CONFERENCE INFORMATION

The Portola Hotel & Spa
MONTEREY, CALIFORNIA
October 20-23, 2013

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.
Estes Park returns to Monterey! Join us at the Portola Hotel & Spa, a relaxing waterfront retreat surrounded by unique shopping, fine dining, spectacular coastal trails and beaches, and the rich historical setting of Old Monterey. Walk or bike Monterey’s famous scenic bike path to Del Monte Beach, Fisherman's Wharf, the Monterey Bay Aquarium or Cannery Row. Monterey is an ideal location situated near Carmel by the Sea, Big Sur, Carmel Valley, 17-Mile Drive and the world class Pebble Beach Golf Links. We are excited to be returning to this unique location!
t 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.”
Monterey

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
- OPTIONAL EARLY SESSIONS: 2:30 PM - 3:40 PM
- OPENING GENERAL SESSION: 4:00 PM - 6:10 PM
- CONFERENCE RECEPTION: 6:10 PM - 7:00 PM

**MONDAY**
- REGISTRATION & CONTINENTAL BREAKFAST GENERAL SESSION: 6:30 AM - 8:00 AM
- GENERAL SESSION: 8:00 AM - 12:00 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 ADJOURNS: 11:30 AM
NEW TRUSTEES: WELCOME TO A WORLD OF RAPID CHANGE  
John Horty, LLB  
What any new board member, or one with only a year of service, should know about the rapidly changing health care environment.

TRANSFORMING OUR MANAGEMENT RELATIONSHIPS: AN ALCHEMICAL APPROACH  
Leanne Kaiser Carlson, MSHA  
Our strategies will be no more powerful than our relationships. And these are often encumbered, difficult, or stuck. Work with an alchemical tool and consider how to free relationships from the bonds of the past, recognize nemeses as allies, own in ourselves what annoys us most in others, induce the relationships we desire, design boundaries, and create good endings. Explore how health systems are using these strategies to transmute even the most intractable relationships.

HEALTH LEADERSHIP: WHAT WILL IT TAKE?  
Della Lin, MD  
Leadership, physician leadership, and physician leadership development look different in the emerging health care environment. How might our models and criteria need to shift to ensure sustainable success?

THE HOSPITAL & THE MEDICAL STAFF: CAN WE STILL BE FRIENDS?  
CARE COORDINATION: THE NEW HOSPITAL–PHYSICIAN COALITION  
Barry Bittman, MD  
The lines once drawn in the sand, separating hospital and medical staff, are steadily eroding. Failure to work together synergistically for improved patient outcomes threatens the viability of our entire health care system. Can we collaboratively rally behind care coordination, join forces and co-create an affordable and sustainable health care system for this and future generations?

ONE MEDICAL STAFF, OR TWO?  
Linda Haddad, JD  
Employed physicians have changed things more than most anticipated. All are still members of the now hybrid medical staff because current regulations and accrediting standards require it. Two separate issues arise: First, how prepared is this group for leadership? Answer: More than you may have anticipated. With education, training and support, salaried physicians are leading the way in quality initiatives and practice changes. Second, the relationship of employed physicians is best defined by their own contracts. So while
medical staff expertise in credentialing, peer review and collegial intervention can contribute mightily, employment and contract law take precedence. Proficiency in each is an asset.

**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
How did we come to the place where 60% of physicians would retire today if they had the means? Where only slightly more than half would choose medicine as a career again? Executives, nurses, and others feel the same loss. Sources of angst will continue. But it is possible, even imperative, to design our lives and professions around what matters most. And health systems can be a powerful partner in this process.

**PANEL: AUDIENCE Q&A and DISCUSSION**
Barry Bittman, MD; Linda Haddad, JD; Della Lin, MD; Leanne Kaiser Carlson, MSHA

6:10 pm to 7:00 pm  CONFERENCE RECEPTION

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**MONDAY, OCTOBER 21**

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

8:00 am to 12:00 pm  GENERAL SESSION

**ANNOUNCEMENTS**
Steve Rivkin

**HEALTH CARE REFORM: THE NEW REALITIES**

**MEETING THE TRIPLE AIM IN OREGON: EXPANDING COVERAGE, REDUCING COST, IMPROVING OUTCOMES**
Hon. John Kitzhaber, MD
Coordinated Care Organizations in Oregon are concluding a successful first year, based on the first two quarters of outcome data. The state's health insurance exchange is up and running, and Medicaid coverage will be expanded to 180,000 more people under the ACA on January 1, 2014. On its current course, the state should have 95% of Oregonians covered by 2016, while improving outcomes and reducing the rate of medical inflation.

**WHAT DOES WASHINGTON HAVE IN STORE FOR THE HEALTH SYSTEM?**
Stuart Altman, PhD
This presentation includes how the government plans to reform the payment system for physicians; and the battle over whether Medicare should include an adjustment factor for the big differences in spending in different geographic areas.

**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**
John Horty, LLB; Stuart Altman, PhD; Hon. John Kitzhaber, MD

9:50 am to 10:10 am  BREAK
THE LAW OF THE LAND: IMMEDIATE NEXT STEPS IN THE ACA TIMELINE

CONSEQUENCES & HIDDEN ISSUES OF HEALTH REFORM
Dan Mulholland, JD

HEALTH “EXCHANGES”—HOW WILL THEY AFFECT YOU?
Rob Mechanic, MBA
States and the federal government go live with Health Insurance Exchanges on October 31, 2013. Learn about the different model states are adopting and how the design of exchanges may affect your business.

INDIVIDUAL MANDATES & EMPLOYER RESPONSIBILITIES
Steven Tringale
Employers’ decisions on providing coverage directly to their employees, or moving them to the Exchange, will directly impact hospitals. Understanding the dynamics of the employer/employee decision will allow hospital leadership to make informed strategic decisions on product participation and contracting. Ultimately, these decisions will impact consumers’ access to services at your facility and redirect volume.

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 Services 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

TUESDAY, OCTOBER 22

6:30 am to 8:00 am  CONTINENTAL BREAKFAST
8:00 am to 9:00 am  CONCURRENT SESSIONS—Period One (60 minutes)

CLINICAL INTEGRATION: HOW DO YOU REALLY MAKE IT WORK?
John Tiscornia, CPA
Are ACOs based on sound assumptions? Will doctors change their behavior on the scale that’s required? Will patients be willing to be engaged in their care? Will ACOs save enough money to make a difference, especially when 50 million uninsured are added to the system? In order to make it work, alternatives to present-day health care delivery must be implemented—moving from Basic Structure to True Clinical Integration. Health care organizations need to develop ACO-like competencies even if they are not an ACO.

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 be investigated. Nothing is off limits to government scrutiny of hospital policies, procedures, and protocol. Is your hospital ready? We will guide you around the pitfalls and government traps, to prevent cheap molehills from becoming expensive mountains.

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.

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
Physician lawsuits involving employment contracts are growing. This escalation underscores the importance of carefully recruiting and considering physicians before offering an employment contract. But be careful; pre-employment vetting has rules and risks.

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
Steve Rivkin and 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. This session will focus on the key strategic components of the new “contracting models” and the importance of communication in the process.

STATES TAKE FRONT & CENTER RESPONSIBILITIES FOR CONTROLLING HEALTH SPENDING
Stuart Altman, PhD

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
Our health care system is treading water in a murky sea of expectations. The storm clouds of the future reimbursement system are ominous. Dr. Bittman shares his data—actual quality and economic care coordination outcomes—as a lifeline for the future survival of community hospitals.

DOES TRUST STILL MATTER?
Charlotte Jefferies, JD
Yes, it does! Trust continues to be fundamental to the physician/provider–patient relationship and to institutional loyalty. However, over time those relationships have changed and so has the nature of trust. The days of “blind trust” in a doctor are, for the most part, history; and that change in relationship has also eroded the trust once extended to community health care organizations. Both interpersonal and institutional trust are now conditional and have to be “negotiated” with patients and community members.

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)

**APPs: LICENSURE, ANTITRUST, SCOPE OF PRACTICE, OH MY!**
Linda Haddad, JD
So many caregivers, so many licensing bodies, so many training programs and still so many questions. With the move from episodic care of the sick and injured into continuous care of a population, different talents, skill sets and levels of care are required. This raises issues of licensure, liability and antitrust. This session will help you understand each legal issue and provide guidance in the growth of this changing health care team.

**HEALTH CARE AS A PORTAL OF TRANSFORMATION**
Leanne Kaiser Carlson, MSHA
Many organizations strive for high patient satisfaction scores, perfect processes, and great clinical outcomes. But few imagine how to create an experience so unusual it becomes the portal through which people reorganize their lives and emerge better than if they had never had the disease or injury. Look at the experience map and designs for one cancer center and re-imagine what is possible in your own organization.

**SPEAK UP AND SPEAK OUT**
Steve Rivkin
Hospitals are under more scrutiny than ever. Employees, physicians, business leaders and the media all expect to know more. Meanwhile, outside pressure groups—many of them critical of tax-exempt hospitals—are advancing their own agendas. Successful organizations understand that “silence grants the point”—that if you fail to speak up and speak out, you will always be on the defensive. Communications holds a mirror up to action and performance. Understand and appreciate the value of proactive communications and the tactics that accomplish it.

**PATIENT SAFETY ORGANIZATIONS: THEY’RE NOT JUST A GOOD IDEA, THEY’RE THE LAW!**
Dan Mulholland, JD
A little known provision tucked away in the Affordable Care Act says that beginning on January 1, 2015, a qualified health plan may contract with a hospital with greater than 50 beds only if such hospital utilizes a patient safety evaluation system. A “patient safety evaluation system” is defined in the Patient Safety and Quality Improvement Act as “the collection, management, or analysis of information for reporting to or by a patient safety organization.” This means that most hospitals must have a contract with a patient safety organization to be able to participate in health plans listed on the insurance exchanges. There are two ways to comply: contract with a PSO or set up your own. Either way, you have a lot of work to do and not much time to do it. This session will explain what a PSO is, how it can provide legal protection for your peer review, quality and patient safety activities, what to watch out for in PSO contracts, and how to set one up on your own.

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

**THE BOARD’S RESPONSIBILITY DURING THE TRANSFORMATION OF HEALTH CARE**
John Horty, LLB
What every board needs to weigh during this changing health care environment.

**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. In addition, medical staff leaders who participate in informal and formal peer review activities—such as credentialing, privileging and collegial interventions—are entitled to significant legal protections. However, a key to securing all of the applicable protections is maintaining confidentiality and thus eliminating any appearances of impropriety.
MEDICAL GROUPS’ EVOLVING RELATIONSHIP WITH HOSPITALS
Rob Mechanic, MBA
As medical groups enter new value-based paying models, they seek partnerships with preferred hospitals to help them achieve contractual goals. Learn what you will have to do to make your organization attractive to groups that increasingly will control the premium dollar.

QUESTIONS THE BOARD SHOULD ASK MANAGEMENT—AND THE ANSWERS THEY SHOULD HEAR
Jim Kopf
An in-depth discussion of corporate best practices and compliance and the board’s fiduciary responsibility under its duty of care. Topics include a clear line of communication, education for management and the board, compliance officer and committee in the changing Affordable Care Act environment. Explore changes in how a hospital does internal investigations to include the new self-disclosure protocol, monitors and protects HER, new HIPAA oversight.

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.

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, and this session with three Estes Park Fellows provides just what you need to know from the perspectives of governance, legal, finance, operations and public relations.

ACQUISITION, INTEGRATION & SUCCESSFUL OPERATION OF A PHYSICIAN GROUP PRACTICE
Linda Haddad, JD and John Tiscornia, CPA
Have the physicians and the hospitals determined in advance what they are trying to accomplish? This is critical to the acquisition of a physician group or the employment of an individual physician. It establishes the basic principles and foundation not only for the acquisition but also for the integration and successful operation of a physician group practice. Steps to achieve a win-win acquisition include: 1) know what you want to accomplish—identify congruent objectives; 2) know your market—assure that structure matches community needs and wants; 3) make sure that the business deal is built upon the care model most beneficial to the community.

ARE YOU AN 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.
ANNOUNCEMENTS
Steve Rivkin

WEDNESDAY, OCTOBER 23

6:30 am to 8:00 am  CONTINENTAL BREAKFAST

8:00 am to 11:30 am  GENERAL SESSION

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?”

MEDICAL STAFF OPPORTUNITIES FOR SUCCESSFUL 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 hospital-wide function which cannot be properly performed without the involvement of the medical staff. 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 patient care.

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

9:50 am to 10:10 am  BREAK

THE BOTTOM LINE

FIVE GOVERNMENT AUDITS OF CONCERN TO YOUR BOTTOM LINE
Jim Kopf
We will discuss five critical audits and evaluations areas the government is concentrating its efforts to detect fraud, waste, and abuse. We will provide hospital administrators with preventative actions their staff should incorporate in the hospital’s yearly audit and evaluation plan.

DEVELOPING A STRATEGY FOR POST-ACUTE CARE
Rob Mechanic, MBA
Medicare patients incur extremely high spending in the 30 days following a hospital discharge. As hospitals enter new payment models linked to total cost of care they will need to develop strategies for coordinating more effectively with skilled nursing facilities and home care. How do you evaluate the performance of post-acute care providers, and what is required for a mutually productive alliance?

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 environment, the board needs to provide more strategic focus and oversight. It is management’s 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, identifying resources 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. There are certain key questions that boards should be asking relating to their responsibilities and the overall planning process: 1) what is the risk factor for each of the major assumptions?; 2) how will the outcomes be measured and monitored?; 3) are the assumptions based upon market factors?; 4) is the process interactive?; 5) what is the backup plan?

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
SENIOR FELLOWS

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 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, MSHA  •  HEALTH FUTURES, INNOVATION & WISDOM CULTURES
Leanne Kaiser Carlson is a futurist and organizational alchemist. Through the Kaiser Institute, Leanne enables CEOs to transmute what is limited or undesirable in themselves and their organization. Leanne also brings unique insight around the power of generosity to shape the future of health systems. She believes generosity heals and creates tools and curriculums for health care, unleashing immense new resources and enabling hospital foundations to grow.

LELAND KAISER, PHD  •  HEALTH FUTURES & SPIRITUALITY
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.

GARY KAPLAN, MD  •  INNOVATION MEDICINE
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.

HON. JOHN KITZHABER, MD  •  HEALTH POLICY & RESOURCE ALLOCATION
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.

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

DAVID LAWRENCE, MD  •  ADVANCED INTEGRATION STRATEGIES
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.

DELLA LIN, MD  •  PATIENT SAFETY LEADERSHIP
Dr. Lin is an inaugural National Patient Safety Foundation/HRET Patient Safety Leadership Fellow (2002) and continues as core faculty for the program. She is also adjunctive faculty for the Institute for Health Care Improvement (IHI) and faculty for the Jefferson School of Population Health’s Quality and Safety Leadership Series (QSLS). Dr. Lin works with organizations and hospitals in their board, MEC, joint leadership and patient safety seminars.
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.
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.
"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

Select Conference:

- Monterey, CA
  The Portola Hotel & Spa
  October 20-23, 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.)