CONFERENCE INFORMATION

La Quinta Resort & Club
LA QUINTA (PALM SPRINGS), CALIFORNIA
February 9-12, 2014

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

Our esteemed Fellows share critical insights into the turbulent health care environment. Each speaker provides detailed best practices regarding specific issues—patient safety, regulatory reform, finance, communications, and more. The result is a timely and relevant program focused on helping you find the right solutions for your own hospital’s future.

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

Our MISSION

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

“I love the conference; excellent speakers; wonderful groups in attendance.”

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La Quinta Resort & Club

With new owners, new dates, and promised room renovations enhancing your stay, the La Quinta Resort & Club will more than live up to its reputation as another Estes Park favorite and one of our most unique locations. Nestled at the base of the Santa Rosa Mountains, this desert oasis is renowned for its lush landscaping, beautiful flowers, and world-class hospitality. Unwind in exquisite Spanish-style casitas, some featuring private patios and glowing fireplaces. Enjoy state-of-the-art tennis facilities and five world-class championship golf courses. La Quinta Resort & Club is truly a golfer’s paradise. Experience the best kept secret in the Palm Springs area!

LA QUINTA (PALM SPRINGS), CALIFORNIA

Vintage/Deluxe Casitas – $265
Starlight Casitas (with fireplace) – $285

Special incentives are available for groups of 10 or more. For details, call 1-800-727-8225.
At every Estes Park Institute conference, we cover the most important topics in the industry—a blend of the fundamental principles every health care leader must know, and the emerging issues that have just appeared on the health care scene. While the form and schedule of our conference program remains the same for each conference, the content and discussion are continually changing. Topics covered at each conference include:

- Coordination of Care and Bundled Payments
- Advances in Continuous Care Management
- Improving Communication
- Patient Safety & Quality Improvement
- Culture
- Fortifying the Community Hospital
- Accountable Care Organizations
- Reimbursement
- Delivery System Transformation
- Hospital/Physician Coordination
- Private Insurer and MMCO Initiatives
- Health Care Reform
- Collaborating and Integrating Lawfully
- Financial Stability and Fiduciary Responsibility
- Fraud and Abuse
- Patient-Centered Care
- Physician Leaders Roundtable
- Generosity and Philanthropy
- New Medical Staff Models
- Patient Safety Organizations
- Hospital Value-Based Purchasing
- Delivery of Care and Cost Reduction
- The Patient Experience
- The Science of Transformation
- Conflicts of Interest for Physicians on Boards
- Leadership's Role in Safety
- Changing Role of IT
- The Golden Age of Medicine
- Personal Transformation
- Motivational Management
- Post-Acute Care Strategies
- Aging
- Peer Review
- Innovation
- The Uproar Over Pricing
- Organizational Development
- Serving as Board Chair
- CMO Roundtable
- Mergers, Affiliations & Independence
- The Impact of Health Exchanges
- Regulatory & Compliance Changes

"Ideas and concepts provide me with a framework to improve our health care system."

"Again, a concise, clear presentation of the problem and a direction we can travel, gives me some hope."
La Quinta
CONFERENCE SCHEDULE

**General Sessions**

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

**Interactive Sessions**

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

**SUNDAY**

- CONFERENCE REGISTRATION: 11:00 AM - 4:45 PM
- OPENING GENERAL SESSION: 4:00 PM - 6:10 PM
- CONFERENCE RECEPTION: 6:10 PM - 7:00 PM

**MONDAY**

- REGISTRATION & CONTINENTAL BREAKFAST: 6:30 AM - 8:00 AM
- GENERAL SESSION: 8:00 AM - 12:00 PM
- LUNCH *(on own)*: 12:00 PM - 1:00 PM
- SPECIAL SYMPOSIUM: 1:00 PM - 3:30 PM

**TUESDAY**

- CONTINENTAL BREAKFAST: 6:30 AM - 8:00 AM
- INTERACTIVE CONCURRENT SESSIONS *(Periods 1 - 4)*: 8:00 AM - 12:30 PM
- LUNCH *(on own)*: 12:30 PM - 1:45 PM
- INTERACTIVE CONCURRENT SESSIONS *(Period 5)*: 1:45 PM - 3:15 PM

**WEDNESDAY**

- CONTINENTAL BREAKFAST: 6:30 AM - 8:00 AM
- GENERAL SESSION: 8:00 AM - 11:30 AM
- CONFERENCE ADJOURS: 11:30 AM
La Quinta

CONFERENCE PROGRAM

SUNDAY, FEBRUARY 9

11:00 am to 4:45 pm  REGISTRATION
4:00 pm to 6:10 pm  GENERAL SESSION

ANNOUNCEMENTS
Steve Rivkin

THE HOSPITAL & THE MEDICAL STAFF: THE ROAD AHEAD

THE GOLDEN AGE OF MEDICINE
Gary Kaplan, MD
This session paints an optimistic picture of what's possible, but includes a deeper dive and more results, leading to a conclusion that the best in medicine may be ahead.

CARE COORDINATION: THE NEW HOSPITAL–PHYSICIAN COALITION
Barry Bittman, MD
In this challenging era of health care reform, the need to align physicians and hospital executives has never been greater. Dr. Bittman begins with a futuristic perspective of what is possible when we decide to work together. He then proceeds to track the historical framework that serves as the foundation of the existing chasm, and suggests a unifying strategy for achieving Triple Aim objectives and sustaining quality health care for future generations.

THE NEW SHAPE OF THE MEDICAL STAFF(S)
Linda Haddad, JD
So many changes in health care delivery has left the traditional medical staff ill-prepared to fulfill its critical functions of credentialing, quality and peer review. First, many employed physicians are in the mix—including CMO, CQO, Service Line chiefs and other roles that supplant elected medical staff leadership. Second, increasingly there are two or more medical staffs as part of the same system. Horizontal integration may save valuable physician time by avoiding duplication of efforts in each and may contribute to standardization of care system-wide.

GIVING VOICE
Della Lin, MD
When we do not hear the voice—the context and perspective of those around us—are we creating unintended harm?

RE-ENCHANTING OUR LIVES AND PROFESSIONS
Leanne Kaiser Carlson, MSHA
Medicine and health care is in the great disillusionment—a period in which many have given up on the possibilities that drew them to a healing profession. More than 60% of physicians say they would retire today if they had the means. And 45% of all health care workers say they will look for a new job in the next two years. But this disillusionment simply indicates we will not be satisfied with medicine devoid of what matters most. We hunger for greater impact while experiencing euphoria, meaning, and satisfaction. We can, and we will, find new paths by which to re-enchant our professions and our lives. In this session we consider a few places to begin.

6:10 pm to 7:00 pm  CONFERENCE RECEPTION
MONDAY, FEBRUARY 10

REGISTRATION AND CONTINENTAL BREAKFAST
6:30 am to 8:00 am

GENERAL SESSION
8:00 am to 12:00 pm

ANNOUNCEMENTS
Steve Rivkin

HEALTH CARE REFORM: THE NEW REALITIES

HOSPITALS AND SYSTEMS: WHAT BUSINESS ARE WE IN?
Jeff Goldsmith, PhD
This session will address hospital and health system strategy in the “fog of war” created by the Affordable Care Act. It will explore the major strategic challenges posed not only by ACA, but by the spreading disinflationary economic environment in health care. It will discuss the likely consequences of private insurance market reforms and their effect on the profitable part of the health care business. It will suggest that hospitals will probably fail in the “population health” business as well as in achieving sustainable returns from “mass and scale.” We must refocus strategy on becoming “health systems of choice” by markedly improving the patient and family experience and reducing defects in care and clinical process.

WILL SLOWER GROWTH IN HEALTH CARE SPENDING CONTINUE?: IMPACT ON PROVIDERS OF CARE
Stuart Altman, PhD
In this session we will first discuss the recent slowdown in the growth in health care spending and some of the reasons given for this new trend. Next we will discuss the growing importance of government spending and why hospitals cannot count on higher payments from private payers to make up the shortfall from government. We will analyze the two different techniques being used by both public and private powers to slow the growth in spending in the future and why they differ in approach. We will also discuss what is happening in Massachusetts under its recent cost control legislation. Finally, we will end the session on the question of what providers of care will do in an environment of slower growth in spending.

COMPLY AND IMPLEMENT
John Horty, LLB
Estes Park’s Board Chair provides an overview of the status of reform, and what needs to be done to comply and implement new requirements, now and in the coming months.

PANEL: AUDIENCE Q&A and DISCUSSION
Jeff Goldsmith, PhD; Stuart Altman, PhD; John Horty, LLB

THE LAW OF THE LAND: IMMEDIATE NEXT STEPS IN THE ACA TIMELINE

CONSEQUENCES & HIDDEN ISSUES OF HEALTH REFORM
Dan Mulholland, JD
In this session we will discuss five consequences of recent health “reform” legislation that present significant operational, governance and legal challenges to hospitals and health systems, as follows:
1. Electronic medical records
2. “Value-based” purchasing
3. Consolidation
4. Physician shortages
5. More uninsured

HEALTH “EXCHANGES”—HOW WILL THEY AFFECT YOU?
Rob Mechanic, MBA
New Health Benefits Exchanges created by the Affordable Care Act to expand health insurance coverage will go live on January 1, 2014. Whether Exchanges create disruptive change in local health care markets will depend on their size; their approach to working with health plans; the types of new health plan products offered through the Exchanges; and the market position of local hospitals and health systems. The impact of
Exchanges will vary from area to area. This session will help you determine whether you should develop an immediate strategy to respond to changes that your state Exchange will bring.

EXCHANGES: MYTH AND REALITY: THE IMPACT ON HOSPITALS
Steven Tringale
This session will focus on the impact of the troubled rollout of the federal exchange website, the delayed implementation of certain provisions of the Accountable Care Act (ACA) and its impact on hospitals. It will also focus on long-term strategic issues related to exchange implementation, impact on health plan strategy, product enrollment, and network participation and its impact on hospital and health systems; and, will address the impact of the troubled rollout on the long-term prospects for the exchanges, as well as contrast the experience in the state-based exchanges.

A REGULATORY & COMPLIANCE “PERFECT STORM”
Jim Kopf
The 2014 ACA implementations will force hospitals to re-evaluate best practices and compliance protocol to meet 2014 ACA implementations. Sequestration has forced the Center for Medicare and Medicaid to tighten their belts and look for additional ways to bring money back to the trust fund. Result: more audits and investigations by more government agencies and contractors. We will examine the 3 problem areas for hospitals today.

PANEL: AUDIENCE Q&A and DISCUSSION
Dan Mulholland, JD; Rob Mechanic, MBA; Steven Tringale; Jim Kopf

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1:00 pm to 3:30 pm  SPECIAL SYMPOSIUM

THE INTEGRATION OF CARE COORDINATION
Barry Bittman, MD; Leanne Kaiser Carlson, MSHA; Linda Haddad, JD; Steven Tringale
Estes Park presents a special symposium specifically intended for administrative and clinical individuals who are implementing care coordination as part of their day-to-day activities and “Triple Aim” strategies. (For more information, see Page 14.)

TUESDAY, FEBRUARY 11

6:30 am to 8:00 am  CONTINENTAL BREAKFAST

8:00 am to 9:00 am  CONCURRENT SESSIONS—Period One (60 minutes)

CLINICAL INTEGRATION IN RESPONSE TO HEALTH REFORM: HOW DO YOU REALLY MAKE IT WORK?
John Tiscornia, CPA
What is clinical integration and why is it happening? How does clinical integration fit with an ACO or CCO? The health care industry is rapidly pushing the health care providers to provide clinical integration in the care of their patients. It is important that the leadership of providers, including Boards, Physicians and Senior Management, establish and implement a program for clinical integration. They must understand how to achieve the culture of clinical integration and how to demonstrate the value of clinical integration. Health care provider organizations need to develop integrated care to meet the challenges from patients as well as payers. In order to make an integrated delivery system work, there must be a transformation from today’s delivery system with a change in the basic structure to true clinical integration.
YOU'RE NOT PARANOID, THEY REALLY ARE AFTER YOU: HOW TO SURVIVE THE INEVITABLE GOVERNMENT INVESTIGATION
Jim Kopf and Dan Mulholland, JD
There are two types of hospitals: Those that have been investigated by the government this year, and those that will. Nothing is off limits to government scrutiny of hospital policies, procedures, and protocol. We will discuss the government “hot spots” and how to protect your hospital from turning cheap molehills into expensive mountains of lost time and money.

Della Lin, MD
Checklists have become a popular tool to improve safety. Yet their utility has been both under-used and overly embraced. What makes for a good checklist… a bad checklist… and more dangerously, one that could cause further harm? What are some necessary criteria for the tools that we employ in improving quality and safety?

PRE-EMPLOYMENT DOS AND DON'TS
Charlotte Jefferies, JD
Hospitals often invest a great deal of time and energy in medical staff credentialing and have well-developed human resource (HR) policies for hiring hospital employees, but fail to proceed with the same vigor and standards when recruiting physician candidates for employment. Since the risks of employing a practitioner with a storied history are so great, it makes little sense not to get everyone on the same page. Not only is the hospital taking on respondeat superior liability (“let the master answer”) for any physician it employs, it is also placing its reputation on the line because patients and the public view employed physicians as “belonging” to the hospital. With the stakes so high, it’s time for pre-employment examination to be turned up a notch. Qualifications and employment expectations are useful only if those charged with recruiting, drafting contracts and managing the employment relationship are informed and well trained regarding them.

CMO/VPMA ROUNDTABLE (Invitational)
Linda Haddad, JD
Estes Park’s Senior Fellow for Health Law and Physician–Hospital Relationships, Linda Haddad, leads a facilitated discussion with Chief Medical Officers and Medical Executives. This interactive educational session provides an opportunity to address attendees’ most perplexing issues.

9:10 am to 10:10 am  CONCURRENT SESSIONS—Period Two (60 minutes)

THE EVOLVING HEALTH SYSTEM AND INSURER RELATIONSHIP
Steven Tringale
With the passage of the ACA and the new emphasis on transparency, health systems need to build collaborative relationships with their principal third-party payers. Joint ventures that include product co-branding, tiered and limited networks, and branded networks are the new cornerstones of successful relationships and partnerships. Communicating these paradigm shifts to your key internal and external constituencies will strengthen the health system's ability to negotiate stronger and more productive relationships.

WHERE IS CALIFORNIA’S HEALTH CARE MARKET HEADED?
Jeff Goldsmith, PhD
California is the most advanced managed care market in the US, featuring not only successful integrated delivery networks, but the nation’s most evolved physician-based managed care systems. It has also spawned controversy about the extent of market consolidation and its effects on health costs. Unlike other large states with significant numbers of uninsured people, California has committed fully to implementing the Affordable Care Act, creating the nation’s largest health insurance exchange and embarking on an historic expansion of its massive MediCal program. How will the implementation of the Affordable Care Act change California’s health care market? Will its huge and diverse physician sector survive the transition from boomer to Gen X and Gen Y physician leadership? Will consumer and union activism damage the foundation of California’s hospital system? What are the critical success factors for hospitals and physicians to cope with an unprecedented pace of market change?

SEVEN HABITS FOR HIGHLY SAFE PEOPLE & ORGANIZATIONS
Della Lin, MD
Patient safety science tells us we must standardize and aim for zero. It tells us we must have teamwork.
These tenets are difficult to implement without reflecting on the basic habits and mental models. This session provides a framework for habits that must be in place EVERY moment to create safety daily.

**GREATER EXPECTATIONS: CARE COORDINATION AS A SURVIVAL TOOL**
Barry Bittman, MD
This workshop focuses on a novel comprehensive outcomes-based model for developing and sustaining a no-discharge continuous care system that achieves Triple Aim objectives. Dr. Bittman provides a comprehensive update of his model that now serves as the cornerstone for care coordination in several community hospitals across America. He presents clinical as well as financial outcomes along with the results of comprehensive patient satisfaction surveys. This workshop extends the concept of a continuum of care from childhood to palliative and hospice care. This scaled disseminated strategy holds great promise as a survival tool for community hospitals.

**SERVING AS HOSPITAL OR HEALTH SYSTEM BOARD CHAIR (Invitational)**
John Horty, LLB

10:20 am to 11:20 am  **CONCURRENT SESSIONS—Period Three (60 minutes)**

**FUTURE MEDICARE FUNDING FOR HEALTH CARE: WILL IT ADJUST FOR REGIONAL DIFFERENCES IN SPENDING?**
Stuart Altman, PhD

**AHPs: LICENSURE, ANTITRUST, SCOPE OF PRACTICE, OH MY!**
Linda Haddad, JD
Many more than the traditional practitioners have become vital contributors to your health care delivery system and process. The number and variety of practitioners will continue to grow and the law is not quite keeping up. This session will address issues of licensure, antitrust, scope of practice and supervision.

**RADICAL ABUNDANCE: INNOVATIONS UNLEASHING PHILANTHROPY**
Leanne Kaiser Carlson, MSHA
Glimpse the most compelling generosity innovations sweeping health care—places designing physician engagement at almost unimaginable levels, attracting resources far beyond what seems possible, embedding generosity into the patient care experience, and even integrating generosity internally to profoundly transform organizational culture. Look at what the biggest and smallest organizations are achieving.

**NEW CHALLENGES FOR TODAY’S GOVERNING BOARDS: RESPONDING TO HEALTH REFORM**
John Tiscornia, CPA
The basic responsibilities of trustees remain the same; however, fulfilling these responsibilities has become more challenging in the current health care environment. New organizations are forming to deliver integrated care both inside and outside of the hospital setting. Who will govern these new organizations? Who will be on the overall board? Who will hold the balance of power? How will the hospital board activities change? Will the hospital become a subsidiary to the parent company? These are only some questions that boards need to address as a result of the changing delivery models.

**THE VOICE OF THE PATIENT: WHY EXPERIENCES REALLY MATTER**
Gary Kaplan, MD and Steve Rivkin
This session looks at overall patient expectations, and how to bring the patient into the board room, capturing patient stories and leveraging patient feelings to transform care.

11:30 am to 12:30 pm  **CONCURRENT SESSIONS—Period Four (60 minutes)**

**PEER REVIEW: FUNCTIONS, OPTIONS & PROTECTIONS**
Charlotte Jefferies, JD
The combination of opportunity and authority creates an obligation on the part of the medical staff to assess the performance of its members. If the heart of the medical profession is self-regulation through monitoring of voluntary standards, then the medical staff cannot escape the challenge to make peer review work effectively. The Medical Staff Bylaws or Credentials Policy should outline a good, overall framework that permits a thorough and impartial review, but also is one that is flexible enough to respond appropriately to a given situation. In addition, the Bylaws or policy need to reflect the accreditation agencies’ increased emphasis on
the peer review process. In cases involving clinical competence, it may sometimes be necessary to retain an outside consultant to render an opinion. These reviews also need to be carefully coordinated so that they are effective in assisting the medical staff leadership with its review, but don’t give rise to unnecessary legal contentions. Medical staff leaders who participate in informal and formal peer review activities are entitled to significant legal protections. However, a key to securing all of the applicable protections is maintaining confidentiality and eliminating any appearances of impropriety.

**AMBULATORY CARE: THE NEW FRONTIER FOR HOSPITALS**
Gary Kaplan, MD

This session looks at creating “flow” in the ambulatory world helping hospitals in their efforts to become more skilled and adroit at managing clinic practices, reducing the burden of work for clinicians and all staff, and improving efficiency—with a focus on principles and numerous examples.

**ESTABLISHING PREFERRED HOSPITAL RELATIONSHIPS WITH GLOBALLY PAID MEDICAL GROUPS**
Rob Mechanic, MBA

Large medical groups are frequently the cornerstone of new accountable care organizations and as such are increasingly operating under global budget targets. With greater accountability for total health spending, medical groups are seeking hospital partners that will work collaboratively with them to achieve the Triple Aim of better health, better care and lower costs. Preferred relationships with large medical groups can bring increased patient volume but achieving preferred status will require new investments in relationships, information technology and collaborative clinical programs.

**QUESTIONS THE BOARD SHOULD ASK MANAGEMENT—AND THE ANSWERS THEY SHOULD HEAR**
Jim Kopf

You are a member of the hospital board. You have a fiduciary responsibility under the board’s duty of care to ensure the hospital’s programs and policies are in line with the community, state, and government standards.

How do you determine if your hospital adheres to the 2014 compliance protocol?

**MAKING A WELLNESS PROGRAM FOR YOUR HEALTH SYSTEM**
Joseph Scherger, MD, MPH

As hospitals develop into regional health systems, accountability for the health of the population being served is increasingly important. Treating disease is not enough to promote health. Health is not just the absence of disease but a state well-being. A wellness program will give your health system the opportunity to improve population health, a key to success as an accountable care organization. This presentation outlines the components of an effective wellness program.

12:30 pm to 1:45 pm  LUNCH INTERMISSION (on your own)

1:45 pm to 3:15 pm  CONCURRENT SESSIONS—Period Five (90 minutes)

**ADVANCES IN CONTINUOUS CARE MANAGEMENT**
Barry Bittman, MD; John Horty, LLB; Rob Mechanic, MBA

Discover the latest insights for developing a cost-effective and integrated no-discharge health care system in your community. Medicare has finally launched its new bundled payment for care improvement program. Learn what is working and what is not as hospitals move forward with this new payment model.

**MERGER, AFFILIATION, INDEPENDENCE: WHAT’S RIGHT FOR YOU?**
Dan Mulholland, JD; Steve Rivkin; Steven Tringale

This may be the most significant decision your board and management team ever makes. You need a sound strategy that takes into account all the options.

**ACQUISITION, INTEGRATION & SUCCESSFUL OPERATION OF A PHYSICIAN GROUP PRACTICE**
Linda Haddad, JD and John Tiscornia, CPA

This session addresses the many considerations and steps necessary when integration between a hospital and a physician group is contemplated. It outlines the legal and the practical risks of too little planning, putting the hard questions off until last, “loose lips,” conflicts of interest, too little knowledge of the market, too little involvement by other affected parties. It emphasizes congruent objectives, community and market assessment, an outcome that is consistent with your mission and in service to the community.
ARE YOU AN ORGANIZATIONAL ALCHEMIST? ASSESS YOUR MASTERY
Leanne Kaiser Carlson, MSHA
Alchemy is the art and science of transformation. Through it we understand how one thing can become something entirely different. Assess your mastery of 13 alchemical elements and see the areas in which you are powerful or limited. Then augment your growth as a leader and attain results that appear to others as surprising and mysterious.

WEDNESDAY, FEBRUARY 12

6:30 am to 8:00 am  CONTINENTAL BREAKFAST
8:00 am to 11:30 am  GENERAL SESSION

ANNOUNCEMENTS
Steve Rivkin
RAISING THE BAR ON QUALITY & SAFETY

QUALITY & SAFETY: MORE OR LESS
Della Lin, MD
The activity around quality and safety initiatives is only going to get more intense. Preventable harm continues to happen at an intolerable pace. We’ve been at this diligently for at least 15 years. What do we have to show for it—“more or less?”

WHY A NEW MODEL OF PRIMARY CARE IS VITAL TO YOUR HEALTH SYSTEM
Joseph Scherger, MD, MPH
Primary care practice is evolving away from brief episodic visits to the patient-centered medical home with advance information and communication systems. Hallmarks of the new primary care are continuous access to communication between patients and the care team, strategic proactive care using the data from electronic medical records, and increasing patient self-management. Having new models of primary care in your health system is vital for recruitment of a new generation of physicians and to achieve success as an accountable care organization. This presentation will discuss the detail of new models of primary care.

MEDICAL STAFF INVOLVEMENT IN HOSPITAL QUALITY IMPROVEMENT
Charlotte Jefferies, JD
Caring for patients is the central activity around which all health care organization functions revolve. The medical staff is intricately involved in carrying out, and in providing leadership in, those patient care functions. Quality improvement is a hospitalwide function which cannot be properly performed without the involvement of the medical staff. The medical staff functions should be designed to help assess practitioner-specific (and team-specific) performance for ongoing evaluation and improvements in quality. When the findings of the assessments are relevant to performance, the medical staff is responsible for determining how to use those findings in the peer review and quality management processes to improve performance and patient care. In addition to both formal and informal peer reviews, the credentialing and privileging processes are also viewed as a mechanism for maintaining and improving the quality of care and patient safety. However, medical staff participation in quality improvement cannot be confined simply to a discipline-specific focus on traditional physician-related and controlled activities. Physicians must participate, and in many cases lead, in collaborative hospital-wide quality improvement activities. And given the increasing pressures on hospitals to improve the quality of patient care, it should become apparent that the need to engage physicians in hospital quality improvement initiatives is critical.

PANEL: AUDIENCE Q&A and DISCUSSION
Della Lin, MD; Joseph Scherger, MD, MPH; Charlotte Jefferies, JD

9:40 am to 9:55 am  BREAK
THE BOTTOM LINE

GOTCHA: THREE PRIORITY AUDITS/INVESTIGATIONS IMPACTING HOSPITALS
Jim Kopf
We will discuss three priority government audits and investigations that could financially impact hospitals in 2014. The Department of Health and Human Services, the Center for Medicare and Medicaid Services, and the Department of Justice are moving in tandem in three areas in an effort to curb fraud, waste, and abuse and return money to the Trust Fund. We will explore each area and provide proactive preventative actions hospitals can incorporate to minimize its exposure to the government’s actions.

DEVELOPING A STRATEGY FOR POST-ACUTE CARE
Rob Mechanic, MBA
Medicare patients incur substantial expenses during the 30 to 90 day period after a hospitalization. In fact, post-acute care spending is the largest driver of the large geographic variation in Medicare spending. As hospitals begin to participate in new CMS payment models like accountable care organizations and bundled payments, they will need to develop strategies to ensure that patients receive efficient high quality post-acute services. This session will examine strategies to help hospitals ensure that patients enter the most appropriate post-acute settings as well as considerations in establishing preferred relationships with post-acute care providers.

BOARD RESPONSIBILITIES FOR STRATEGIC & FINANCIAL PLANNING
John Tiscornia, CPA
The board’s responsibility for approving the strategic and financial plans for the hospital has never been more critical. In today’s rapidly changing health care environment, the board needs to provide more strategic focus and oversight. It is managements’ responsibility to prepare the strategic and financial plans for the board to review; however, trustees can play a central role in establishing the vision and policy, setting goals and priorities, and overseeing progress. The strategic and financial plans and the supporting assumptions must be coordinated and need to be tools that are flexible, able to be monitored and used in daily and monthly decision making.

WHERE DO WE GO FROM HERE?
Steve Rivkin
We’ve considered new strategies, new tactics, and fresh takes on old concepts—across four days and more than 50 separate sessions. Now, how do we sustain the momentum of new ideas, and give them life when we get back home?

11:30 am              CONFERENCE ADJOURNS

The Estes Park Institute conference program is subject to change.
America’s health care system is currently undergoing the most radical change since its inception.

The real challenge is how to begin positively transforming health care in a rational and cost-effective manner that enables us to best serve our patients well into the future. We must work together to evolve from fee-for-service, volume-based health care delivery to an outcomes-based global payment system that rewards quality. That requires a new mindset and a highly innovative approach.

This unique symposium is specifically intended to welcome administrative and clinical individuals who are implementing care coordination as part of their day-to-day activities and “Triple Aim” strategies.

THE SYMPOSIUM IS DESIGNED FOR:

- Care coordinators
- Case managers
- Care transition specialists
- Credentialing specialists
- Development officers
- Foundation board members
- Hospitalists
- IPA and PHO senior staff
- Managed care directors
- Medical informaticists
- Patient safety officers
- Pharmacists
- Philanthropists
- Primary care physicians
- Quality improvement advisors
- Risk managers
- Social workers
- Utilization managers

TOPICS WILL INCLUDE:

1. How can we assume responsibility for total cost of care that extends beyond the walls of our hospital?
2. How can we work together and break down silos to redefine quality in the context of improved patient outcomes?
3. How can we build an effective working relationship with physicians and other community providers to ensure the highest degree of success for those we are privileged to serve?
4. Who are the “other providers”? Do they need to be credentialed? Who is liable if harm is caused or alleged due to their lack of training or negligence?
5. How can we integrate philanthropy into our strategy for moving from fee-for-service payments to global capitation?
6. What must we do to attract donor-investors and fund care model innovations with philanthropy?
7. How do we get third party payer support for our care coordination efforts?
8. How do we get payers to recognize and share the "extra" value in improved outcomes that result from our care coordination efforts?
9. How do we get insurers to recognize our care coordination efforts as differentiating qualities of our hospital or health system?

SPEAKERS WILL INCLUDE:

- Barry Bittman, MD
- Leanne Kaiser Carlson
- Linda Haddad, JD
- Steven Tringale
SENIOR FELLOWS

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

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

BARRY BITTMAN, MD = HEALTH CARE INNOVATIONS & MANAGEMENT
Dr. Bittman is a neurologist, author, international speaker and researcher. As Chief Innovations Officer of Meadville Medical Center, he pioneered a new paradigm for comprehensive integrative strategies that engage patients and communities in the active pursuit of health and well-being. Through numerous innovative disease-based projects and programs funded by leading health care insurers, he has developed a novel series of coordinated care patient models.

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

JOHN HORTY, LLB = HEALTH POLICY & GOVERNANCE
John Horty serves as chair of the Estes Park Institute. He is Managing Partner of the law firm Horty, Springer & Mattern, PC in Pittsburgh, Pennsylvania and is the president and editor of HortySpringer Publications. Mr. Horty is a past chair of the board of directors of St. Francis Central Hospital in Pittsburgh, an honorary fellow of the American College of Healthcare Executives, and a recipient of the Award of Honor of the American Hospital Association.

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

Dr. Kaiser is a health care futurist, intuitive, executive coach, and organizational consultant. He is a pioneer in many emerging areas of health care including innovation, hospital-based community outreach, and spirituality. He is a provocateur and mentor to many hospitals and health care systems and is co-founder of the Kaiser Institute, providing postgraduate educational programs for advanced training in intuition, philanthropy, and leadership.

Dr. Kaplan is Chairman and CEO of Seattle-based Virginia Mason Health System, where he has led the implementation of the Virginia Mason Production System, based on the Toyota Production System, to reduce costs and improve quality, safety and efficiency. He is also a clinical professor at the University of Washington, board chair of IHI, and serves on the National Patient Safety Foundation’s board of directors and the board of Washington Healthcare Forum.

Dr. John Kitzhaber is the current Governor of Oregon and author of the groundbreaking Oregon Health Plan, providing health care access to thousands. He is currently leading an effort to improve health outcomes while further expanding access and lowering the per capita rate of medical inflation and is ranked among the nation’s most influential physician executives. Before beginning his current term of office, Dr. Kitzhaber served as President of the Estes Park Institute.

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

Dr. David Lawrence retired in May 2002 as Chairman and Chief Executive Officer of Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals. He had held both positions since 1992. Dr. Lawrence currently serves on the boards of Agilent Technologies, McKesson Corporation, the RAND Health Advisory board, Aditazz, CellWorks, Proteus Digital Health, among others. He also serves in advisory roles to the biotechnology industry.

Dr. Lin is an inaugural National Patient Safety Foundation/HRET Patient Safety Leadership Fellow (2002) and continues as core faculty for the program. She is also adjunctive faculty for the Institute for Health Care Improvement (IHI) and faculty for the Jefferson School of Population Health’s Quality and Safety Leadership Series (QSLS). Dr. Lin works with organizations and hospitals in their board, MEC, joint leadership and patient safety seminars.
ROBERT MECHANIC, MBA = PUBLIC POLICY, STRATEGY & HEALTH CARE FINANCE
Robert Mechanic is senior fellow at the Heller School of Social Policy and Management at Brandeis University and Executive Director of the Health Industry Forum, a program devoted to improving the quality and effectiveness of the U.S. health care system. His research focuses on health care payment systems and the adaptation of organizations to new payment models. He is an expert in episode-based payment systems.

DAN MULHOLLAND, JD = HEALTH, LEGAL & REGULATORY AFFAIRS
Dan Mulholland is a senior partner in the law firm of Horty, Springer & Mattern, PC. He has spoken and written extensively concerning a wide variety of health law topics. Mr. Mulholland regularly advises clients on hospital medical staff, corporate tax fraud and abuse, and compliance matters and frequently provides strategic counseling to hospital and health system boards. He is also editor of a number of HortySpringer publications, including *Health Law Express*.

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

JOSEPH SCHERGER, MD, MPH = INFORMATION TECHNOLOGY & QUALITY IMPROVEMENT
Dr. Scherger is Vice President for Primary Care at Eisenhower Medical Center in Rancho Mirage, California. He is Clinical Professor of Family Medicine at the University of California, San Diego School of Medicine (UCSD), and at the Keck School of Medicine at the University of Southern California (USC). Dr. Scherger's main focus is on the redesign of office practice using the tools of information technology and quality improvement.

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

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

RICHARD YA DEAU, MD, FACS, FACHE (HON.) = CLINICAL INNOVATION IN HEALTH CARE
Dr. Richard Ya Deau has been teaching at Estes Park since 1968 and serves as vice-chair. After training at the Mayo Clinic, he practiced surgical oncology in St. Paul, Minnesota, also serving as president and then chairman of the Foundation for Health Care Evaluation. He has served as chief of Bethesda Lutheran Hospital's medical staff, taught at the University of Minnesota School of Nursing, and was instrumental in establishing the second hospice in the United States.

Most senior fellows will present at each conference. In addition to the Estes Park Institute Senior Fellows, Guest Fellows with specific expertise may be invited to present at various conference locations.
La Quinta

GUEST SPEAKER

JEFF GOLDSMITH, PHD

Jeff Goldsmith is President of Health Futures, Inc., and Associate Professor of Public Health Sciences at the University of Virginia. Previously, Mr. Goldsmith lectured on health services management and policy at the University of Chicago's Graduate School of Business and several other universities. He has received awards for excellence in health planning and for his many health care articles and is currently a member of the editorial board of Health Affairs.
TARGET AUDIENCE
The Estes Park Institute conference experience is for the entire leadership team—executives, physicians and trustees. With the future of the community hospital so dependent on cooperation among governance, administration and physician leaders—especially employed physicians—the Estes Park Institute is committed to the development of these teams.

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

CONTINUING EDUCATION CREDITS
CME/ACCME: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Pittsburgh School of Medicine and the Estes Park Institute. The University of Pittsburgh School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

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

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

Additional Conference INFORMATION

“Great speaker! Great discussion - something that, as a board member, I had not thought of. I will now.”

“Superlative presentation. Many take home ideas.”

“Great model of leadership and community building with a sustainable vision of the future. Wow.”
“Estes Park is one of the few venues where you regroup and build the next year’s agenda - great work!”

“These were all timely and important topics for our board members and physician leaders.”

“My first Estes Park Institute Conference; I’ll be back, thank you.”

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Conference
REGISTRATION

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

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

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

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

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

AMERICANS WITH DISABILITIES ACT STATEMENT
We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us to better serve you. Please notify us of your needs at least two weeks in advance of the program.
CONFERENCE REGISTRATION

ONLINE:
EstesPark.org

CALL:
800-727-8225

FAX THIS FORM TO:
724-548-1383

MAIL THIS FORM TO:
Estes Park Institute
P.O. Box 400
Englewood, CO 80151

SELECT CONFERENCE:

- **Monterey, CA**
  - The Portola Hotel & Spa
  - October 29-23, 2013

- **Maui, HI***
  - Grand Wailea
  - March 9-14, 2014

- **San Diego, CA**
  - Hotel del Coronado
  - April 27-30, 2014

- **Naples, FL**
  - The Ritz-Carlton, Naples
  - January 12-15, 2014

- **La Quinta (Palm Springs), CA**
  - La Quinta Resort & Club
  - February 9-12, 2014

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

**METHOD OF PAYMENT**

- Bill hospital/health system
- Check enclosed (payable to: Estes Park Institute)
- Bill our credit card:
  - Corporate Card
  - Personal Card

**TOTAL PAID REGISTRANTS:**

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

**TOTAL AMOUNT DUE:** $

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**REGISTRANT NAMES**

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

- Registrant Name
- Registrant Title
- Registrant Email
- Spouse / Community Representative

- Registrant Name
- Registrant Title
- Registrant Email
- Spouse / Community Representative

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- Registrant Title
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