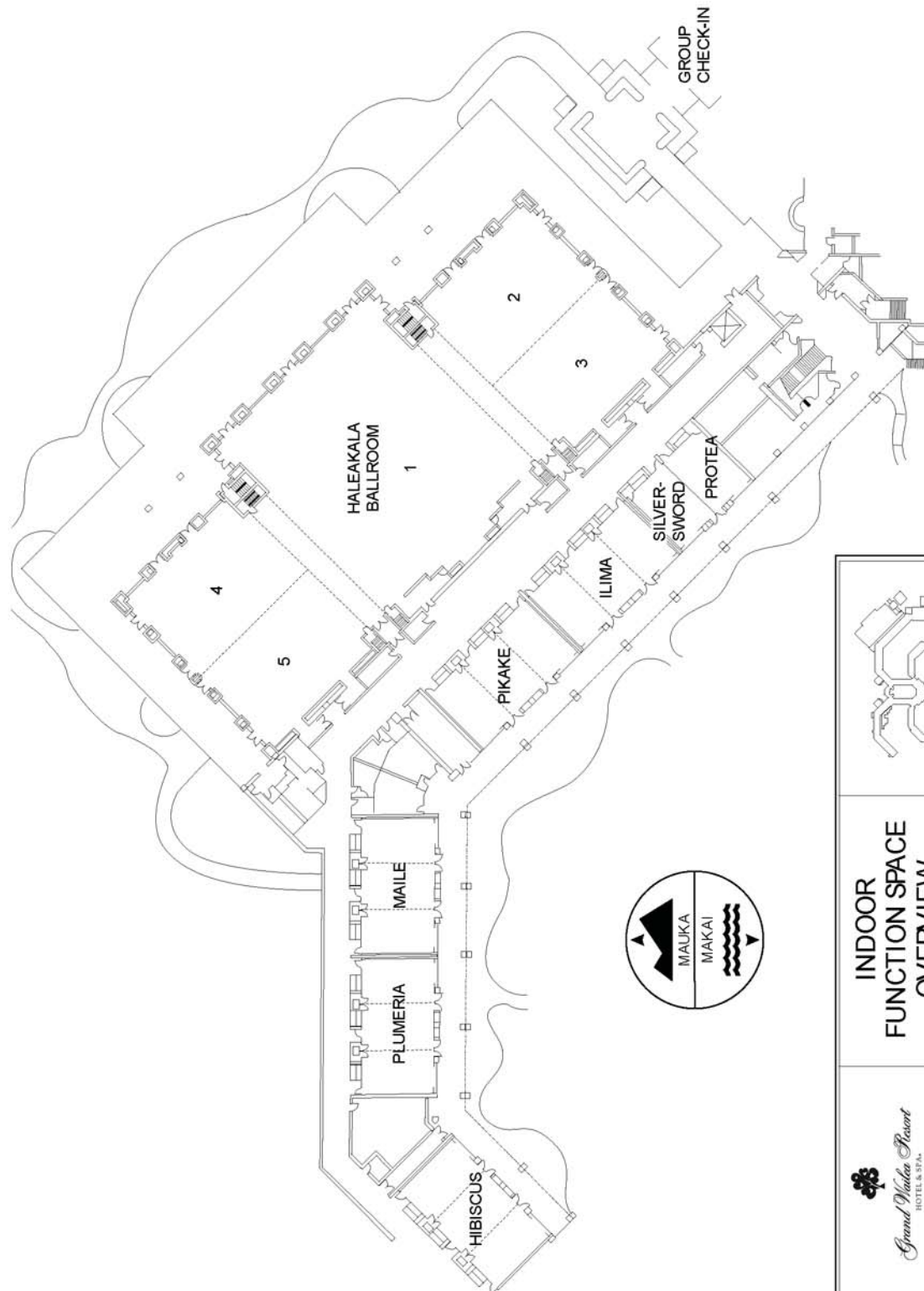
Business casual attire is appropriate and encouraged at the Grand Wailea Resort. However, gentlemen may need to wear jackets and ties in some of the restaurants. Also, it is sometimes difficult to maintain a temperature in the meeting rooms to satisfy all attendees, so we suggest you bring a sweater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

SPECIAL SERVICES

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

ADDITIONAL INFORMATION

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



**INDOOR
FUNCTION SPACE
OVERVIEW**

1" = 60'

Grand Wailea Resort
HOTEL & SPA
The Wailea - Maui Collection
TEL (808) 875-1234
FAX (808) 874-2411

The Mission of Estes Park Institute

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



THE ESTES PARK INSTITUTE CONFERENCE PROGRAM
THE GRAND WAILEA RESORT • MAUI, HAWAII
JANUARY 29 - FEBRUARY 3, 2012

ICONS

C – Community Participants

E – Executives

MS – Medical Staff Leaders

NMS – New Medical Staff Leaders

T – Trustees

NT – New Trustees

SUNDAY, JANUARY 29

11:00 a.m. to 4:45 p.m. REGISTRATION Haleakala Gardens

3:00 p.m. to 6:00 p.m. GENERAL SESSION Haleakala Ballroom 1

ANNOUNCEMENTS

STEVE RIVKIN

HOW HEALTH CARE “REFORM” WILL HURT YOUR HEALTH SYSTEM... AND WHAT YOU CAN DO ABOUT IT

The Patient Protection and Affordable Care Act of 2010 set in motion forces that will be hard to reverse, even if that law is repealed or struck down by the Supreme Court. If it remains in place, those forces will likely accelerate. Many of the effects of the law will have a negative impact on health care providers, especially on community hospitals. This session will explore some of the likely consequences of “health reform” for health systems, including more, rather than fewer, uninsured people, greater concentration in the insurance market (and thus more leverage over hospitals and doctors), drastically lower reimbursement levels and jack-booted “fraud” enforcement. It will also suggest things that boards, management and medical staff leaders will have to focus on in order to survive in this Brave New World.

DAN MULHOLLAND, JD

CHANGING CULTURE FOR SUCCESS IN A WHITE-WATER ENVIRONMENT: LEADING AND MANAGING CHANGE

The health care reimbursement environment is driving dramatic changes, both internally and externally, in how we deliver care in the various communities. In order to implement the necessary changes specific to a hospital, the leadership—board, physicians and management—will need to understand and implement a culture to meet the challenges of the future.

Session objective: *The objective of this session is to provide the participant with the concepts to recognize and change to a new and stronger culture and discuss change management concepts that impact the board, physicians and management leadership. We will also look at some “what to do” steps.*

JOHN TISCORNIA, CPA

(program continued on next page)

SUNDAY, JANUARY 29 (Continued)

3:00 p.m. to 6:00 p.m.

GENERAL SESSION (Continued)

Haleakala Ballroom 1

MYTHS, REALITIES AND POSSIBILITIES

“The more things change, the more they stay the same.” This is certainly true for many hospitals and providers in the US health care system. The newly approved health care reform legislation is confusing enough without relying on old myths and misinformation. In order to establish a system that is truly focused on improved health and health care, “myths” need to be exposed and examined. Some of those myths evolve around issues like who is the best, patient noncompliance, doctor shortages, and malpractice acceleration, to name just a few. Examining myths against current realities can unlock the door and create greater opportunities for a more improved, efficient and successful health care delivery system.

Session objective: This presentation will discuss several popular myths and realities that stand in the way of meaningful strategic planning efforts that can guide hospitals toward successful transformation of their health care delivery system and support better community health.

CHARLOTTE JEFFERIES, JD

BETTER COMMUNICATION MEANS BETTER OUTCOMES

Communication is fundamental to the human experience. Effective leadership, for instance, requires the ability to get across a message clearly and to motivate others to act on it. But effective communications has now become a driver of hospital strategy itself. Improved physician communication, for instance, is known to have positive impact on both patient satisfaction and adherence to treatment. Simplified, easily-understood instruction guides can lower readmission rates. And credible, consistent communication will capture employee hearts and minds.

Session objective: This session will examine the need for action first, communication second; the role of both rational and emotional messages; and the opportunities to combat health illiteracy, improve patient outcomes and enhance patient satisfaction.

STEVE RIVKIN

5:00 p.m. to 5:15 p.m.

BREAK

Haleakala Gardens

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SUNDAY, JANUARY 29 (Continued)

3:00 p.m. to 6:00 p.m. GENERAL SESSION (Continued) Haleakala Ballroom 1

THE CASE FOR THE COMMUNITY HOSPITAL

Health care reform (whatever that turns out to be), economic pressures, and physician shortages are combining to force community hospitals to consider “deals,” merging, becoming part of a system, acquiring, closing services, shutting down. This session describes why the community hospital’s success is so vital to a community, what it represents and how it must adapt to thrive.

Session objective: Participants will gain an understanding of the merits of a freestanding community hospital and understand some alternatives and necessary adaptations for success.

LINDA HADDAD, JD

6:00 p.m. CONFERENCE ADJOURNS FOR THE DAY

6:00 p.m. to 7:00 p.m. CONFERENCE RECEPTION Haleakala Gardens

MONDAY, JANUARY 30

6:30 a.m. to 8:00 a.m.	REGISTRATION & CONTINENTAL BREAKFAST	Haleakala Gardens
8:00 a.m. to 12:05 p.m.	GENERAL SESSION	Haleakala Ballroom 1

ANNOUNCEMENTS

STEVE RIVKIN

CMS, BUNDLED PAYMENTS, ACOs AND JUST PLAIN REIMBURSEMENT CUTS

Seldom have we seen such uncertainty in health care reimbursement and new health care delivery and organization. New ideas are being put forward constantly in reimbursement, organization, access, coordination and quality, along with cuts in payment. It all seems unclear, but some questions can be answered.

Session objective: This talk will concentrate on what physicians, boards, management, hospitals, and health systems must do to prepare for a future markedly different than the status quo of the past.

JOHN HORTY, LLB

ARE ACCOUNTABLE CARE ORGANIZATIONS THE LATEST "NEW, NEW THING"? WHAT ABOUT THE OLD "NEW, NEW THINGS"?

In this presentation I will review other US attempts to control health care spending: Where they succeeded and why they ultimately failed. In particular I will focus on lessons learned in implementing the Medicare DRG hospital payment system and Managed Care. I will then try to take the lessons learned from these previous cost control efforts and apply them to the current cost control efforts; Accountable Care Organizations (ACO's) and Bundled Payments.

Session objective: To understand the previous attempts by the US federal government to control health care costs; to understand in more detail how the Medicare DRG worked and whether it was successful in controlling spending; to analyze how managed care was implemented by private insurance companies in the 1990's and why it ultimately failed; and, to understand why the Accountable Care Organizations and Bundled Payment programs can be more successful than previous efforts to control costs.

STUART ALTMAN, PHD

(program continued on next page)

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MONDAY, JANUARY 30 (Continued)

8:00 a.m. to 12:05 p.m. **GENERAL SESSION (Continued)** **Haleakala Ballroom 1**

LEADERSHIP FOR QUALITY: A STRATEGY FOR MARKETPLACE SUCCESS

The rapidly changing health care environment will require new forms of collaboration and engagement with stakeholders. Hospital and physician collaboration and integration will be essential to success. This session will focus on the critical role that leaders, both hospital executives and medical staff leaders, must play to design new models of integration for future success. Emphasis will include establishing a shared vision, aligning expectations and practical leadership lessons that will help all parties move from a focus on optimizing a particular stakeholder segment to creating value and healthier communities. In addition, innovative approaches to partnering with employers will be discussed as a way to capitalize on quality strategies in the marketplace.

Session objective: Attendees will understand the value of clinical integration and necessary steps to achieving breakthrough collaborations and positioning their organization for success in the decade ahead; leaders will understand the crucial role they play in creating an environment that facilitates large scale change as a critical success strategy for the future; and, attendees will learn new and innovative approaches to engage employers in a shared quality agenda to improve care and lower costs.

GARY KAPLAN, MD

9:45 a.m. to 10:05 a.m. **BREAK** **Haleakala Gardens**

**PANEL DISCUSSION: JOHN HORTY, LLB,
STUART ALTMAN, PhD AND GARY KAPLAN, MD**

INTEGRATED HEALTH CARE: "TO BE OR NOT TO BE?"

In this session, I will explore why the traditional delivery model is ill-suited for what lies ahead. The best alternative is to become an integrated care delivery system, not because there are rewards for doing so as ACO's in current legislation, but because this approach confers significant competitive and strategic flexibility, and is more ethically consistent with our values as care-givers and our oaths as professionals. The emphasis is on finding your own path to achieving care delivery integration that works for you, your patients and your community.

Session objective: To gain insight into the limits of the current care delivery models; to understand how the integrated care delivery models enable greater competitive and strategic flexibility than the current model; and, to understand how the integrated delivery models are more consistent with our moral and ethical values than our traditional models.

DAVID LAWRENCE, MD

(program continued on next page)

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MONDAY, JANUARY 30 (Continued)

8:00 a.m. to 12:05 p.m.

GENERAL SESSION (Continued)

Haleakala Ballroom 1

EPISODE-BASED PAYMENT: ARE YOU READY FOR MEDICARE'S NEXT WAVE OF PROVIDER PAYMENT REFORM?

The Center for Medicare and Medicaid Services new bundled payment program announced in August could signal the most significant evolution of Medicare payment policy since DRGs. Bundled payments will combine reimbursement for all services delivered during specific episodes of care into a single amount that may include inpatient, outpatient, physician, and post-acute care services. To be successful, hospitals and physicians will need to hash out how they will share the payments and how they will work together to manage the cost and quality of care.

Session objective: This session will outline the key elements of episode-based payments, the mechanics of Medicare's new pilot program and the opportunities and challenges it creates for community hospitals.

ROB MECHANIC, MBA

THE FUTURE OF HEALTH CARE: COORDINATION ACROSS DISCIPLINES, INSTITUTIONS, AND THE ENTIRE SPECTRUM OF CARE

It's not surprising that every hospital and health institution in America is facing a substantial degree of uncertainty concerning the future of our nation's health care. The real question is how can we improve and sustain our health care for future generations? Highly politicized, the Affordable Care Act is poorly understood and widely debated. Yet what appears to be universally agreed upon is a series of remarkably straightforward goals referred to as the Triple Aim: improving the health of populations, improving the experience of care, and reducing per capita health care costs. The writing is on the wall — we are now well beyond the anticipatory phase. Reimbursement is progressively declining, quality and the patient experience are now tightly fused with the bottom line, and the survival of our hospitals unquestionably equates with measurable outcomes as opposed to the volume or quantity of care. Rather than debating the merits of anticipated reimbursement models, Dr. Bittman, as a Chief Innovations Officer, focuses on concerted preemptive processes — the “how to” of care coordination that must be instituted immediately in order to enable each hospital to continue serving its community. It's a fact that “business as usual” will no longer save American health care. A dedicated commitment to the processes of redefining, mastering and evaluating true care coordination must be considered the true life force of sustainable health care.

BARRY BITTMAN, MD

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MONDAY, JANUARY 30 (Continued)

"Grab and Go" lunches will be available for purchase by the registrants. Please feel free to bring them into the afternoon session which starts at 12:30 p.m.

12:30 pm to 3:00 pm

SPECIAL SESSION - Bring your lunch along

**IS THERE A NEW WORLD OF HEALTH CARE
AT HAND? LOOKING AT THE FUTURE OF
REIMBURSEMENT AND DELIVERY OF CARE:
CHANGE IS COMING FAST!**

Haleakala Ballroom 2/3

BULLET POINTS FOR THIS SESSION

- What is happening in health care delivery and payment
- What is happening underneath the headlines
- What you must do about it
- How you can change and survive
- A likely timeline
- A session of questions, answers and discussion

Stuart Altman, Dr. Barry Bittman, Steve Tringale, Rob Mechanic and John Harty will talk straight and unscripted about what is happening, what may happen and what will happen.

3:00 pm

CONFERENCE ADJOURNS FOR THE DAY

TUESDAY, JANUARY 31

6:30 a.m. to 8:00 a.m. CONTINENTAL BREAKFAST Haleakala Gardens

8:00 a.m. to 11:55 a.m. GENERAL SESSION Haleakala Ballroom 1

ANNOUNCEMENTS

STEVE RIVKIN

COLLABORATION OR COMBINATION? INTEGRATION OR COLLUSION? - BEWARE THE ANTI-TRUST RISKS

ACOs, networks, employed physicians and other current and rapid changes in the shape of hospital/physician relationships seem to offer the advantage of size, economic efficiencies, and competitiveness. From the perspective of the anti-trust enforcers, though, including federal and state governments, as well as private litigants such as competitors or physicians excluded from the network, these all look like amassing market power. The law prohibits “combining” and using market power to thwart competition. It takes careful understanding and navigation to create a health care system that takes advantage of integration and collaboration without crossing dangerously into anticompetitive activity. This session will discuss the law and the important steps necessary to implement changes effectively and lawfully.

Session objective: Participants should have an understanding of prohibited behavior, acceptable behavior and the elements critical to staying on the right side of the law.

LINDA HADDAD, JD

IT'S ABOUT THE MONEY: FOUR GOVERNMENT PROGRAMS AIMED AT HOSPITAL POCKETBOOKS

On March 2, 2011, the Senate Finance Committee held a hearing on Medicare fraud. The Inspector General of the Department of Health and Human Services and the Program Integrity Director for the Center for Medicare and Medicaid Services were asked how they would curb the over \$70 billion being lost through fraud, waste and abuse and report back quarterly to the Committee the amount of money returned to the Trust Fund.

Session objective: This session will review four areas in which hospitals are vulnerable for paying back money to the government through fraud, waste and abuse allegations and initiatives. It will also describe what hospitals should be doing to mitigate risk in those areas. We will discuss the following: OIG Annual Audit Work Plan for Hospitals; Whistle Blower False Claims Act; Recovery Audit Contractors; and, the new National Fraud Prevention Program.

JIM KOPF

(program continued on next page)

ESTES PARK INSTITUTE

TUESDAY, JANUARY 31 (Continued)

8:00 a.m. to 11:55 a.m. **GENERAL SESSION (Continued)** **Haleakala Ballroom 1**

WILL YOU RAT YOURSELF OUT?

NEW SELF-DISCLOSURE TRAPS FOR THE UNWARY

A number of provisions in the recent health reform law have created obligations that may require hospitals, physicians and other health care providers to report their own misconduct to the federal government. These include the 60-day overpayment refund reporting rule that is in effect right now and the so-called “physician transparency” reports involving physician financial relationships with drug companies and device manufacturers, which will all be on a public database in 2013. The new law also sets up a protocol for self-reporting potential violations of the Stark Law, which can open a whole can of worms that might give rise to more problems than it would solve. When these developments are coupled with the increased fussiness of lawyers for other parties in bond and merger transactions, a perfect storm which can lead to financial disaster can create havoc for your health system. This session will explain those new rules and suggest ways to deal with them.

DAN MULHOLLAND, JD

9:35 am to 9:55 am

BREAK

Haleakala Gardens

HOPE IS NOT A STRATEGY

Our country and our professions have to move from a climate of financial crisis to being a solver of the medical needs of our citizens. Our health care culture abounds inhuman crisis. Pain, anguish and suffering can be neither resolved nor ameliorated by monetizing these problems. Fiscal responsibility is not an antecedent to care, it is but one of many parameters within which care is organized.

Session objective: To support health care professionals in their pursuit of all of the necessary care for all of their patients; to identify the pernicious aspects of starting care planning with financial considerations, rather than optimizing care and then identifying how to provide it in the context of the available resources; and, to provide the context where hope is not an illusion but reflects the opportunities today’s medicine offers our patients.

RICHARD YA DEAU, MD

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ESTES PARK INSTITUTE

TUESDAY, JANUARY 31 (Continued)

8:00 a.m. to 11:55 a.m.

GENERAL SESSION (Continued)

Haleakala Ballroom 1

I.C.U... WHY CAN'T YOU SEE ME? CROSSING THE CHASMS FROM THE PATIENT'S EYES

Patient-centered care... another buzz phrase. Yet, beyond patient satisfaction scores, how else might we integrate, learn and close the gaps of care from the patient's view? Have we taken the time to listen, to observe, to understand and stand in their shoes?

Session objective: In this session participants will share and experience specific examples towards providing more patient-centered care in the areas such as palliative care, medication adherence and rehospitalization.

DELLA LIN, MD

BEHAVIOR/PATIENT SAFETY CONNECTION

Every hospital has some medical staff members whose malignantly narcissistic personalities are displayed in a manner that disrupts and causes chaos in the care environment. Although medical staff and board leadership should be well-acquainted with procedures that can be used when questions arise regarding the behavior of medical staff members (and others), many leaders do nothing about it beyond complaining (privately) or wishing it would go away without having to actually do anything that requires a little chutzpah (spunk). Admittedly, the problem of handling behavior issues is complex and pervasive. However, accepting or tolerating unacceptable behavior in a group practice or hospital setting is increasingly risky because the clear trend of the law is to hold the hospital (or group) accountable. There exists today a definite recognition that bad behavior undermines a culture of safety. The goal of leadership in behavior situations should be, just as it is for clinical concerns, to arrive at voluntary, responsive action by the individual to change his or her behavior to an acceptable and expected standard. The leadership should also make it clear that all intervention efforts are intended to be, and are, part of the hospital's duty to keep patients safe and to provide a safe work environment for everyone to fulfill his or her patient care and support services in the hospital.

Session objective: This interactive session is designed to help participants: Understand the critical role of behavior in developing and sustaining a patient safety culture; identify best practices that bolster effective peer review focused on behavior concerns; understand the importance of building a quality peer review record; and, identify key processes and documents that guide compliance and promote fairness.

CHARLOTTE JEFFERIES, JD

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ESTES PARK INSTITUTE

TUESDAY, JANUARY 31 (Continued)

8:00 a.m. to 11:55 a.m. **GENERAL SESSION (Continued)** **Haleakala Ballroom 1**

GENEROSITY: ROOTS OF AN ABUNDANT FUTURE

Many hospitals began because of generosity. Philanthropy was the primary economic engine before there were insurance companies or any glimmer of money from government. Then health care became a business and hospitals found it unnecessary to attract the generosity of their local communities in order to flourish. As we enter the future, generosity is emerging once again as a major economic engine. In some places today, the amount of money coming into the foundation exceeds what is left from hospital operations. More importantly, health systems are approaching generosity as the core of all their relationships and signature of their patient experience.

Session objective: Participants will be able to describe a minimum of three innovations in generosity.

LEANNE KAISER CARLSON, MSHA

11:55 am to 1:10 pm **LUNCH INTERMISSION**

(program continued on next page)

ESTES PARK INSTITUTE

TUESDAY, JANUARY 31 (Continued)

1:10 pm to 2:00 pm

CONCURRENT SESSIONS - Period One

MS NMS E T NT

THE PATIENT EXPERIENCE

(a two period session)

Pikake

According to Don Berwick, MD, "For better or worse, I have come to believe that we — patients, families, clinicians, and the health care system as a whole — would all be far better off if we professionals recalibrated our work such that we behaved with patients and families not as hosts in the care system, but as guests in their lives. I suggest that we should without equivocation make patient-centeredness a primary quality dimension all its own, even when it does not contribute to the technical safety and effectiveness of care." A dedicated focus on improving the experience of care has clearly evolved far beyond its traditional inclusion in a mission statement. HCAHPS (patient experience survey scores) are now not only publicly reported on the Hospital Compare website, but also serve for the first time as an integral measure of Value-Based Purchasing (actual hospital reimbursement under Medicare). While this challenging pay-for-performance initiative clearly raises the bar for quality patient experiences, the attainment of high HCAHPS scores exclusively based on top box scores is challenging at best. Just consider that in the course of an average admission, each patient interacts with a substantial number of employees. Unfortunately, even one seemingly negative encounter overshadows other positive aspects of care, and has the potential to redirect the patient away from utilizing the hospital in the future. It also now impacts the bottom line. The real challenge in this tumultuous era of health care reform is determining how to actually begin. That question is answered through a two-part innovative process. Dr. Bittman begins by introducing a unique inclusionary interdisciplinary strategy and framework for improving HCAHPS scores at your hospital through processes that reshape employee engagement and culture. He then proceeds to invite your institution to participate in an exciting multi-site exploratory program designed for enabling hospitals throughout the nation to work together in an unprecedented manner for the purpose of improving patient experiences through collaborative innovation. Participation in this newly-formed patient experience network affords the sharing of ideas, concepts, strategies and outcomes on a regular basis. Results will ultimately be synthesized and disseminated in the form of a medical publication. Institutions with the highest levels of innovation will receive both achievement awards and opportunities to present their projects in future Estes Park Institute educational sessions.

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ESTES PARK INSTITUTE

TUESDAY, JANUARY 31 (Continued)

1:10 pm to 2:00 pm

CONCURRENT SESSIONS - Period One (Continued)

Session objective: To more fully understand the patient experience as it relates to the quality and sustainability of our health care system; to explore creative opportunities for innovation and consensus building by an interdisciplinary task force; to discuss strategies for improving the patient experience while simultaneously building a positive culture for employees; and, to discover an innovative means for sharing information, insights and strategies among hospitals that work together in a collaborative manner.

BARRY BITTMAN, MD

MS NMS E T NT

ALCHEMY: THE SCIENCE OF PERSONAL AND ORGANIZATIONAL TRANSFORMATION Haleakala Ballroom 3

Perhaps nothing is so essential for leaders as the ability to take one thing and turn it into something else—to transmute and transform. This was the idea behind the ancient art of alchemy, and it is still our quest. In every organization is lead that must become gold. In this session we explore the elements of modern-day personal and organizational alchemy. Alchemists approach reality as a mutable set of possibilities rather than an unalterable series of circumstances.

Session objective: You will be able to list six elements of modern-day alchemy.

LEANNE KAISER CARLSON, MSHA

MS NMS E T NT

CONFLICTS OF INTEREST FOR PHYSICIANS ON BOARDS Haleakala Ballroom 4

Summary deals, contracts, and business ventures in this new health care world reflect a need to “align incentives.” The more of such arrangements, the more potential for conflicts. Conflicts of interest are not problems. Whether and how they are handled are the problems. While all board members have the potential for conflicts and the need for a process to address them, physicians have more than most due to their multiple roles and relationships in the hospital and health care system. This session is designed to alert the participants to potential conflicts, some obvious, others not, and to outline processes for avoiding them when possible or dealing with them with integrity and grace when they can't be averted.

Session objective: Participants will become more sensitive to the variety of conflicts that confront physicians in leadership roles and on the board, and, will identify conflicts and understand policies and mechanisms for resolving them.

LINDA HADDAD, JD

(program continued on next page)

ESTES PARK INSTITUTE

TUESDAY, JANUARY 31 (Continued)

1:10 pm to 2:00 pm

CONCURRENT SESSIONS - Period One (Continued)

LEADERSHIP INSIGHTS:

MS NMS E T NT

A CULTURE OF SAFETY

Haleakala Ballroom 5

"A Culture of Safety"... a buzz phrase in today's health care environment and in today's hospital C-Suite and Board Rooms. What should and can leadership's role be in transforming their hospitals into a culture of safety? What are the myths about culture surveys and leadership walk rounds? Can a leader develop a trigger tool to identifying early trouble spots that could undermine their safe culture?

Session objective: *This session will: Define elements necessary for a safe and mindful culture of safety; and, discuss pitfalls in prescriptive leadership walk rounds.*

DELLA LIN, MD

2:10 pm to 3:00 pm

CONCURRENT SESSIONS - Period Two

MS NMS E T NT C

THE PATIENT EXPERIENCE

(Continued from Period Two)

Pikake

BARRY BITTMAN, MD AND DELLA LIN, MD

LET ME HAVE TWO TENS FOR A FIVE: NEGOTIATION SKILLS FOR DEALING WITH PHYSICIANS, VENDORS

MS NMS E T NT

AND THE GOVERNMENT

Haleakala Ballroom 3

Whether you are negotiating a new contract with your physician, outside contractors or the Government, the principles of negotiation remain the same. What is a distributive negotiation? Integrative negotiation? A Zone Possible Agreement?

Session objective: *The participant will: Learn about the negotiation process, when different types of negotiations are appropriate, essential negotiating strategies, and how to become an effective negotiator; understand the basic types of negotiation and the key concepts underlying them; prepare for, conduct, and close a negotiation; maintain a good negotiating relationship with the other side and maximize value for both sides; and, avoid common errors and overcome common barriers to agreement.*

JIM KOPF

WHEN IS IT TIME FOR THE

MS NMS E T NT C

BOARD TO FACE THE PUBLIC?

Haleakala Ballroom 4

The vast majority of hospital issues are operationally oriented, and should be handled directly, and exclusively, by management. But there are crises and other high-profile situations that transcend management, and here the community needs to be reassured by the calming presence of levelheaded Board members.

Session objective: *This interactive session identifies situations when it is appropriate, even obligatory, for the Board to speak publicly on behalf of the institution; and, offers guidelines for doing so.*

STEVE RIVKIN

(program continued on next page)

ESTES PARK INSTITUTE

TUESDAY, JANUARY 31 (Continued)

2:10 pm to 3:00 pm

CONCURRENT SESSIONS - Period Two (Continued)

MS NMS E T NT

MANAGING COSTS AND TRANSFORMING CARE

Haleakala Ballroom 5

Health care providers generally have done a very good job in utilizing traditional cost-reduction methods. However, with the current and forthcoming reductions in reimbursement payments, it is critical to transform the delivery of care in order to remain financially viable. This session will explore new techniques that currently are being used to change the delivery of care and present some of the historical cost reduction approaches.

Session objective: The objective of this session is to provide the participant with innovative concepts and care delivery models for the necessary transformation that will reduce costs and maintain quality.

JOHN TISCORNIA, CPA

(program continued on next page)

ESTES PARK INSTITUTE

TUESDAY, JANUARY 31 (Continued)

3:10 pm to 4:00 pm

CONCURRENT SESSIONS - Period Three

MS NMS E T NT

MEDICAL STAFF BYLAWS CHANGES YOU CAN'T IGNORE

Haleakala Ballroom 2

Medical staffs and hospitals have historically had a unique relationship of interdependence. Although the governing board of the hospital is ultimately responsible for the success or failure of the entity, it is the medical staff that provides the necessary ingredient for the success, i.e., quality patient care. The medical staff and hospital (or health care entity) relationship has grown into one of the most scrutinized and complex unions in the health care arena. In the face of increasing pressure from regulators, accrediting agencies and the marketplace, the medical staff and the hospital must try to balance a relationship that is mutually beneficial to both in an era of change. At the heart of this balancing act are the medical staff bylaws and related documents which serve as the blueprint for the medical staff's exercise of the delegated authority to provide patient care.

Balancing these days is more difficult because there are a host of statutory, regulatory, compliance and accreditation matters which have an impact on and govern the manner in which the medical staff is organized, its relationship with the hospital, and the way in which staff bylaws and related documents are drafted. The recently revised Medicare Conditions of Participation for Hospitals (CoPs) set forth the standards that all hospitals must achieve in order to receive reimbursement under the Medicare program and other federal health care programs. A number of private agencies accredit health care organizations and each has specific standards regarding medical staff/hospital relationships, and staff organization and operations. Then there are state statutes which license and regulate hospitals and which require hospitals to have an organized medical staff that operates under written bylaws approved by the governing board of the hospital.

There have been several changes to the CoPs, accreditation standards, and some state regulations that impact medical staff bylaws and also impact the hospital's compliance status. Those changes with relevant examples will be the focal point of this interactive session.

Session objective: This session will provide a medical staff bylaws update and will help participants: Identify and discuss bylaws changes necessitated by new, revised and deleted regulations and accreditation standards, and, ensure that their medical staff bylaws cover and comply with CoPs and accreditation requirements.

CHARLOTTE JEFFERIES, JD

(program continued on next page)

ESTES PARK INSTITUTE

TUESDAY, JANUARY 31 (Continued)

3:10 pm to 4:00 pm

CONCURRENT SESSIONS - Period Three (Continued)

MS NMS E T NT

ENGAGING PHYSICIANS IN MEANINGFUL CHANGE

Haleakala Ballroom 4

This breakout session will focus on new and innovative ways to engage physicians in order to promote quality, safety and mutual accountability. Focus on developing a shared vision and aligning expectations through Compacts will be reviewed. In addition Change Management and the concepts of technical and adaptive change will be reviewed in detail. Examples from Virginia Mason Medical Center and other organizations will be discussed as well. This session will allow ample time for discussion along with Q and A and will be suitable for hospital administrative and physician leaders as well as trustees.

Session objective: Attendees will understand the power of collaboration with physicians and its critical importance to future success; trustees and hospital and physician leaders will have a deeper understanding of the importance of developing a shared vision for one's community and the steps to follow to ensure the creation of a robust and compelling vision; and, attendees will understand in-depth the importance of aligning expectations and how the concept of Compact can facilitate and catalyse this alignment.

GARY KAPLAN, MD

MS NMS E T NT C

GETTING READY FOR EPISODE-BASED PAYMENT

Haleakala Ballroom 5

As enthusiasm for Medicare's new shared savings program for accountable care organizations first surged and then fizzled, the Center for Medicare and Medicaid Services rolled out a new bundled payment program which is likely to generate much broader hospital interest and participation. Bundled payments will combine reimbursement for all services delivered during an episode of care into a single amount that could include inpatient, outpatient, physician, and post-acute care services. Bundled payments are much more hospital-centric than the proposed ACO program. But in order to be successful, hospitals and physicians will need to hash out how they will share the payments and how they will work together to manage the cost and quality of care.

Session objective: This session will outline the key elements of episode-based payments, the opportunities presented by Medicare's new pilot program and key competencies that community hospitals will need to participate successfully.

ROB MECHANIC, MBA AND STEVE TRINGALE

4:00 pm

CONFERENCE ADJOURNS FOR THE DAY

ESTES PARK INSTITUTE

WEDNESDAY, FEBRUARY 1

DAY AT LEISURE

ESTES PARK INSTITUTE

P.O. Box 400, Englewood, CO 80151 ■ 1-800-223-4430 ■ Fax 303-789-3896 ■ www.EstesPark.org

THURSDAY, FEBRUARY 2

6:30 a.m. to 8:00 a.m.	CONTINENTAL BREAKFAST	Haleakala Gardens
8:00 a.m. to 11:30 a.m.	GENERAL SESSION	Haleakala Ballroom 1

ANNOUNCEMENTS

STEVE RIVKIN

PATHWAYS OF HOPE

There are pathways of hope with the potential to change the future of an organization. Even one small shift can make the difference between a future like that of everyone else or one entirely different. It is essential to understand these pathways and act on what we have the power to change here and now. This includes how we create health, shift economic incentives, engage employees and allies, transform the patient experience, and take service lines to unprecedented excellence. Innovators doing this today show us how much is possible.

Session objective: You will be able to define three pathways to a preferable future.

LEANNE KAISER CARLSON, MSHA

HEADLINE 2012: "ARE AIRLINE PILOTS FORGETTING HOW TO FLY?"... CAN WE LEARN AGAIN FROM THE AIRLINE INDUSTRY?

August 30, 2011, from the Associated Press: "Hundreds of people have died over the past five years in "loss of control" accidents in which planes stalled during flight or got into unusual positions that pilots could not correct. In some cases, pilots made the wrong split-second decisions, with catastrophic results — for example, steering the plane's nose skyward into a stall instead of down to regain stable flight." We've used the airline industry to help us better understand safety in the early years of patient safety science. What can we learn about human error and systems this time?

Session objective: This session will discuss opportunities and limitations in system designs important in health care transformation.

DELLA LIN, MD

EMPLOYED PHYSICIAN COMPENSATION - THE BASICS

This session will review the basic regulatory requirements for employed physician compensation, such as fair market value, commercial reasonableness and other requirements found in the Stark Law and IRS rules governing tax-exempt organizations. Sample compensation methodologies involving base salaries, productivity bonuses and quality/patient satisfaction incentives will also be explored.

DAN MULHOLLAND, JD

9:35 am to 10:00 am	BREAK	Haleakala Gardens
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(program continued on next page)

ESTES PARK INSTITUTE

THURSDAY, FEBRUARY 2 (Continued)

8:00 a.m. to 11:30 a.m.

GENERAL SESSION (Continued)

Haleakala Ballroom 1

NEW MEDICAL STAFF MODELS FOR A CHANGING WORLD

Even as more physicians are employed or contract with the hospital or health system, the medical staff has a vital function to perform relating to credentialing and quality. As fewer physicians relate to or rely upon the medical staff, though, its work becomes more difficult. Recruiting, training and keeping leaders are challenges. The need for achieving and demonstrating quality and for supporting physicians on the medical staff is undiminished, but the traditional staff structure may not be the best way to accomplish those ends anymore. New ideas, models and processes are required. This session discusses options for new structures and their relative successes. ***Session objective: Participants will learn what is legally required of a medical staff and what options exist for accomplishing those tasks. They will understand innovative medical staff models and how they can be created and nurtured.***

LINDA HADDAD, JD

CREATING A FINANCIALLY STABLE ORGANIZATION

Do we wait for the government to “get it right” or do we develop financial stability and fiduciary responsibility through strategic planning and governance at the community level? What is financial stability and fiduciary responsibility? How does your organization compare to other health care providers? How much capital is needed to remain viable? How do the board, physicians, and management create equity and financial resources for the future in order to meet their fiduciary responsibilities?

Session objective: To prepare boards, physicians and senior management to create an organization that is financially stable no matter what happens with regard to the reimbursement horizon. This means that internal operations must be very efficient and quality-oriented. In order to accomplish this, governance, physicians and senior management must provide the leadership to implement strategies that result in delivering cost-effective quality of care.

JOHN TISCORNIA, CPA

HOW GOVERNANCE MUST DEAL WITH COMMUNITY HOSPITAL REIMBURSEMENT AND DELIVERY CHANGES

JOHN HORTY, LLB

11:30 am to 1:00 pm

LUNCH INTERMISSION (on own)

(program continued on next page)

ESTES PARK INSTITUTE

THURSDAY, FEBRUARY 2 (Continued)

1:00 p.m. to 2:00 p.m. **CONCURRENT SESSIONS – Period One**

MS **NMS** **E** **T** **NT**

WHAT SHOULD WE DO TO SOLVE THE LONG-TERM MEDICARE PROBLEM? Haleakala Ballroom 2

In this presentation I will review the different approaches to assuring the future solvency of the Medicare program and analyze the positive and negative features of each. I will then explain why it is necessary to develop a program which will have Medicare recipients help support the program by having them pay a proportion of the premium whether it is for the traditional program or a private sector insurance option. In discussing the private sector approach I will describe the current Medicare Advantage program and the changes in the program included in the health reform legislation.

Session objective: To understand the various possible ways to make the future Medicare program financially solvent; to understand the advantages and disadvantages of adopting each of the changes in the Medicare program; to understand the concept of Premium Support; and, to explain how Premium Support could operate to help change the Medicare program.

STUART ALTMAN, PHD

MS **NMS** **E** **T** **NT**

THOUGHTS ON HOW TO INTEGRATE CARE (1 OF 2) Haleakala Ballroom 5

In the first of the sessions, we will explore how to go about the process of converting from the status quo to integrated care delivery solutions. We will focus on the identification of care pathways, the opportunities for standardization within each pathway and across pathways, and the ways to preserve clinical flexibility where doing so is crucial to patient care outcomes. We will also explore different ways to establish the boundaries for care integration....where it starts and where it stops in the health and sickness care process.

In the second session, we will discuss the organizational levers available to undertake this transformation. Specifically we will look at how one's leadership, the board, the make-up of the C-Suite, patients, families, and community, and the Medical Staff can support this journey. Time-permitting, we will also discuss operational changes that are required to drive the organization forward towards care integration.

(program continued on next page)

ESTES PARK INSTITUTE

THURSDAY, FEBRUARY 2 (Continued)

1:00 p.m. to 2:00 p.m. **CONCURRENT SESSIONS – Period One (Continued)**

Session objective: To gain an understanding of one approach for converting from the status quo to greater care integration based on the concepts of care pathways, standardization, and designed-in clinical flexibility; to introduce the concept of "change levers" that are crucial to drive this transformation forward; and, to gain familiarity with several such levers including: Personal leadership, Board, C-suite, and Medical Staff organization and function; as well as the role of patients, families, and communities in designing care delivery system solutions.

DAVID LAWRENCE, MD

MS NMS E T NT C

AGING: KEEPING YOUR MORTALITY AT BAY

Haleakala Ballroom 3

Death is an ever present reality. Yet, we must learn to live as long as we may and enjoy it along the way. Ultimately our lifestyles determine much of the quality and length of our lives. Community hospitals have central place in reorienting our culture to the task of learning how to live long and well.

Session objective: To show how life's choices affect longevity; to recognize that we are in part responsible for the morbidity we experience; and, to incent people to undertake measures to significantly increase the quality and the number of years we are allotted.

RICHARD YA DEAU, MD

(program continued on next page)

ESTES PARK INSTITUTE

THURSDAY, FEBRUARY 2 (Continued)

1:00 p.m. to 2:00 p.m. **CONCURRENT SESSIONS – Period One (Continued)**

MS **NMS** **E** **T** **NT**

PHYSICIAN LEADERS' ROUNDTABLE

Pikake

This session is intended to serve as a forum for discussing a series of key insights and strategies that will enable physicians to serve as effective health care executives during the most challenging era in the history of modern medicine. This audience is not limited to CMOs or department chairs. In this rapidly changing environment, every hospital-employed, group-based or independent physician must become well-versed in the critical aspects of health care that extend beyond the day-to-day patient care responsibilities that once represented the sum total skill set needed to function as a doctor. The real work is just beginning within a challenged health care system that's facing considerable obstacles... and opportunities. Essentially the bar has been set higher for all of us to work together as a team. In order for you and your hospital's administrative staff and board to develop true synergy, change is paramount throughout our organizations. As fee-for-service systems are replaced with new reimbursement models, physicians and hospitals must strive to develop collaborative working relationships. Consider this session as a meaningful opportunity to work with your peers to begin progressively co-creating a health care system that meets the needs of those we are entrusted to serve.

Session objective: To introduce effective strategies for engaging physicians in the shared process of health care management along with hospitals and boards; to develop an outcomes-based focus on optimizing quality in concert with cost-effectiveness; to discuss strategies for achieving the critical outcomes required to ensure the future viability of our health care system; and, to provide an overview of community-based collaborations in terms of creating successful partnerships and programs.

BARRY BITTMAN, MD

(program continued on next page)

THURSDAY, FEBRUARY 2 (Continued)

2:10 pm to 3:10 pm

CONCURRENT SESSIONS - Period Two

MS NMS E T NT C

THE GRAY ZONES: AMBIGUITIES IN HOSPITAL/PHYSICIAN RELATIONSHIPS Haleakala Ballroom 4

How bad is too bad? When must physician leaders intervene to address concerns about a colleague's behavior or practice in the hospital? This session will identify many of those "gray area" issues and provide specific guidance for addressing each.

Session objective: Those who participate will obtain assistance on spotting potential problems at their earliest possible time and will understand what steps to take to accomplish two primary objectives: Making sure that patient care is safe and of appropriate quality and, just possibly, intervening in a timely manner to save a troubled physician's career.

LINDA HADDAD, JD

MS NMS E T NT

THOUGHTS ON HOW TO INTEGRATE CARE (2 OF 2)

Haleakala Ballroom 5

DAVID LAWRENCE, MD

GETTING THE BEST FROM YOUR STAFF:

A NEW APPROACH TO

MS NMS E T NT

MANAGEMENT AND MOTIVATION

Haleakala Ballroom 3

Health care is one of the industries enjoying job growth. Health care workers and providers have a choice where they will work. Unions are on the rise in the health care field. How do you attract and keep good employees? What makes workers happy and productive? It is not about the money anymore.

Session objective: This session will review new theories and proven approaches to getting the best from your staff. We will discuss: Compensation reconsidered: The carrot and stick are not working; baseline rewards; empowerment to choose; a new approach to an old idea; and, knowing your staff.

JIM KOPF

3:10 p.m.

CONFERENCE ADJOURNS FOR THE DAY

FRIDAY, FEBRUARY 3

6:30 a.m. to 8:00 a.m. **CONTINENTAL BREAKFAST** **Haleakala Gardens**

8:00 a.m. to 11:30 a.m. **GENERAL SESSION** **Haleakala Ballroom 2/3**

ANNOUNCEMENTS

STEVE RIVKIN

PEER REVIEW: PROTECTING YOUR INVESTMENT

Hospitals/health systems spend a lot of money to recruit physicians and other caregivers to the community. When one fails, due to health problems, behavior or competence issues, separating him or her from the medical staff/medical community can cost even more in investigations, hearings, and litigation. If some portion of that were directly invested in improving and saving those practitioners, it could pay big dividends. An effective peer review program, integrated into the credentialing process, sets high standards, and creates a network of physicians (peer reviewers all) to identify and address problems early, and creates PIPs (Performance Improvement Plans), making peer review an ongoing educational process, not “big brother looking over your shoulder.” Hospitals are vicariously liable for the acts of their employees, including physicians, so have an even greater incentive to make professional performance evaluation an integral part of every relationship. And, when physicians are employed by a separate entity (PMG), must it do its own professional review or can it benefit from some collaboration with the better developed medical staff process? That is a question most systems must answer sooner rather than later.

Session objective: Participants will understand that overseeing quality of care and giving physicians the best chance to be successful are two sides of the same coin. Developing a process that embraces employed and independent physicians, articulates expectations, and enables each participant to achieve them through appropriate proctoring, coaching and guidance along the way, may pay big dividends.

LINDA HADDAD, JD

(program continued on next page)

ESTES PARK INSTITUTE

FRIDAY, FEBRUARY 3 (Continued)

8:00 a.m. to 11:30 a.m.

GENERAL SESSION (Continued)

Haleakala Ballroom 2/3

LEADING AND SUPPORTING CHANGE: CHALLENGES FOR THE BOARD

Current challenges and drivers are creating today's pressures on governance in a way not experienced before. Today's and future boards need to rethink and change their current methods of governing in order to meet these challenges. This session provides concepts and ideas for the board members to apply immediately upon their return home.

Session objective: *To recognize and discuss challenges boards face in fulfilling their fiduciary responsibilities in these times of rapid change, especially in the areas of financial stability, strategic planning and information systems, and to provide boards with some questions to ask to assist in fulfilling these responsibilities.*

JOHN TISCORNIA, CPA

GENETICS: THE GENIE IS OUT OF THE BOTTLE - YOU NOW HAVE THREE WISHES

Wish that knowledge of your unique genomic risk factors will inform you, that you may make the best choices in how you live your life; Wish that your physician will have the knowledge and commitment to provide you genetically specific choices throughout your life; Wish that you and your physician, knowing your genetic makeup, can be lifelong partners in genomically directed care.

Session objective: *To broaden the general knowledge of genetics' role in today's medicine; to provide a window of understanding of the future of genetics in the next five years. In large part this significant opportunity will require substantive planning for our institutions of health care; and, to incent health care providers to become students of genomic medicine.*

RICHARD YA DEAU, MD

9:35 a.m. to 9:50 a.m.

BREAK

Haleakala Gardens

SHALL WE...? THE DANCE OF CHANGE FOR SAFETY AND PERFORMANCE

Patient safety and quality remain at the top of hospital agendas. The federal government issued their "Partnership for Patients" patient safety goals and their "National Strategy for Quality Improvement" in March and April of 2011. To deliver on these outcomes, we must change how we organize and partner in the health care environment. Health care transformation will require new partners, new steps and new choreography. Are we ready?

Session objective: *This session will discuss new partnerships with examples from health plans, medical home 2.0, pharmaceutical and device manufacturers and teams within hospitals that are succeeding.*

DELLA LIN, MD

(program continued on next page)

ESTES PARK INSTITUTE

FRIDAY, FEBRUARY 3 (Continued)

8:00 a.m. to 11:30 a.m. **GENERAL SESSION (Continued)** Haleakala Ballroom 2/3

THE BETTER-INFORMED, HIGHLY-EXPECTANT, SERVICE SENSITIVE, IMPATIENT PATIENT

Today's patients are better informed, more involved, and more demanding. This session looks at the critical influence of women on health care decisions; at patients' desires for speedier service; and the many ways patients define a "better" experience in the hospital and in the doctor's office.

Session objective: Attendees should consider the implications of these consumer expectations and how their hospital or system can indeed provide a "better experience."

STEVE RIVKIN

INNOVATION IN THE GREAT RESET

Periodically, economies fall apart and reorganize. They go through a time of creative destruction and ultimately structure in ways that lead to greater prosperity. Health care is entering such a cycle now in addition to what is happening in the larger economy. Health systems that understand the opportunity of this time and how to continuously recreate themselves will find the next few years to be the highest period of innovation. Think about how to make innovation a core competence of your organization and learn from a group of new centers for innovation in health systems.

Session objective: Participants will be able to define three strategies for innovation.

LEANNE KAISER CARLSON, MSHA

11:30 am

CONFERENCE ADJOURNS

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