Rewriting the Health Care Playbook: Leading Transformation and Innovation

Featuring industry experts who will present transformational strategies and innovative approaches for:

- Achieving financial sustainability
- Delivering greater value through operational excellence
- Cultivating creative payer/provider partnerships, and redefining delivery models and payment mechanisms
- Advancing care coordination and quality and safety improvement
- Addressing disparities for improved community health
- Effective leveraging of health information technology and data
- Engaging consumers as partners

KEYNOTE SPEAKERS:

- Atul Gawande, MD
  Professor, Harvard School of Public Health and Harvard Medical School and author, Being Mortal and The Checklist Manifesto
- Doris Kearns Goodwin
  Presidential historian and Pulitzer Prize–winning author
- Michael Lewis
  Best-selling author of Flash Boys, Moneyball, and The Blind Side
- Siddhartha Mukherjee, MD
  Oncologist and cancer researcher, Pulitzer Prize–winning science writer
- Michael E. Porter
  Foremost authority on strategy, competition and competitive advantage, creator of Shared Value Concept and Harvard Business School Professor

KEYNOTE PANEL:

- James H. Hinton
  President & CEO, Presbyterian Healthcare Services
- Brian Marcotte
  President & CEO, National Business Group on Health
- Joseph R. Swedish
  President & Chief Executive Officer, Anthem, Inc.
- Moderated by: Ian Morrison
  Author and futurist

For more information or to register, visit: www.healthforum-edu.com/summit
Health care leaders are exploring what it means to be a hospital in a rapidly transforming world. Like never before, leaders are rewriting the playbook for their organizations and experimenting and innovating on the fly. Working with communities, consumers, and partners they are literally redefining the “H” in order to best position their organization to succeed in an environment that demands higher value, greater coordination and integration, and assumption of risk.

We invite you to join us at the 23rd Annual Health Forum/American Hospital Association Leadership Summit for the insights and ideas that will further equip you to lead the transformation of your organization. No other meeting combines the thought leadership and applied learning that takes place at the Leadership Summit. Renowned speakers from both inside and outside of health care will offer their unique perspectives and world views as part of the keynote line-up. The Summit features the exceptional work of hospital and health system leaders who are eager to share their experiences in pursuit of innovation and value.

The Summit will examine the elements of a high-performing delivery system through educational tracks focused on the key ingredients for transformation—new approaches to advance care coordination and integration, innovations in the emerging insurance markets and progress with value-based payment methodologies, strategies to leverage health information technology and data, quality and population health improvement achieved through a focus on equity of care, and novel approaches for engaging consumers as partners in their own care.

Pre-Summit workshops, a Town Hall from the AHA leadership, sunrise sessions and ample networking opportunities will stimulate additional interaction with our exceptional faculty and the larger conference community. Consider attending with your leadership team as learning together with others from your organization can be invaluable in translating fresh ideas into practice.

Please join the AHA Board of Trustees, the Health Forum Board of Directors, and senior health care executives from across the country in San Francisco at this critical time in the transformation of the health care delivery system. The Summit will provide you with essential knowledge and tools for bridging the gap to a higher performing system of care. It offers an opportunity to learn with colleagues at the forefront of change.
Keynote Speakers

THURSDAY, JULY 23 | 1:00 PM

BEING MORTAL: MEDICINE AND WHAT MATTERS IN THE END

Atul Gawande, MD
Professor, Harvard School of Public Health and Harvard Medical School and author, Being Mortal and The Checklist Manifesto

THURSDAY, JULY 23 | 2:45 PM

REDEFINING HEALTH CARE: CREATING VALUE-BASED COMPETITION ON RESULTS

Michael E. Porter
Foremost authority on strategy, competition and competitive advantage, creator of Shared Value Concept and Harvard Business School Professor

FRIDAY, JULY 24 | 8:30 AM

A CONVERSATION WITH MICHAEL LEWIS

Michael Lewis
Best-selling author of Flash Boys, Moneyball, and The Blind Side

FRIDAY, JULY 24 | 2:00 PM

LISTENING TO PURCHASERS: LESSONS FROM LEADERS

James H. Hinton, President & CEO, Presbyterian Healthcare Services; Brian Marcotte, President & CEO, National Business Group on Health; and Joseph R. Swedish, President & Chief Executive Officer, Anthem, Inc. Moderated by Ian Morrison, futurist and author.

FRIDAY, JULY 24 | 4:00 PM

THE EMPEROR OF ALL MALADIES: A BIOGRAPHY OF CANCER

Siddhartha Mukherjee, MD
Oncologist and cancer researcher, Pulitzer Prize-winning science writer

SATURDAY, JULY 25 | 10:00 AM

LEADERSHIP LESSONS FROM THE BULLY PULPIT: THEODORE ROOSEVELT AND WILLIAM HOWARD TAFT

Doris Kearns Goodwin
Presidential historian and Pulitzer Prize-winning author

AGENDA

THURSDAY, JULY 23
8:30–11:30 am
Pre-Summit Workshops
10:00–11:00 am
AHA Town Hall
1:00–2:30 pm
Atul Gawande, MD –
Being Mortal: Medicine and What Matters in the End
2:30–2:45 pm
Break
2:45–4:00 pm
Michael Porter –
Redefining Health Care: Creating Value-based Competition on Results
4:00–4:15 pm
Break
4:15–5:30 pm
Educational Track Sessions
5:30–7:00 pm
Welcome Reception in the Exhibit Hall

FRIDAY, JULY 24
7:00–8:15 am
Continental Breakfast and Sunrise Sessions
8:30–10:15 am
Michael E. Lewis –
A Conversation with Michael Lewis
10:15–11:00 am
Break in the Exhibit Hall
11:00 am–12:15 pm
Educational Track Sessions
12:15–2:00 pm
Lunch in the Exhibit Hall
2:00–3:30 pm
James H. Hinton, Brian Marcotte, Joseph R. Swedish and Ian Morrison –
Listening to Purchasers: Lessons from Leaders
3:30–4:00 pm
Break in the Exhibit Hall
4:00–5:30 pm
Siddhartha Mukherjee, MD –
The Emperor of All Maladies: A Biography of Cancer
6:30–8:30 pm
Gala Reception

SATURDAY, JULY 25
7:00–8:15 am
Continental Breakfast and Sunrise Sessions
8:30–9:45 am
Educational Track Sessions
9:45–10:00 am
Break
10:00–11:30 am
Doris Kearns Goodwin –
Leadership Lessons from the Bully Pulpit: Theodore Roosevelt and William Howard Taft
Networking Opportunities

WELCOME RECEPTION
Thursday, July 23 | 5:30–7:00 pm
The perfect way to end the first day at the Summit with the opening of the Exhibit Hall. A chance to renew acquaintances, network with colleagues, and discuss what’s been learned at the day’s sessions. Attendees can get an early look at the new products and services offered by the companies that support the Summit.

GALA RECEPTION
Friday, July 24 | 6:30–8:30 pm
Experience a one-of-a-kind welcome to this special city as we showcase the culture, artistry and cuisine found within “The Streets of San Francisco.” The James R. Herman Cruise Terminal—located along the waterfront at Pier 27—offers stunning views of the entire bay from Coit Tower to Treasure Island and across the Bay Bridge. Your every sense will be stimulated as we bring some of the most beloved scenes of the city to life, with delicious fare from diverse neighborhoods like North Beach, Fisherman’s Wharf, Chinatown, Golden Gate Park, and more. This unforgettable reception will ensure that you leave your heart in San Francisco! Transportation will be provided. Guest tickets are available for attendees who would like to bring family or friends.

CONTINUING EDUCATION CREDIT
Health Forum is approved by the following organizations to award 15.25 continuing education credits for the 2015 Leadership Summit.
- American College of Healthcare Executives (ACHE)
- California Board of Registered Nursing
- College of Healthcare Information Management Executives (CHIME) Certified Healthcare CIO (CHCIO) Program

AHAPAC APPRECIATION RECEPTION
Friday, July 24 | 5:30–6:30 pm
Join your colleagues at this special appreciation event exclusively for 2014 and 2015 supporters of the AHAPAC. For more information on the AHAPAC, contact Shari Dexter at 202-626-2338. (By invitation only.)

EDUCATIONAL POSTER DISPLAYS
Health care excellence is in the field—share your best with your peers through a poster display. Take advantage of this opportunity to showcase your organization’s innovations. Visit the Summit website for guidelines on submitting a poster proposal.

LEARNING OBJECTIVES

Learn innovative strategies for transforming care delivery to be more coordinated and equitable, resulting in improved quality, safety and population health, enhanced physician alignment, and greater efficiencies.

Gain insights into the factors influencing the development of emerging payer/provider partnerships and payment mechanisms for improved care delivery and financing solutions.

Understand the consumer perspective on value and transparency, and examine opportunities presented by a growing retail-oriented health market for engaging patients as partners.

Explore the potential of health information technology and data analytics to facilitate high quality care delivery and manage risk effectively across the care continuum.
Networking Opportunities

Pre-Summit Workshops  A separate registration fee of $200 applies.

WORKSHOP #1
THE QUEST FOR QUALITY: ACHIEVING THE INSTITUTE OF MEDICINE’S SIX QUALITY AIMS

As health care delivery becomes more focused on value, population health, and outcomes and experience of care for patients, the IOM’s six quality aims of safety, effectiveness, patient-centered care, timeliness, efficiency, and equity are more relevant than ever. In this highly interactive workshop with the 2015 AHA-McKesson Quest for Quality honorees, you will expand your understanding of how to fully engage everyone in the hospital in quality improvement and develop a collaborative team-focused environment. Hear about the roadmaps and the challenges and detours they’ve encountered, and learn what has worked best for their organizations, focusing on:

- Key leadership strategies for leading organizational change and improvement
- How to change culture and break down silos to improve communication and teamwork
- The difference between patient satisfaction and patient-centeredness
- Beyond core measures, what should be on your quality dashboard
- How to turn your governing board members, physicians, and front-line staff into quality champions
- How to use data to drive and sustain improvement
- How to partner with patients and families at all levels of the organization to achieve the six aims

THURSDAY, JULY 23 | 8:30–11:30 AM

Steven H. Berger, CPA, FACHE, FHFMA, President, Healthcare Insights LLC, Libertyville, IL

WORKSHOP #2
DEVELOPING AND DEPLOYING A HOSPITAL BUSINESS INTELLIGENCE STRATEGY THAT WORKS

Developing and then deploying a Business Intelligence (BI) strategy has proven difficult for many hospitals throughout the country. The pressure to move forward with BI solutions in the most appropriate manner has stymied hospitals both large and small. This session will provide a roadmap that hospitals can use in developing a strategy for BI, and offer several checklists for effective achievement of the process within the health care organization. Attention will be paid to: the key needs and capabilities of a business intelligence system and its practical implications; the steps that should be taken by hospital administration to produce an effective strategic plan for a business intelligence practice; and recognizing how clinical reporting tools can maximize outcomes across organizations and minimize operational variability.

This program is approved for 3.0 ACHE Face-to-Face Education credits

Steven H. Berger, CPA, FACHE, FHFMA, President, Healthcare Insights LLC, Libertyville, IL

WORKSHOP #3
SOMETHING DISRUPTIVE THIS WAY COMES: PREPARING FOR CONSUMERISM IN HEALTH CARE

To control rising health care costs, both costs and risk are being shifted onto families and individuals at an unprecedented rate. In market terms, consumers are faced with a new problem, and disruptive innovators are offering ways to help solve that problem. Whether and how you opt to compete with those innovators or partner with them is one of the most important strategic issues your organization will address, affecting your bottom line, your patient and physician relationships, and your perception in the community. The presenters will outline strategies for capturing the opportunities presented by consumerism, beginning with the fundamentals of optimizing efficiency, lowering costs, and improving quality throughout the enterprise, and leading to a strategic assessment: How efficient can you be? What business areas should you be in? Where can you compete with disruptive innovators and where should you seek partnerships? And ultimately, how can you differentiate your value as you redesign care delivery to connect with consumers across service and program lines?

James E. Orlikoff, President, Orlikoff & Associates, Inc., Chicago, IL and Jeff Jones, Managing Director, Huron Consulting Group, Chicago, IL
Responding to the Power of Consumerism in Health Care

THURSDAY, JULY 23 | 4:15–5:30 PM
Thinking Like P&G: Rethinking Your Approach to a New Health Care Consumer

Jon Scholl, Chief Strategy Officer, Texas Health Resources, Arlington, TX; Sanjay Saxena, MD, Partner and Managing Director, The Boston Consulting Group, San Francisco, CA; Brett Spencer, MD, Partner and Managing Director, The Boston Consulting Group, Chicago, IL

Health care is on the precipice of a new era of consumerism where the patient will be more informed, discriminating, and capable of making decisions that affect how they buy and utilize health insurance and health care services. How can health systems use the evolution of the consumer to their advantage? This session will focus on the most effective tools for building a robust understanding of the consumer in a specific market. We will explore consumer centric product development, and offer tactical guidance for forming a link between product/service strategies and consumer insight. By integrating extensive knowledge into focused product development, health systems can deliver a first-to-market, compelling value proposition for consumers, employers and health plans. Conversely, understand the risks of a “wait and see” approach—losing volume as a competitor’s narrow network gains traction, investing scarce capital in products that consumers do not value, or discovering too late that a payer no longer considers your system a “must have” for consumers.

FRIDAY, JULY 24 | 11:00 AM–12:15 PM
The Thing That Ate Health Care: Retail Innovations for Customers of Health Plans, and Primary, Secondary and Tertiary Care Providers

Roger Spoelman, Regional President and CEO, Mercy Health, Norton Shores, MI and Neal Hogan, Senior Advisor, BDC Advisors, Miami, FL

The rise of retail in health care is not a phenomenon restricted to the consumption of hospital or physician care. Insurance product design has shifted individuals away from the idea that they are “members” of the company sponsored insurance plan. Now individual customers buy their own insurance products through public exchanges, private exchanges, or even the individual insurance marketplace. Our industry is encountering a monster: the informed consumer who is spending his or her hard-earned dollar. Every organization needs a deliberate, well-designed strategy for succeeding in this new market and addressing the needs of this new and well informed consumer. This session will explore how retail market health insurance is changing for provider services and examine the increasing importance of pricing transparency in consumer decision making and customer retention. Hear examples of how advanced health systems are innovating in this new retail environment in response to these radically new types of informed customers.

SATURDAY, JULY 25 | 8:30–9:45 AM
Embracing Transparency to Drive Change

David Entwistle, Chief Executive Officer, University of Utah Hospitals & Clinics, Salt Lake City, UT

Yelp, Ebay, Amazon, Trip Advisor . . . as consumers, we increasingly rely on online reviews to influence almost every purchase we make or service we use. Yet, when it comes to our health, and the providers who care for our well-being, reviews are sparse, unreliable, or nonexistent. We’re often left to choose our doctors blindly. Somehow health care has been an outlier in one of the most powerful consumer trends of the last decade. This session will describe the bold step that University of Utah Health Care (UUHC) took to become the first academic medical center to publish the results of patient satisfaction surveys online—complete with patient comments and an accessible five-star ranking system—for all to see. What happens to the culture and the patient-provider relationships, when a health system harnesses transparency to provide patients with a voice and engage providers in participatory medicine?
Advancing Quality and Population Health Improvement through a Focus on Equity of Care

THURSDAY, JULY 23 | 4:15–5:30 PM
Diversity, Inclusion and Health Equity, Cornerstones to Your Population Health Management Strategy
Brenda A. Battle, RN, BSN, MBA, Vice President, Care Delivery Innovation, Urban Health Initiative and Chief Diversity and Inclusion Officer, The University of Chicago Medicine and Biological Sciences, Chicago IL.

A whole patient, whole population focus requires health care organizations to be clear on who their populations are, what population’s risk drivers are, and how to engage patients in a patient-centered care management programs. These foundational elements can be determined more effectively by incorporating diversity, inclusion and health equity in the framework of population health management. This session will demonstrate how The University of Chicago Medicine and Biological Sciences Division built a framework for population health management that includes Diversity, Inclusion and Equity. The session will explore the transformation of The University of Chicago Medical Center’s care model design to include culturally and linguistically appropriate service standards.

FRIDAY, JULY 24 | 11:00 AM–12:15 PM
Equity of Care: Essential to Improved Quality and Lower Costs
Leaders from the 2015 AHA Equity of Care Award winner and finalist organizations

Equitable care ensures that all patients receive the highest quality of care—care that is individualized to the needs of a patient and the community served by a hospital or health system. The Equity of Care Award honors noteworthy leaders who have demonstrated a high level of success in reducing health care disparities and the promotion of diversity within their organization. From their example and from national health care leaders, learn why equity of care presents such an important business imperative for the work being done in the health care field, how it is critical to accelerated quality improvement, and exactly what these award-winning organizations are doing to reduce health care disparities.

SATURDAY, JULY 25 | 8:30–9:45 AM
An Illustration in CLAS: Bringing the Cultural and Linguistic Service Standards to Life

In 2012, the AnMed Health disparities dashboard was produced to analyze scores for inpatient and outpatient appropriate care, 30-day readmissions, patient satisfaction and other measures stratified by race, ethnicity and language (REAL) preference. Locally, their work revealed an all-too-familiar national trend: health and health care disparities disproportionately affect minority populations in Anderson County South Carolina. The dashboard is but one of the organization’s on-going readmission reduction and quality improvement efforts; however, it has promoted an enlightened level of collaborative discussion previously absent from their quality efforts. Representatives of AnMed Health will lead an interactive discussion of the initial dashboard design and application as a replicable model for quality improvement, including a discussion of recent transformative advancements in the areas of population health innovation.
THURSDAY, JULY 23 | 4:15–5:30 PM
Productivity Improvements in Health Care
Kelvin A. Baggett, MD, SVP, Clinical Operations & Chief Clinical Officer Tenet Healthcare Corporation, Dallas, TX; Paul Viviano, CEO, UC San Diego Health System and Associate Vice Chancellor, UC San Diego Health Sciences, La Jolla, CA; Gregory Sorensen, MD, President and CEO, Siemens Healthcare North America, Malvern, PA

As a country, America is among the most productive nations in the world... except when it comes to our health care industry. How do we define productivity in health care and how can we become more productive, and thus more effective in delivering patient care? This session will examine the strategies health care institutions can adopt and the lessons that can be learned from other industries that have excelled in the realm of productivity. The presenters will address four areas of focus: variation in quality of care and outcomes; leveraging the power of incentive, financial or otherwise, to obtain early and accurate diagnosis; reducing regulatory barriers to better utilize staff and health care professionals; and opportunities for greater innovation and flexibility in the health care system that will facilitate a more efficient flow of information and experimentation with alternative care settings.

FRIDAY, JULY 24 | 11:00 AM–12:15 PM
Redesigning Care—A New Playbook to Improve Quality, Safety and Patient-Centered Care
Hildy Schell-Chaple, Clinical Nurse Specialist for Adult Critical Care, UCSF Medical Center and Associate Clinical Professor, UCSF School of Nursing, University of California, San Francisco Medical Center, San Francisco, CA; Kenneth Sands, MD, SVP for Health Care Quality and Director of Silverman Institute for Healthcare Quality, Beth Israel Deaconess Medical Center, Boston, MA; Peter Pronovost, MD, SVP for Patient Safety and Quality and Director of the Armstrong Institute for Patient Safety and Quality, Johns Hopkins Medicine, Baltimore, MD; Patricia Dykes, PhD, RN, FAAN, FACMI, Senior Nurse Scientist and Program Director for Research, Center for Patient Safety Research and Practice and the Center for Nursing Excellence, Brigham and Women’s Hospital, Boston, MA

Explore how four academic medical centers are redesigning care delivery so that harms are prevented, starting first in the ICU. Taking a systems approach, each has identified protocols, processes and technologies that can be redesigned to provide better, safer care. They have designed and deployed new care innovations that improve situational awareness and enable people and technologies to work together to eliminate preventable harms. Central to the work is the meaningful engagement of patients and their families with the hospitals taking the bold step to define a preventable harm as treating patients and their families with dignity and respect.

SATURDAY, JULY 25 | 8:30–9:45 AM
Teamwork and Technology to Create a Safer Hospital: Parallels Between the Hospital and Other “Mission Critical” Teams
Charles Cowles, MD, MBA, Anesthesiologist and Chief Perioperative Safety Officer, University of Texas MD Anderson Cancer Center-Houston, Houston, TX

The proper selection of teams of experts using appropriate advances in technology is a strategy proven in racing, fire, police, aviation and military services to produce and sustain a safety culture that is able to transcend a variety of challenges. Hospitals, too, are capable of establishing their own elite teams to provide maximal levels of patient care and maintain high safety standards. This session will explore how teamwork and technology, and the corresponding leadership and structural principles, have helped high reliability organizations achieve success in the development of a safety culture. Gain methods for team selection and skill maintenance, and examine the importance of training, simulation, and drills. Learn how elite teams of experts can respond with little guidance and with a high degree of proficiency and accountability.
Driving to the Sweet Spot—Navigating the Road to Value-Based Care Without Going Over the Cliff

James May, Chief Innovation Officer, Heritage Medical Systems, Northridge, CA and Julie Coffman, Partner, Bain & Company, Inc., Chicago, IL

This session will provide a road map for the development of key organizational strategies and the design of operational tactics supportive of successful navigation of the road from volume to value-based care. Participants will learn a methodology for integrating data, analytics, and evidenced-based decision making into a strategy formulation that reflects unique market dynamics, aligns local stakeholders, and creates organizational accountability. Hear how to successfully implement care model changes that will gain the support of internal teams, lead to success in Medicare and other at risk payment methodologies, improve the quality of patient care, and which will support both the volume and value-based imperatives of the shifting health care market. Understand the changes necessary for successfully interacting and influencing the various public and private payment models to drive organizational innovation, quality care, and financial viability.

How One of the Nation’s Leading Health Care Systems Optimized Physician, APRN and PA Roles

Trish Anen, RN, MBA, NEA-BC, Vice President, Clinical Services, MCHC, The Metropolitan Chicago Healthcare Council, Chicago, IL; Donna King, RN, BSN, MBA, NE-BC, FACHE, Vice President, Clinical Operations/Chief Nurse Executive, Advocate Illinois Masonic Medical Center, Advocate Health Care, Chicago, IL; Pamala Smith, RN, BSN, Vice President, Nursing Chief Nursing Executive, Advocate Medical Group, Advocate Medical Group, Olympia Fields, IL

In 2013, Advocate Health Care rallied its top physicians, CNOs, and administrative leadership to launch a comprehensive assessment of its Advanced Practice Clinician (APC) practices. The team created an APC model that supports the system’s mission and business strategy and clearly defines the role, required competencies and experience critical to effective operations and to recruit and retain the best candidates to practice in the system’s inpatient, outpatient, long-term care and ambulatory settings. Learn how to break down barriers to APC integration to build a culture that supports role development through bylaw changes, collaboration, optimized billing, and establishing a series of metrics to access engagement, satisfaction and patient outcomes. The result is a care model that provides the safest, highest quality, cost-effective care to every patient.

Charting a Course for Value-Based Care: Insights from the Design, Build and Run Phases of an ACO’s Journey

Domenic Delmonico, Senior Vice President, Managed Care Contracting and Network Management, Care New England, Providence, RI and Bill Wachs, Managing Director, Valence Health, Chicago, IL

In early 2013, Care New England (CNE) decided to increase and diversify its market share across its medical and surgical service lines and further expand its revenue by accepting increasing levels of risk-based payment. To accomplish these objectives, CNE conducted an internal market, clinical, and financial assessment to evaluate the network’s readiness for other value-based care delivery models, including its capacity to successfully implement and manage a Medicare Shared Savings Program. CNE wanted its members to achieve very high levels of coordination among aligned inpatient institutions and outpatient facilities while closely collaborating with employed and independent physicians. This session will describe how to realistically analyze a range of value-based care options to make optimal decisions for one’s market. Participants will explore how to prioritize patient populations, quality metrics, and clinical process improvements needed to successfully manage populations in value-based arrangements.
Clinical and Financial Integration:
Selecting the Best Approach to Manage Risk in a Changing Marketplace

Frank Williams, CEO, Evolent Health, San Francisco, CA

Communities nationwide are battling with the issue of the cost of health care. Payers are responding with new products that put more financial burden on the consumer and tier or narrow networks. There is also recognition that integrated networks that assume risk may successfully reduce cost while providing high quality care. Over the next few years, health systems will have the opportunity to prove whether this model can work. The real question is how to participate in this new world as leading amidst, versus being led by, market forces. This session will discuss population risk (clinical and financial) assumptions and offer perspectives on the key determinants of whether to pursue payer risk arrangements or to launch a health plan. Hear real-world examples from systems that have employed the spectrum of options available in more closely tying care delivery to its mechanism of payment.

Rewriting Payer/Provider Collaboration

Michael Fay, Vice President, Health Networks, Wellmark Blue Cross Blue Shield, Des Moines, IA

Over the last decade, Wellmark has been working with physicians, hospitals, customers and other stakeholders to transform the health care system with the goal of slowing increasing costs and improving member outcomes. Recently it launched a shared savings payment model with providers—one of the first commercial ACOs in the Midwest. Wellmark developed a five-year standardized ACO contract for health systems that included an approach for member attribution, a model for shared savings, financial targets and a quality incentive payment that is based on a unique Value Index Score (VIS). Since the launch of the ACO, providers have met or exceeded their established targets on quality measures, enabling them to share in the savings and making them eligible for a quality incentive payment. A true collaboration built on trust and transparency, this presentation illustrates how this partnership works—from achieving buy-in from physicians, to strategies for developing effective physician compensation models that drive behavior change, and the use of key performance metrics, data and analytics for effectively transitioning to population health management.

Bundled Payments to Align Providers to Increase Value for Patients

Evan Benjamin, MD, FACP, Senior Vice President of Population Health and Chief Quality Officer, Baystate Medical Center, Springfield, MA and Stephanie Calcasola, Director of Quality and Medical Management, Baystate Medical Center, Springfield, MA

The traditional model of fee for service payment has too often resulted in fragmented care with minimal coordination across providers and care settings, with payment rewarding the quantity of services offered rather than the quality of care furnished. As a means to control costs and improve quality, bundled payment programs are a sensible approach to restructure the delivery system into organized networks of providers across specialties and settings with aligned incentives delivering efficient, high-quality and evidence-based episodic care. This session will explore Baystate Medical Center’s efforts to develop a reproducible model of bundled payments. A multidisciplinary quality improvement project was established with team members from across the continuum to plan and implement a CMMI Model 2 bundle model of care standards for the entire 90-day episode of care. The presenters will share the experience of using bundled care as a mechanism to drive value through the delivery system.
Reinventing Care Coordination with Innovative Technology

Andrea Kmetz, Director of Care Management and Quality Assurance, Meritage Medical Network and Meritage ACO, Novato, CA and Susan Cumming, MD, Medical Director, Inpatient Quality, Marin General Hospital, Greenbrae, CA

Clinical care typically is delivered in silos, as caregivers move from one disconnected task to another with communication often carried out in a catch-as-catch-can manner. Adding to the frustration, clinicians only tap into evidence-based best practices sporadically. Traditional clinical decision support “point solutions” are proving inadequate to improve quality, reduce costs, and positively impact the patient experience. Learn how two organizations tackled this problem using innovative technology to meet long held care coordination and management challenges across the entire continuum of care. Hear how a mobile care navigation and secure messaging solution deployed on smartphones and other hand-held devices is helping to create a “virtual huddle,” enabling real time contextual communication that allows clinicians to collaboratively risk-stratify patients, apply patient-specific interventions, and leverage evidence-based best practices. Care guidance has put vital information into the hands of everyone who touches a patient’s health journey—whether they are planning, delivering, paying for, or receiving care.

The Trustee and CEO’s Guide to Health IT Governance: Lessons from Most Wired Best Practices

Russ Branzell, FCHIME, CHCIO, CEO and President, CHIME, Ann Arbor, MI; Adrianne Edens, FCHIME, LCHIME, CHCIO, Vice President and CIO, Sutter Health East Bay Region, Oakland, CA; Edward Marx, FCHIME, Senior Vice President and CIO, Texas Health Resources, Arlington, TX; Ed Kopetsky, FCHIME, CIO, Stanford Children’s Health / Lucile Packard Children’s Hospital, Palo Alto, CA

Given the passage of the HITECH Act and meaningful use of electronic health records, hospitals and health systems are under considerable pressure to ensure their organizations meet or exceed standards in care quality, safety and efficiency. While health information technology is recognized as a critical strategy for competitive performance, there exist numerous challenges related to cost, integration, implementation, deployment, interoperability, and sustainability. To mitigate these challenges, health care organizations must adopt an effective and formalized IT governance process—one that involves and is robustly supported by the CEO and Board of Trustees. This session will share Most Wired best practices for IT governance success. We’ll examine how organizations can align their IT strategy with their corporate strategy and offer tools for prioritizing, quantifying, communicating and assuring returns from significant IT investments.

Optimizing Procedural Appropriateness through Web-based Decision Support

Creagh Milford, DO, MPH, Assistant Medical Director, Massachusetts General Hospital, Boston, MA and Elizabeth Fonseca, Senior Project Specialist, Massachusetts General Hospital, Boston, MA

Unnecessary and inappropriate medical procedures cost the U.S. health system billions of dollars. Massachusetts General Hospital’s web-based decision support tool, PrOE, is used at the point-of-care to increase appropriate use of high-cost and high-volume procedures, driving down overall health care costs and delivering quality care. Hear how PrOE: leverages the electronic health record to inform decision-making; brings appropriate-use guidelines to the point of care; facilitates shared decision making between providers and patients; integrates decision support into the existing IT system; and can promote partnership with payers to improve authorization processes, reduce administrative burden, and increase value in health care. Participants will learn about the processes that underlie the development and roll-out of a valuable decision-support tool across a major health care system.
THURSDAY, JULY 23 | 4:15–5:30 PM

Optimizing Payor Relationships to Achieve Market Leadership: Utilizing Payors as Channel Partners to Win in an Evolving Insurance Marketplace

Christopher Lloyd, CEO, Memorial Hermann ACO and Memorial Hermann Physician Network, Houston, TX and Brigitte Nettesheim, Principal and Payor Segment Lead, The Chartis Group, Chicago, IL

This session will focus on innovative health system strategic planning to achieve market leadership by viewing payors as channel partners that will package and sell the integrated health system’s services in the form of health insurance products. It is imperative for health systems to understand the health insurance decision maker perspective, to define a compelling value proposition the health system can offer to each segment of health insurance decision maker, and to determine the optimal payor partner to best reach the target segment. Participants will learn how the insurance marketplace is changing and why it matters for effective health system strategic planning. Gain insights from the example of Memorial Hermann Health System’s integrated planning process. The presenters will illustrate how to analyze the purchaser market segment to understand the health system’s optimal payor/channel partner to achieve the system’s strategic goals for growing the number and volume of populations in its integrated ACO network.

FRIDAY, JULY 24 | 11:00 AM–12:15 PM

Issues in Provider Sponsored Risk: Factors that Differentiate Provider Sponsored Health Plans from Competitors

Paul Keckley, PhD, Managing Director, Navigant Center for Healthcare Research and Policy Analysis, Chicago, IL and Jeff Goldman, Vice President, Coverage Policy, American Hospital Association, Washington, DC

The 2015 AHA Study of Health System Sponsored Health Plan Performance Compared to Their Competitors, conducted by the Navigant Center for Healthcare Research and Policy Analysis in collaboration with the American Hospital Association, examines the ways in which provider sponsored health plans (PSPs) are differentiated from traditional FFS payers. Join this discussion to hear answers to such questions as: How does the performance of PSPs compare to their competition on enrollee satisfaction, quality, network access, and premium costs? Under what scenarios do PSPs optimize their competitive differentials compared to local competitors? And what are the policy implications for PSPs?

SATURDAY, JULY 25 | 8:30–9:45 AM

Provider/Payer Partnerships: Collaborating on Care and Cost

Kimberly White, Senior Consultant, Numerof & Associates, Inc., St. Louis, MO

Increasingly, payers are collaborating with providers on innovative approaches to care access including forming narrow networks that present providers with a promise of volume in exchange for lower reimbursement, or high value networks in which quality and clinical outcomes are as much a part of the equation as cost. This session will examine the elements of a successful partnership beginning with strategic alignment between the parties. Particular emphasis will be placed on the requirements for operational readiness providers will need to meet in connection with most collaborations including effective management of cost and quality variation, a commitment to outcomes and evidence-based medicine across the care continuum and clinical integration capabilities. The session also will address communications, patient experience, consumer behavior change, and marketing, concluding with a review of direct employer/provider relationships, as illustrated by the establishment of national centers of excellence networks by large employers, as well as local and regional direct relationships.
Sunrise Sessions  Friday, July 24 and Saturday, July 25 / 7:00–8:15 am

FRIDAY

ALL ABOUT THAT H: HOW SYSTEMS ARE REDEFINING CARE AND PAYMENT MODELS

C. Douglas Shaw, VP, Strategy, Health Forum, Chicago, IL and Christy Remedios, Director, Product Innovation, Health Forum, Chicago, IL

Which new models of care delivery and reimbursement are hospitals and health systems adopting? Are they achieving the transformation expected? What approaches offer the greatest chance of success? We will address these and other key questions about how systems are redefining the “H” in this presentation of insights gleaned from the AHA’s annual Survey of Care Systems and Payment.

FRIDAY

FIFTY YEARS OF FIGHTING: MEDICARE, MEDICAID, AND THE TRANSFORMATION OF AMERICAN HEALTH CARE

Emily Friedman, Health Policy and Ethics Analyst, Chicago, IL

The bill that became law on July 30, 1965, was the culmination of decades of effort on the part of people ranging from advocates for the elderly to hospital representatives to U.S. Presidents. The story of how Medicare and Medicaid came to be and what they have and have not accomplished is a story that needs to be told so that we can understand how far we have come and address what still needs to be done. This breakfast is brought to you by ARAMARK, CyraCom, and the Institute for Diversity in Health Management.

FRIDAY

A SEAT AT THE TABLE: PARTNERSHIPS FOR SUCCESSFUL RETAIL HEALTH STRATEGIES

Craig Fischer, PharmD, VP, Business Development, Walgreens, Deerfield, IL; Mohamad S. Kasti, MS, MBB, MCA, CEO, The Physician Leadership InstituteTM, Center for Transformation and Innovation, Tampa, FL; Aric Sharp, VP of Accountable Care, UnityPoint Health, West Des Moines, IA; and Chris Lloyd, FACHE, CEO, MHMD Memorial Hermann Physician Network and CEO, Memorial Hermann Accountable Care Organization, Houston, TX. Moderated by Anthony Burke, President and CEO, AHA Solutions, Chicago, IL

Having the right people at the table when making significant business decisions is vital. This prestigious panel of hospital leaders and health care experts will share their experiences on how partnerships can drive achievement of business objectives. Gain insight from both hospital and vendor executives on innovative health care delivery strategies, including retail partnerships, and how to engage physicians to escalate business growth and achieve operational goals.

SATURDAY

IMPROVING COMMUNITY HEALTH STATUS: PRACTICAL IDEAS FROM 2015 AHA NOVA RECIPIENTS

Learn from hospitals that are redefining their mission and expanding their impact and value. AHA NOVA Award recipients tell how they are working collaboratively with other hospitals and with community organizations to improve the health and lives of targeted and broad audiences.

SATURDAY

BACTERIA KILLS PEOPLE. COPPER KILLS BACTERIA

Peter Sharpe, VP, Irwin P. Sharpe & Associates, Westfield, NJ and Todd Linden, President & CEO, Grinnell Regional Medical Center, Grinnell, IA

Each year an estimated 1.7 million patients contract an infection while receiving treatment for routine medical or surgical conditions. In an effort to improve hospital hygiene, a community hospital is integrating bactericidal, EPA-registered copper-based surfaces with established cleaning programs. Learn about the research supporting evidence-based practices including: a bundled approach to cleaning, evaluating bactericidal surfaces with hand washing, manual cleaning and semi-automated cleaning systems; an innovative partnership between health care provider, community, academia and industry; and broad areas of hospital oversight, including primary care, infection control, nursing, facilities management, environmental services, and C-suite.
2015 QUALITY ROADMAP: ACHIEVING EQUITABLE CARE FOR ALL PATIENTS
Wednesday, July 22

Please join us prior to the Leadership Summit for the 2015 Quality Roadmap, a meeting for hospital and health care leaders in quality improvement and equity of care focused on cutting-edge best practices. The Roadmap will gather experts to speak to the role of clinical excellence, equitable care and the promotion of diversity in providing high quality care. Participants will discuss the advancement of care for all patients and will establish new paths towards success. Registration for the Roadmap is separate from Leadership Summit registration. For more information, contact roadmap@aha.org or visit www.aha-slhq.org/qualityroadmap.

AHA WASHINGTON TOWN HALL
Thursday, July 23  |  10:00–11:00 am

This June, the U.S. Supreme Court is expected to rule on the latest challenge to the Affordable Care Act. Join AHA President and CEO Rich Umbdenstock and a panel of experts from inside and outside of the AHA as they discuss what the Supreme Court’s decision and potential congressional action could mean for health care and hospitals.

SPECIAL SESSION: A DISCUSSION WITH PROFESSOR MICHAEL PORTER
Thursday, July 23  |  4:15–5:30 pm

Join Professor Porter following his keynote address for informal discussion and Q&A around the strategic and organizational changes that will be required to improve value for patients.

GOVERNANCE OF PHYSICIAN ORGANIZATIONS
Saturday, July 25  |  11:30 am–5:00 pm

The transformation of health care toward more integrated and accountable delivery systems has brought physicians and hospitals together as collaborators in ever increasing numbers. With this shift has come a need to rethink and engage physician leaders in new roles, including governance. To understand how the governance of physician-led organizations is different, and similar, to that of health care systems, the AHA’s Center for Healthcare Governance and Physician Leadership Forum, with generous support from Hospira, Inc., undertook a study to examine governance structures and functions in a diverse set of physician organizations—entities designed to engage physicians in the leadership, governance and decision-making of the clinical care enterprise. The study is among the first to explore this work from the perspective of physicians, including the issues and challenges they face in the evolution of physician involvement in governance and leadership. Join us in San Francisco to hear the highlights of the study, including case study presentations from physician leaders in three leading-edge physician organizations. To register, please visit www.ahaphysicianforum.org/register.

2015 LEADERSHIP SUMMIT AWARDS AND RECOGNITION

Among the highlights of every Summit are the award and recognition events:

• AHA’s Equity of Care Award
• AHA Health Care Transformation Fellowship
• The American Hospital Association—Mckesson Quest for Quality Prize® Hospitals in Pursuit of Excellence
• AHA NOVA Awards®
• AONE Foundation Nurse Manager Fellowship and AONE Foundation Nurse Director Fellowship
• Circle of Life Awards®
• The Dick Davidson Quality Milestone Award for Allied Association Leadership
• Federal Health Care Executive Special Achievement Award
• Federal Health Care Executive Award for Excellence
• Most Wired™ Awards
• The TRUST Award
REGISTRATION RATES

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<th>Event</th>
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<th>NON-MEMBER RATE</th>
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<tr>
<td>Early Bird Registration</td>
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<td>(register by June 1, 2015)</td>
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<td>Regular Registration</td>
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<td>(register after June 1, 2015)</td>
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<tr>
<td>Pre-Summit Workshop</td>
<td>$200</td>
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<td><strong>Fourth Team Member – FREE</strong></td>
<td>Register 3 individuals at Early Bird or Regular rates and the 4th attends for free.</td>
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*Member affiliations: AHA, Center for Healthcare Governance, CHIME, AONE

HOTEL AND TRAVEL

SUMMIT HOTEL
San Francisco Marriott Marquis
780 Mission Street
San Francisco, CA 94103

HOTEL RESERVATIONS
Rate: $269 for a single/double room. (Ten dollars of the room rate underwrites the Summit.)

Cut-off date: June 25, 2015

Online reservations: Visit the Summit web site for a link to online reservations.

Phone reservations: Call Marriott reservations at 877-622-3056. Ask for a reservation at the San Francisco Marriott Marquis and let them know that you are attending the Health Forum/AHA Leadership Summit.

TRAVEL DISCOUNTS
Airline: Visit the Summit website for information on discounts from American, Delta and United.

Rental Car: Special rates from Hertz are available. Call 800-654-2240 and provide the meeting number CV#03AB0011.

Ground Transportation: The San Francisco Marriott Marquis is located approximately 13 miles from the San Francisco International Airport (SFO) and approximately 19 miles from the Oakland International Airport (OAK). Taxis from SFO are approximately $50 each way with a travel time of about 30 minutes. Taxis from OAK are approximately $65 each way with a travel time of about 50 minutes.

WEATHER AND ATTIRE
Expect temperatures ranging from 54-67F. Business casual attire is appropriate for all events, including the Gala.

SUMMIT REGISTRATION

To register for the Leadership Summit visit: www.healthforum-edu.com/summit

SESSION SELECTION
Only Pre-Summit Workshops require advance registration. Attendees are not required to register for keynote, educational track or sunrise sessions.

REGISTRATION CONFIRMATION
Confirmations will be sent via e-mail. Confirmations will be sent immediately for online registrations and within 1 week of receipt for mailed registrations.

CANCELLATIONS
If you cannot attend the Leadership Summit, you can send a substitute. If you must cancel entirely, your request for a refund—minus a $250 processing fee—must be made in writing to clang@healthforum.com no later than July 1, 2015. Cancellations made after July 1st are not eligible for a refund.

SPECIAL ACCOMMODATIONS
Health Forum complies with the Americans with Disabilities Act and will attempt to provide a reasonable accommodation for an attendee with disability who requests accommodation. Contact clang@healthforum.com at least 21 days in advance of the program to specify your accommodation.

REGISTRATION QUESTIONS
Contact Registration Control Systems at 805-677-4296 or leadershipsummit2015@rcsreg.com.

GENERAL QUESTIONS
Contact Connie Lang at clang@healthforum.com or 312-893-6897.

For more information or to register, visit: www.healthforum-edu.com/summit