For 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.

And now, we’ve re-imagined every facet of our conference program! We have designed a program that isn’t just built for you, it’s built by you, addressing what you have told us are the most pressing issues your organization is facing. Our distinguished faculty members have partnered together and identified the four paths they believe are the most important drivers to reinforce success and improvement for the community hospital. 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 depend on Estes Park for integrating thinking on current events, and looking into their crystal ball to the future. Always stimulating and worthwhile.”

“I took at least one or two ideas away from every session I attended.”
November 2–5, 2014  
The Ritz-Carlton, Half Moon Bay

Estes Park returns to Half Moon Bay! Conveniently situated just 23 miles southwest of the San Francisco International Airport, The Ritz-Carlton, Half Moon Bay combines the beauty of the Northern California coast with the history of old Scotland in a spectacular cliffside resort. Dine on innovative cuisine in ocean-view restaurants, play a round of golf on one of two championship golf courses, explore miles of walking trails, or just relax on the bluff and take in breathtaking coastal views of the vast Pacific Coast.

Deluxe Room/Golf Course or Courtyard View: $370

Guest Houses/Golf Course View: $370  
(Approx. 100 yards away from main building)

Deluxe Room/Coastal Views of the Pacific Ocean: $410
The Estes Park program is still being fully developed for the 2014-2015 conference year. Our distinguished faculty members have partnered together to identify the four paths they believe are the most important drivers to reinforce success and improvement for the community hospital. The following vital learning experiences are taking shape:

**GOVERNANCE FOR A BRAVE NEW WORLD** deals with the board’s changing roles and responsibilities.

**PHYSICIAN LEADERSHIP** examines new standards and evolving roles for the medical staff and beyond.

**CULTURE, LEADERSHIP & PERFORMANCE** aggregates all the factors that impact the delivery of exceptional quality and patient safety.

**IDEAWORKS** shows how innovations come to life to transform health care for tomorrow’s challenges.

Below is a sampling of the topics that will be included in our new and innovative program with a restructured format.

- Patient Safety & Quality Improvement
- Hospital/Physician Coordination
- Leadership in Trying Times
- Collaborating and Integrating Lawfully
- Financial Stability and Fiduciary Responsibility
- Crisis Management
- Fraud and Abuse
- The Patient Experience
- Medicare ACOs
- Personal Transformation
- Post-Acute Care Strategies
- CMO Roundtable
- Coordination of Care and Bundled Payments
- Generosity
- Physicians as Board Members
- Regulatory & Compliance Changes
- Challenges for Critical Access Hospitals
- The Science of Transformation
- Innovations
- Provider Owned Insurance Organizations
- Effective Incentive Systems
- Merger and Acquisition Alternatives
- Antitrust Activities
- Employed/Contracted Physicians
- The False Claims Act and Quality of Care
- Clinical Affiliation + Population Health Management
- Disruptive Employees
- Patient Information Security
- Recovery Auditor Guidelines
- Health Impact Bonds
- Developing a Change Management Culture
Half Moon Bay

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.

Program Paths  New this Year!

Change and uncertainty have become constants in 21st century health care. To help you cope with those new realities, we have designed 4 focused programs – or "Paths" – as the most important drivers for continued success in your communities. These are vital learning experiences for you and your team to take back home, and the content of each Path continues in our Interactive Sessions.

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.
HALF MOON BAY
PRELIMINARY CONFERENCE PROGRAM

SUNDAY, NOVEMBER 2

4:00 – 6:00 PM  GENERAL SESSION: NATIONAL POLICIES & LOCAL PRIORITIES

RESTRUCTURING THE CARE DELIVERY SYSTEM: WILL LIMITED GROWTH IN REVENUES FORCE A CHANGE?
Stuart Altman, PhD
Should hospitals restructure the way they provide services to lower costs because of expected declines in payments from the major payer groups? A major emphasis of this discussion will center on the growing importance of Medicaid, whether a health care system is located in a state that has agreed to expand its Medicaid program, and what is likely to happen to the Medicare trust fund and its hospital payments.

HOW THE CONCEPT OF BUNDLED PAYMENTS WILL CHANGE HEALTH CARE
John Horty, LLB
Payment for health care has wider consequences than “how much” is paid. Fee-for-service rewarded each item of service but in some cases resulted in unnecessary care or procedures. Changing what and how care is paid for in ACOs and Bundled Payments will change both care and its organization, as well as channeling the money. We will look at how these new concepts, as well as global payment, affect quality and cost of care.

Estes Park welcomes John Nance, JD, medical safety and quality expert and well-known analyst for ABC News/Good Morning America to our Half Moon Bay conference.

CHANGING THE NATIONAL MINDSET ON PATIENT-CENTRIC CARE
John Nance, JD, Guest Presenter
The cultural inertia of “Physician-Centered” health care traditionally regards the patient as the object -- the grist for the mill. But to create a true Patient-Centric system, the patient must be the subject of everything we do. Understanding this massive philosophical and strategic barrier is the first and perhaps most important step to improvement.

PANEL DISCUSSION AND QUESTION & ANSWER SESSION
Stuart Altman, PhD; John Horty, LLB; John Nance, JD

MONDAY, NOVEMBER 3

8:00 – 12:00 Noon  PROGRAM PATHS

Change and uncertainty have become constants in 21st century health care. To help you cope with those new realities, we have designed 4 focused programs – or “Paths” – as the most important drivers for continued success in your communities. Our Path Leaders will guide a team of faculty members as they explore these vital learning experiences, helping find the right solutions for you and your team. Each Path continues in our Interactive Sessions.

PATH 1: GOVERNANCE IN A TIME OF TRANSFORMATION
The Board’s changing roles and responsibilities
John Tiscornia, MBA, CPA, Path Leader

INTRODUCTION
John Tiscornia, CPA

CREATING LOYALTY AND COMMON PURPOSE WITH EMPLOYED PHYSICIANS
John Horty, LLB
Many hospitals and health systems have followed the strategy of employing physicians to meet the new challenges of health care – but simply providing a paycheck doesn’t create common purpose. For the employed physician model to succeed, physicians must feel a responsibility to the success of the hospital, and leadership must create a culture where employed physicians are valued as central to the hospital’s future. A strong board often has advantages in creating this culture shift.
GOVERNANCE CONSIDERATIONS AS HEALTH CARE DELIVERY IS TRANSFORMED: MANAGING CARE BEYOND THE FOUR WALLS
Andrew Ziskind, MD, MBA, Guest Presenter
Changes in the health care environment increase the need for hospital-physician alignment. This session will address the need for increased engagement of physicians in governance and leadership, and how boards can develop skills and strategies to lead organizations with greater physician alignment. Delivering care across the continuum and effectively managing population health will also place new requirements on boards, as organizations manage care activities – through clinically integrated networks, affiliations, and collaborations – that extend beyond the owned organization.

NEW COMMUNICATIONS CHALLENGES FOR THE BOARD
Steve Rivkin
Most hospital issues are operationally oriented and should be handled directly and exclusively by management. But there are new communications challenges for the Board: Crises and other high-profile situations that transcend management, and here the community needs to be reassured by the calming presence of board member leadership.

AFFILIATE, MERGE OR STAY INDEPENDENT: YOUR BIGGEST DECISION
Steve Tringale
At what point should boards consider affiliations or mergers? What is the board’s role in assessing benefits and risks? What are the governance impacts of affiliating, merging, or staying independent? What steps should boards take to prepare for affiliation/merger discussions and decisions?

MEETING THE NEW CHALLENGES OF COMPLIANCE
Jim Kopf
Understanding new compliance issues and their impact on reimbursement: What do board members need to understand about compliance? What are the new risks boards must assess and monitor? What are the warning signs or triggers for board members to be alert to?

NEW CHALLENGES, NEW SETTINGS: UNDERSTANDING AND MANAGING CHANGE
John Tiscornia, CPA
Governance challenges and roles differ for standalone Community hospital boards, regional boards and system boards – and governing goes beyond the hospital walls. Changing leadership roles of both board and management is paramount -- moving from strategic oversight to strategic leadership; providing oversight for multiple and complex relationships across the continuum of care; and going beyond monitoring performance to leading the change. The board has a major role in developing a change management culture.

PATH 2: CULTURE, LEADERSHIP & PERFORMANCE—THE PATHWAY TO PERFECT CARE
The factors that impact the delivery of exceptional quality and patient safety
Della Lin, MD and Gary Kaplan, MD, Path Leaders
The imperative for quality and safety is compelling, as it should be. In reality, cost constraints and policy mandates often crowd out the imperative. The path to higher quality and safer care may actually improve business performance and lower costs.

Critical success factors include culture, leadership and high resilience performance:

- A healthy, supportive tangible culture of dignity and respect--not just a fuzzy problem
- Aligned and committed leadership and leadership capacity built throughout the organization
- High resilient performance committed to driving out needless variation

This focused program will provide up-to-date information through a combination of presentations, dialog, faculty panels and group work to give attendees an opportunity to learn, create, test and share new ideas. At the conclusion, each attendee should have several practical solutions to propel them further along the path to perfect care.

Agenda:
- Where are we now?
- What’s the business case and case for urgency?
- Drilling down on culture and performance
  - The GM story; The Mary McClinton story; What can we learn?
  - What does a culture of respect “look” like?
- Leadership, Leadership, Leadership
PATH 3: IDEAWORKS–BRINGING INNOVATIONS TO LIFE
Transforming health care for tomorrow’s challenges
Leanne Kaiser Carlson, MSHA and Barry Bittman, MD, Path Leaders

America’s health care system is currently undergoing the most radical change since its inception. Our present health care system is fragmented, unaffordable and unsustainable. Innovations and disruptive technologies will play a major evolutionary role in the creation of an effective affordable health care system for this and future generations.

This year Estes Park Institute is inviting innovators to join us and share their insights. Each will describe an exciting new frontier. Our goal is to engage in extended dialogue about how these new frameworks for health care redesign can be disseminated and replicated in communities, and how they might ultimately intersect with other trends and advances.

Innovators:

MERCY VIRTUAL CARE CENTER
Thomas Hale, MD, PhD, Executive Medical Director, Telehealth Services, Mercy
Next year Mercy will open the first virtual care center in the United States. It will serve as a command center for 75 telemedicine programs and house 300 physicians, nurses, researchers, and support staff. Mercy estimates they will manage more than three million telehealth visits over the next five years. Although a center like this is the first of its kind, in many ways it represents a continuation of what Mercy has already been doing. In this conversation we discuss the impact on quality and cost, how it is enabling care in the home, and the design of virtual villages.

ADVANCED DISEASE COORDINATION
Jeff Thompson MD, CEO, Gundersen Health System
La Crosse, Wisconsin’s Gundersen Health System’s approach to advanced care planning led to the development of an extraordinarily effective care model for patients with complex chronic illnesses. From unprecedented community engagement to innovative medical information sharing, there are systems to support patient wishes. In La Crosse, 96% of those who die have an advance care plan, and that plan is followed 99% of the time. When patients choose palliative care, these clinicians and nurses then slide into the care mix to augment not eliminate the primary care or care coordinators already deeply connected to the patient. In this conversation we learn about the way all these innovations come together to transform care for those with advanced disease.

MOSAIC LIFE CARE
Mark Laney, MD, CEO, Heartland Health
In 2009, Heartland Health, an integrated health care system in St. Joseph, Missouri, received the Malcolm Baldrige National Quality Award. Once the fanfare died, system President and CEO Mark Laney, MD, was faced with the inevitable question from leaders: “Now what?” What took place during the next two years was nothing less than transformative. Dr. Laney tells the story of the journey Heartland Health took to become Mosaic Life Care, the next generation of health care.

PATH 4: PHYSICIAN LEADERSHIP–THE MEDICAL STAFF & BEYOND
New standards and evolving roles
Linda Haddad, JD, Path Leader

WHY HAVE AN EMPLOYED PHYSICIAN LEADERSHIP GROUP?
Dan Mulholland, JD
Most hospitals and health systems now employ significant numbers of physicians. The next step in the evolution toward an integrated health care system is to get the physicians to function as a cohesive whole rather than a number of disparate parts. This session will discuss how to organize a physician leadership group within a health care system, who should make up the group, what its authority and responsibility should be and how it should be defined, and what specific duties and functions should be carried out by the leadership group.

CLINICAL INTEGRATION IN A RED-HOT ANTITRUST ENVIRONMENT
Linda Haddad, JD
Collaborate, compete. Competition “keeps costs low, quality and access high” but coordination and teamwork are key to patient centered care. Are these goals congruent? Just how collaborative and coordinated can physicians and hospitals get without getting a call from the FTC or other antitrust law enforcer? This session will discuss the legal principles and their practical applications.
COMPETITORS & CONFLICTS OF INTEREST ON THE MEDICAL STAFF
Charlotte Jefferies, JD
New arrangements, new alliances and new competitors in the “marketplace” (formerly known as health care providers) create real and imagined conflicts of interest. A sophisticated understanding of the law, plus perceptions and actual practice is needed to identify and address conflicts of interest that might derail otherwise promising ventures.

THE PHYSICIAN HOSPITAL ORGANIZATION: THE ECONOMIC EPICENTER OF POPULATION HEALTH MANAGEMENT
Steve Tringale
An interactive review of the key issues that health system leaders confront in aligning financial, operational, clinical and governance issues when they are participating in a population health program. This session will outline options and responses to help organizations succeed. The faculty will also lead participants in a spirited discussion to relate best practice and responses from their own organizations and experience.

TUESDAY, NOVEMBER 4

8:00 – 9:00 AM  INTERACTIVE CONCURRENT SESSIONS PERIOD ONE

FUNDING THE FUTURE: INTERSECTING PHILANTHROPY AND INNOVATION
Leanne Kaiser Carlson, MSHA
Philanthropy is the means through which organizations are advancing innovation and evolving themselves for the future. Philanthropists can do what the market cannot. Many are bold, entrepreneurial, risk-tolerant, and in pursuit of ideas that capture their imagination. Understand what it takes to attract these donors and how to create more powerful intersections between philanthropy and innovation.

HOW TO DEVELOP A CHANGE MANAGEMENT CULTURE
John Tiscornia, MBA, CPA
The accelerating pace of change is a major challenge for all health care organizations. By fostering a change management culture, leaders can help their organizations achieve strategic and sustainable gains, and advance their missions. What process and methods enable organizations to successfully manage this unprecedented pace of change? What are the barriers? What strategies encourage everyone in an organization to take ownership for change?

POST-ACUTE CARE: THE NEXT FRONTIER FOR CONTROLLING MEDICARE SPENDING
Robert Mechanic, MBA
Post-acute care is the fastest growing category of Medicare spending with current costs exceeding $62 billion. It is also where care frequently breaks down for frail elderly adults. As Medicare considers reforms to its payment policies – health plans, delivery systems and entrepreneurs see great opportunities for innovation in post-acute care. Are you positioned to take advantage of this coming wave of change?

EHR, HIPPA and PHI: WHAT THE BOARD NEEDS TO KNOW
Jim Kopf
Government scrutiny is intensifying on electronic health records and HIPAA requirements under ACA regarding protected health information. What is the Boards oversight responsibility? What questions should the Board ask senior leaders on this topic? What audit reports should the Board receive concerning EHR, HIPAA, and PHI. What do they need to know and when should they know it?

WHEN BAD THINGS HAPPEN TO GOOD HOSPITALS
Steve Rivkin
What do you do when the hospital loses money, is ambushed in the press and on social media, has to fire a bunch of people, has a physician who goes rogue, or a management facing a “no confidence” vote? Crisis management is no longer an optional discipline for hospital leadership. This session will give you the touchstones for dealing with a crisis.

9:10 -10:10 AM  INTERACTIVE CONCURRENT SESSIONS PERIOD TWO

DISRUPTIVE PHYSICIANS: WHAT TO DO, AND WHEN TO DO IT
Charlotte Jefferies, JD
It is now clear through various rulings authored by both state and federal courts that disruptive behavior is a legitimate consideration when evaluating whether physicians should be granted or retain clinical privileges to practice in hospitals or other health care entities. Once identified, disruptive behavior cannot and should not be ignored. There is a heavy cost to quality and to business when disruptive behavior goes unchecked.
COMMUNITY HOSPITAL OPTIONS IN A COST-CONSTRAINED WORLD
Stuart Altman, PhD, and Robert Mechanic, MBA
Slower growth in health care spending will continue to create financial pressure for many community hospitals and physicians. To control spending, insurers, employers and public programs are expanding their use of defined contribution health care programs, limited network health plans, bundled and global payments and reference pricing for high cost services. How should your organization position to compete successfully in this changing market?

MALPRACTICE OR FRAUD? – THE FALSE CLAIMS ACT AND QUALITY OF CARE ISSUES
Dan Mulholland, JD
There have been several high-profile cases recently where hospitals and physicians have been sued under the False Claims Act for cases alleging that certain procedures like cardiac stents were medically unnecessary. A few doctors have even gone to jail. This session will explain how the Government and the courts view medical necessity, how this sort of litigation can explode into a three-ring legal circus, and what you can do to minimize risk.

READMISSIONS: THE BOTTOM LINE
Barry Bittman, MD
In this challenging era of health care reform, the process of reducing potentially preventable readmissions is one of the most daunting tasks community hospitals are facing. Attendees will explore this topic that emphasizes developing rational cost-effective strategies for improving patient outcomes and reducing unnecessary readmissions, while boosting remuneration and avoiding penalties.

SERVING AS HOSPITAL OR HEALTH SYSTEM BOARD CHAIR (Invitational)
John Horty, LLB
An interactive discussion to explore the responsibilities and challenges of this leadership position.

10:20 – 11:20 AM  INTERACTIVE CONCURRENT SESSIONS PERIOD THREE

POPULATION HEALTH MANAGEMENT: DESIGN OPTIMIZATION THROUGH STRATEGIC PLANNING
Barry Bittman, MD
It’s time to tear down the silos. Striving to reinvent a better yesterday is a harbinger of failure. As our fee-for-service payment system rapidly gives way to risk-based contracts, strategic planning must be carried out with a fresh vision and a new set of ground rules. Join Dr. Bittman as he outlines a novel decision-making strategy with four fully-integrated pillars that can guide your hospital and its board along a successful path into the future.

WHY ANTITRUST ACTIVITIES IN THE HEALTH SYSTEM WILL INCREASE
Stuart Altman, PhD
The Health Policy Commission has just completed a strong dissent on the merger plan of the largest health system in Massachusetts to take over one of the biggest remaining community hospitals in the state. Although the Commission cannot stop the merger, its dissent is being carefully reviewed by the state attorney general and the U.S. Justice Department. Regardless of the outcome, increasing antitrust activities in the health system will likely become a bigger issue in the years ahead.

CRITICAL ATTRIBUTES OF MARGIN IMPROVEMENT
John Tiscornia, MBA, CPA
The strategies and actions needed to achieve significant cost/revenue improvement in today’s environment are fundamentally different from past efforts, which often focused on efficiency in specific departments or areas. Today’s challenges require leadership at all levels, accountability throughout the organization, a system-wide focus, and a transformation strategy that encompasses operational excellence, new revenue models, clinical transformation, and issues of scale and integration.

REGULATIONS, RULES – RIDICULOUS!
Jim Kopf
Health care is the most regulated industry in the country. Every year, government adds health care laws and regulations or modifies existing ones. Educating board members and CEOs regarding what is new with Uncle Sam will enable the hospital leaders to bring home a “do’s and don’ts” list of priorities specific to their hospital. The information of new wrinkles in health care regulations and laws can be disseminated to the individual hospital departments and help safeguard the hospital from inquiring government audits and investigations.
THE EXPANDED ROLE OF NON-PHYSICIAN PRACTITIONERS IN HEALTH CARE REFORM
Charlotte Jefferies, JD
Whether they are called mid-levels, physician extenders or advanced practice clinicians, non-physicians, especially Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs), are providing more care in hospitals (and in retail marketplaces) than ever before. CMS has stated that those practitioners providing a “medical level of care” must be evaluated through the medical staff credentialing, privileging, and peer review processes. In this session, we will discuss how hospitals should address this important but sensitive matter. What’s your state’s oversight requirement, if any? What level of oversight is currently being provided in your hospital? Do you have a policy that allows non-physicians to function at a level appropriate to their skills and training while instituting safeguards to be sure that patients who need to be cared for by a physician are appropriately referred?

COMMUNICATION AS THE KEY TO PATIENT-CENTRIC CARE
John Nance, JD, and Kathleen Bartholomew, RN, MN, Guest Presenters
“I know you think you understood what you thought I said...” In an informal survey of more than 30,000 health care professionals, only three could recall a sentinel event that did not involve a communications failure. Professionals dangerously overestimate the fidelity of human communication in what is in truth a fear-based culture. Learn how quality, safety, and clinical effectiveness depend on a realistic understanding of how poorly we transmit and receive critical information, and how we can transform the culture to one of transparency and trust.

MEDICARE ACOs: SUCCESSES, FAILURES & POLICY CHANGES
Robert Mechanic, MBA
The first two years of the Pioneer ACO and Medicare Shared Savings Program have been a mixed bag of successes and failures. ACOs that started in 2012 have to decide whether to sign up again in 2015. ACOs have identified key problems, and CMS is working on rules for the next phase of the program. Find out who did well and why, what’s likely to change – and whether you should consider enrolling or run the other way.

THE INNOVATIVE LIFE
Leanne Kaiser Carlson, MSHA
Our own lives are the first place we must innovate if we are to transform our organizations. The places we lead will be no more imaginative, bold, and powerful than we are as leaders. Think about your life as a designed space—one that can be optimized for growth, contribution, meaning, and exhilaration. Look at ways to evolve yourself and make great leaps.

CMO/PHYSICIAN LEADERSHIP ROUNDTABLE (Invitational)
Linda Haddad, JD

12:30 – 1:45 PM LUNCH Break

1:45 – 3:15 PM INTERACTIVE CONCURRENT SESSIONS PERIOD FIVE (90-minute sessions)

ALTERNATIVES TO A MERGER OR ACQUISITION
Dan Mulholland, JD; Steve Rivkin; Steve Tringale
We take the audience through the less disruptive options in more detail, via a short situational case study to involve them. Included is a “how to” piece with a mock board retreat reviewing the institution’s options to merge, acquire or remain independent.

FLASHPOINTS IN THE MEDICAL STAFF WORLD
Linda Haddad, JD
This session addresses several combustible issues that confront physician leadership and the essential steps for avoiding the ignition source: Ending litigation and the fear of it; Solving the ED call puzzles once and for all; Aging as the new useful; Recruiting successors to medical staff leadership; The meaningful medical staff; and Peer review across the continuum.

EMPLOYED PHYSICIANS: CHALLENGES, OPPORTUNITIES & ECONOMIC REALITIES
Barry Bittman, MD and John Hory, LLB
The divide that traditionally separated hospitals and physicians is rapidly eroding. As the unprecedented need to work together in an era of intense economic challenges is rapidly redefining the playing field, no one can survive on the sidelines. Here is a frank and eye-opening discussion of new ground rules, out-of-the-box strategies, and cost-effective survival tactics that create a win-win.
GENERAL SESSION: “WHERE DO WE GO FROM HERE?”

8:00 – 11:00 AM

CHANGE THE STORY…. CHANGE EVERYTHING
Della Lin, MD
Ever feel like an initiative or goal is not going anywhere; missing its mark; stuck in a rut; not changing behavior? Changing the story and examining from a different perspective may be the key to propel things back in motion. We'll examine examples of how reframing and changing perspectives can bring behavior, safety, and quality in a whole new light.

TACTICS FOR TODAY, STRATEGIES FOR TOMORROW
Steve Tringale
A strategic plan that drives decision-making is essential for leaders in today's rapidly changing environment. The strategic planning process leading to such a plan is crucial as leaders navigate the transition from volume to value. This session will address where we are today in that transition; what short-term tactics can fill the gap between the first and second curve; and what longer-term strategies will help ensure success in the new health care environment.

INVENTING THE FUTURE
Leanne Kaiser Carlson, MSHA
There are many futures unfolding in health care and in communities around the country. Some are desirable and others much less so. Our future will be a result not just of the trends around us, but of our imagination and creativity. In this session we look at the future of innovation and what we must do to improve health and wellbeing, as well as thrive organizationally.

FORGING BETTER CARE OUT OF NEW RELATIONSHIPS
Linda Haddad, JD
ACOs, PHOs, Mergers, Contracts, Employment are all just “deals” unless they are designed around the health of your community and the care of your patients. Build the “deal” around the Mission.

PANEL DISCUSSION AND QUESTION & ANSWER SESSION
Della Lin, MD; Steve Tringale; Leanne Kaiser Carlson, MSHA; Linda Haddad, JD

A BIAS FOR ACTION
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 these new ideas, and give them life when we get back home?

11:00 AM

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

GARY KAPLAN, MD, FACP, FACMPE, FACPE = INNOVATION MEDICINE
Dr. Kaplan has served as chairman and CEO of the Virginia Mason Health System in Seattle, Washington since 2000, where he is also a practicing internal medicine physician. Dr. Kaplan is widely recognized as one of the most influential physician executives in health care. He is a founding member of Health CEOs for Health Reform, has held leadership positions with numerous organizations, and is a member of the Institute of Medicine.

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 CEO and Chairman of Kaiser Foundation Health Plan and Hospitals. Dr. Lawrence currently serves on the boards of McKesson Corporation, Aditazz, CellWorks, Proteus Digital Health, and is a member of the RAND Corporation’s Health Advisory Boards. He consults with selected health care systems that pursue advanced integration strategies and is the co-founder of the health care consulting firm, Healthcare Innovators, LLC.

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 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 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.

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 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 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.

Most senior fellows will present at each conference. In addition to the Estes Park Institute Senior Fellows, guest presenters with specific expertise may be invited to present at various conference locations.
Half Moon Bay

GUEST PRESENTERS

JOHN NANCE, JD
John J. Nance, JD, brings a rich and varied professional background to American health care and the cause of patient safety. He is a well-known analyst for ABC World News and Aviation Editor for Good Morning America and is a pioneering advocate of using the lessons from the recent revolution in aviation safety to equally revolutionize the patient safety performance of hospitals, doctors, nurses, and all of health care. Mr. Nance is a bestselling author and acclaimed speaker.

KATHLEEN BARTHOLOMEW, RN, MN
Kathleen Bartholomew, RN, MN, is a national and international public speaker providing senior leadership, manager, staff and faculty inservices, and nurse leadership training for numerous hospitals and colleges. She is an expert on hospital culture and speaks about safety, communication, cultural change and power. She is the author of Ending Nurse to Nurse Hostility and co-author (with John Nance) of Charting the Course: Launching Patient-Centric Healthcare.

ANDREW ZISKIND, MD, MBA
Andrew Ziskind, MD, MBA has more than 25 years of experience in clinical care and academic health system leadership. He is an MGH-trained interventional cardiologist with extensive clinical and administrative experience. He has developed and led innovative primary care and specialty delivery systems that span both academic medical centers and community hospitals, and has vast knowledge and leadership involvement in accountable care, payment reform and population health.

INNOVATORS

THOMAS HALE, MD, PHD
As Executive Medical Director for Mercy’s Telehealth Services and Innovation, Dr. Thomas Hale is leading the development of new ways to effectively and efficiently deliver health care to all communities. He will oversee the opening of the world’s first virtual care center in May of 2015. Dr. Hale served as the physician leader for Mercy’s implementation of a fully integrated electronic health record system covering more than 30 hospitals and 600 ambulatory sites.

JEFFREY THOMPSON, MD
Jeffrey Thompson, MD, is CEO and chairman of the Boards of Gundersen Health System, a practicing pediatric intensivist and neonatologist, and chairman of the board of the La Crosse Medical Health Science Consortium. Under Dr. Thompson’s leadership, Gundersen Health System’s approach to advanced care planning has led to the development of an extraordinarily effective care model for patients with complex chronic illnesses, transforming care for those with advanced disease.

MARK LANEY, MD
Dr. Mark Laney joined Heartland Health and Mosaic Life Care in 2009 and is the current President and CEO. Prior to this, he served for 20 years at Cook Children’s Health Care System, eight of those years as the President of the Cook Children’s Physician Network. Dr. Laney is the Past President of the Mayo Clinic Alumni Association and is one of the 30 Best Physician Leaders of Hospitals and Health Systems according to Becker’s Hospital Review, and he serves on several boards.
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.

"Way to get us thinking about what this is all about - THE PATIENT! Thanks."

"Thank you for providing a conference of this caliber! I have been truly inspired, lucky me!"

"As a first year, brand new board member, this has been extremely beneficial."
“Excellent insight into where we were and where we can be going to fix the system.”

“Great stuff, things we can go home and DO!”

“How you for putting together an excellent program and outstanding speakers. I look forward to attending more Estes Park Institute meetings.”

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:

_____ Half Moon Bay (San Francisco), CA
The Ritz-Carlton, Half Moon Bay
November 2–5, 2014

_____ Naples, FL
The Ritz-Carlton, Naples
January 25–28, 2015

_____ Maui, HI*
Grand Wailea
February 8–13, 2015

_____ La Quinta (Palm Springs), CA
La Quinta Resort & Club
March 22–25, 2015

Contact Name

Contact Email

Health Care Organization

Street Address

City

CEO Name

CEO Email

Contact Title

Contact Phone

Fax

Number of Beds

Upon registration, you will be sent accommodation information.

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METHOD OF PAYMENT

☐ Bill hospital/health system

☐ Check enclosed (payable to: Estes Park Institute)

TOTAL PAID REGISTRANTS: $6,500 (each team of four) $1,845 (single)

TOTAL AMOUNT DUE: $

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

Registrant Name

Registrant Title

Registrant Email

Spouse / Community Representative

Registrant Name

Registrant Title

Registrant Email

Spouse / Community Representative

Half Moon Bay (San Francisco), CA
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La Quinta Resort & Club
March 22–25, 2015

*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.