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The 13th Annual

WORLD HEALTH CARE CONGRESS

Connecting and Preparing Leaders for Health Care's Transformation

April 10-13, 2016 • The Marriott Wardman Park Hotel • Washington, DC

CONCURRENT EXECUTIVE SUMMITS

13th Annual **HEALTH PLAN AND PAYER SUMMIT**

13th Annual **HOSPITAL AND HEALTH SYSTEM SUMMIT**

4th Annual **NETWORK AND CONTRACT MANAGEMENT SUMMIT FOR PROVIDERS AND PAYERS**

Inaugural **NURSE LEADERSHIP SUMMIT**

13th Annual **HEALTH INFORMATION TECHNOLOGY SUMMIT**

5th Annual **MEDICAID AND MEDICARE REFORM SUMMIT**

2nd Annual **BUSINESS OF EXCHANGES SUMMIT**

PLUS!

CHOOSE FROM PRE-CONFERENCE WORKSHOPS ON SUNDAY, APRIL 10, 12:00 – 3:00 PM

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Richard Migliori, MD
Executive Vice President and Chief Medical Officer
UNITEDHEALTH GROUP

Ertharin Cousin
Executive Director
UNITED NATIONS WORLD FOOD PROGRAMME

Stanley M. Bergman
Chairman of the Board and Chief Executive Officer
HENRY SCHEIN, INC.
Governor, Global Health and Healthcare
WORLD ECONOMIC FORUM

Rushika Fernandopulle, MD
Chief Executive Officer
IORA HEALTH

Tracey Moffatt, MHA, BSN, RN
System Chief Nursing Officer and Vice President of Quality
OCHSNER HEALTH SYSTEM

Robert K. Heinssen, PhD
Director, Division of Services and Intervention Research
NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

John Eisenhauer
Chief, Data Governance
HUMANA

Tamra E. Minnier
Chief Quality Officer
UPMC

Ginni Rometty
Chairman, President and Chief Executive Officer
IBM

Vivek Garipalli
Co-Founder and Board Member
CLOVER HEALTH

Janice E. Nevin, MD
President and Chief Executive Officer
CHRISTIANA CARE HEALTH SYSTEM

Stephen H. Nolte
Chief Executive Officer
SUTTER HEALTH PLUS

Robert Pearl, MD
Executive Director and CEO
THE PERMANENTE MEDICAL GROUP, KAISER PERMANENTE
Contributor, ***FORBES***

Marc Probst
Chief Information Officer
INTERMOUNTAIN HEALTHCARE

Linda Rosenberg
President and Chief Executive Officer
NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

Neera Tanden
President, **CENTER FOR AMERICAN PROGRESS;** Former Senior Advisor for Health Reform, **HHS**

Rick Weisblatt, PhD
Chief of Innovation and Strategy
HARVARD PILGRIM HEALTH CARE

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SUNDAY, APRIL 10, 2016

11:00 am - 12:00 pm	**WORKSHOP REGISTRATION**
12:00 pm - 3:00 pm	**EXECUTIVE WORKSHOPS A-E** WORKSHOP A: Use Data to Partner More Effectively with Health Systems WORKSHOP B: Changing How We Change: Igniting a Culture for Innovation WORKSHOP C: Effective Self-Funding Strategies for Employers WORKSHOP D WORKSHOP E
3:00 pm - 4:00 pm	**EARLY CONGRESS REGISTRATION**
4:00 pm - 5:00 pm	**KEYNOTE: VOICES OF THE CAMPAIGN: A PULSE-CHECK ON WHAT MAY CHANGE POST-ELECTION**
5:00 pm - 6:00 pm	**NETWORKING RECEPTION**

MONDAY, APRIL 11, 2016

7:00 am - 6:45 pm	**REGISTRATION OPEN**						
7:25 am - 8:20 am	**PEER-TO-PEER NETWORKING BREAKFASTS**						
8:25 am - 8:30 am	**CONGRESS WELCOME**						
8:30 am - 9:00 am	**KEYNOTE: THE INTERSECTION OF REFORM AND COST: WE'RE MOVING FASTER, BUT WHERE ARE WE GOING?**						
9:00 am - 10:00 am	**KEYNOTE: THE JOURNEY TOWARD HIGHER VALUE: STAKEHOLDER THE SHIFT TO VALUE-BASED CARE**						
10:05 am - 10:50 am	MARKET INSIGHT A1: **AT THE CROSSROADS OF PAYERS AND PROVIDERS: OPTIMIZING THE CONNECTION**	MARKET INSIGHT B1: **ANCILLARY BENEFIT INNOVATIONS: THE IMPACT ON HEALTH CARE AND A CHANGING WORKFORCE**	MARKET INSIGHT C1: **HOW TECHNOLOGY-DRIVEN COMMUNICATION IMPROVES PATIENT COMPLIANCE**	**CONCURRENT SPONSORED MARKET INSIGHTS D-E** *If you have a product or solution that you would like to showcase in the Market Insight discussions, please contact us.*			
10:55 am - 3:25 pm	1 **Health Plan and Payer**	2 **Hospital and Health System**	3 **Network and Contract Management**	4 **Nurse Leadership**	5 **Health Information Technology**	6 **Medicaid and Medicare Reform**	7 **Business of Exchanges**
10:55 am - 11:55 am	**Strategic Planning at the Cross-Section of Innovation and Cost-Containment**	**Approaches to Maintain Business Success while Balancing FFS and Value-Based Payment Models**	**Contracting Approaches and Operationalizing a Value-Based Payment Arrangement**	**Strategies to Eliminate Barriers for Nursing Professionals**	**Elevate the Importance of Data within Your Organization to Increase Business Value**	**Current Policy Impacting Health Care Delivery to Medicaid, Medicare, and Dual Eligible Populations**	**Achieve Financially-Sustainable SBE Models**
12:00 pm - 1:15 pm	**LUNCHEON IN THE EXECUTIVE NETWORKING LOUNGE**						
1:20 pm - 2:20 pm	**Enhance Value-Based Care with Strategic Partnerships and Collaborations**	**Understand Critical Success Factors in the Implementation of a Provider-Owned Health Plan Strategy**	**Case Study: Build Trust for Win-Win Negotiations and Ease Implementation of Innovative Payment Models**	**Leverage the Nurse Workforce to Evolve Care Delivery and Shift to Population Health Management**	**Implement Governance to Improve and Maintain Data Quality**	**Progress and Opportunities for Innovation in Medicaid Coverage and Expansion**	**Forecast, Mitigate, and Manage Risk in an Uncertain Market**
2:25 pm - 3:25 pm	**Adopt Innovative Consumer Engagement Strategies and Increase Retention**	**Optimize Your Market Position: Understand the Effects of Payer Consolidation and Changing Market Dynamics**	**The Value of Data and Reporting in Long-Term, Actuarial-Based Relationships**	**Foster Interprofessional Collaborative Practice to Achieve Value-Based Care**	**Avoid Data Breaches and Strengthen Health Information Security**	**Analyze Delivery System and Payment Reforms to Drive Quality and Control Costs in Government Programs**	**Ensure the Integrity of Eligibility, Enrollment, and Payment Processes for Long-Term Viability of Exchanges**
3:30 pm - 4:10 pm	**REFRESHMENT BREAK IN THE EXECUTIVE NETWORKING LOUNGE**						
4:15 pm - 5:15 pm	**KEYNOTE: CONSOLIDATION AND COLLABORATION IN HEALTH CARE: HOW ARE CROSS-SECTOR PARTNERSHIPS AND MERGERS POISED TO IMPACT INDUSTRY?**						
5:15 pm - 6:45 pm	**RECEPTION IN THE EXECUTIVE NETWORKING LOUNGE**						

VISIT WWW.WORLDHEALTHCARECONGRESS.COM FOR ADDITIONS AND UPDATES

TUESDAY, APRIL 12, 2016

7:30 am – 6:20 pm	REGISTRATION OPEN						
7:30 am - 8:15 am	BREAKFAST IN THE EXECUTIVE NETWORKING LOUNGE						
8:15 am - 8:20 am	OPENING REMARKS						
8:20 am - 9:05 am	KEYNOTE: COGNITIVE SYSTEMS AND THE FUTURE OF HEALTH CARE						
9:05 am - 10:05 am	KEYNOTE: LESSONS LEARNED: A NEW APPROACH TO PANDEMIC RISK						
10:10 am - 10:55 am	MARKET INSIGHT A2: BETTER HEALTH OUTCOMES THROUGH FALL PREVENTION: MEASURING THE IMPACT ON LTSS AND ACUTE-CARE COSTS	CONCURRENT SPONSORED MARKET INSIGHTS B-E *If you have a product or solution that you would like to showcase in the Market Insight discussions, please contact us.*					
11:00 am - 3:30 pm	1 Health Plan and Payer	2 Hospital and Health System	3 Network and Contract Management	4 Nurse Leadership	5 Health Information Technology	6 Medicaid and Medicare Reform	7 Business of Exchanges
11:00 am - 12:00 pm	*Successfully Navigate Private Exchanges: Payer Experiences	The Patient Engagement Strategic Imperative: Know Your Customers and Deliver on What's Important to Them	Case Study: Lay the Foundation for Successful Partnerships in a Clinically Integrated, Super ACO	Nurse-Led Behavioral Health Integration in the Primary Care Setting	Leverage Data Analytics: Understand Population Trends to Improve Care	Overcome Challenges in Caring for Dual Eligible Members	*Successfully Navigate Private Exchanges: Payer Experiences
12:05 pm - 1:20 pm	LUNCHEON IN THE EXECUTIVE NETWORKING LOUNGE						
1:25 pm - 2:25 pm	The Payer's Evolving Role in Risk Stratification and Population Health Management	Perform at a Higher Level: Embrace Resiliency and Rediscover Joy in the Practice of Medicine	Explore the Impact of Partnerships, Mergers, and Consolidation on Contract Negotiations	Optimize the Nurse Role in Urgent Care or Virtual Visits to Improve Access and Convenience	Data Standardization and Connectivity: Explore Recent Trends in Health Information Exchange and Interoperability	Optimal Approaches to Integrate Behavioral and Physical Health	Build Loyalty and Enrich the Consumer Experience by Providing Convenience, Choices, and Decision-Making Tools
2:30 pm - 3:30 pm	Analyze New Care Delivery Models: What is the Value Proposition?	*Creative and Effective Uses of Data Analytics to Intervene in Disease Progression in a Population Health Model	*Narrow and Tiered Network Design: Success Factors and Pitfalls	*Creative and Effective Uses of Data Analytics to Intervene in Disease Progression in a Population Health Model	Establish a Link Between Mobile Health and Patient Engagement	Current Measurement and Strategies to Achieve and Maintain Star Ratings	*Narrow and Tiered Network Design: Success Factors and Pitfalls
3:35 pm - 4:20 pm	KEYNOTE: PUTTING THE CONSUMER FIRST: WHAT DOES CONSUMER-DRIVEN COVERAGE AND CARE LOOK LIKE?						
4:20 pm - 5:05 pm	KEYNOTE: DISRUPTING PRIMARY CARE WITH NOVEL DELIVERY MODELS						
5:05 pm - 6:20 pm	RECEPTION IN THE EXECUTIVE NETWORKING LOUNGE						

* SHARED SESSION

WEDNESDAY, APRIL 13, 2016

7:30 am - 12:10 pm	REGISTRATION OPEN
7:30 am - 8:00 am	NETWORKING BREAKFAST
8:00 am - 8:05 am	OPENING REMARKS
8:05 am - 9:05 am	KEYNOTE: MOVE BEHAVIORAL HEALTH INTEGRATION FORWARD: WHERE ARE WE TODAY?
9:05 am - 10:05 am	KEYNOTE: EMPOWERING INNOVATION AND CHANGE IN HEALTH CARE
10:10 am - 10:55 am	CONCURRENT SPONSORED MARKET INSIGHTS A-C • *If you have a product or solution that you would like to showcase in the Market Insight discussions, please contact us.*
11:00 am - 11:10 am	AFTERNOON REMARKS
11:10 am - 12:10 pm	CLOSING KEYNOTE ADDRESS
12:10 pm	CLOSE OF CONGRESS

11:00-12:00 • Workshop Registration

12:00-3:00

CONCURRENT EXECUTIVE WORKSHOPS —

There will be a 15-minute networking and refreshment break at 1:00 pm.

A: Use Data to Partner More Effectively with Health Systems

In this workshop, business development professionals offering solutions to health systems gain practical strategies to be a better partner. Attendees benefit from real-life examples of how companies harness data to commercialize their offerings more effectively.

I. Understand Your Customer's Position in Today's Marketplace

- Segment the market
- Identify differences
- Help health systems compete

II. Analyze Health System Needs

- Confirm a problem is worth solving
- Sharpen your value proposition
- Estimate ROI

III. Learn 10 Ways Data Can Help You Right Away

Doug Shaw
Vice President, Strategy
HEALTH FORUM, AMERICAN HOSPITAL ASSOCIATION (AHA)

B: Changing How We Change: Igniting a Culture for Innovation

While few would argue that innovation is the currency of higher performing organizations, "innovation" is simply a word until you execute against it. Yet, translating strategy to execution is a Venn diagram that rarely ever touches. This workshop provides a smart start to launching, leading, and realizing benefits for all your future change initiatives.

I. Setting the Stage for Organizational Change

- Identify and link the three essential elements of true innovation
- Understand how resistance to change impacts an organization's glide path to success
- Discuss why both individuals and organizations fight to maintain the status quo . . . even when it is sub-optimal
- Analyze nine levels of resistance and how to overcome them

II. Profiling an Innovator

- Examine two distinct leadership styles of change agents
- Explore the critical success factors of innovators

III. Where Are You on Innovation's Curve?

- Identify various types of change initiatives along a continuum from evolutionary to revolutionary
- Understand why you should not launch and lead change initiatives as if they were all the same

David A. Shore, PhD
Faculty, **HARVARD UNIVERSITY**
Adjunct Professor of Organizational Development and Change
UNIVERSITY OF MONTERREY BUSINESS SCHOOL, MEXICO

C: Effective Self-Funding Strategies for Employers

In this workshop, legal experts provide a practical, step-by-step guide for employers who are either in the process of or are already operating self-funded health plans. Attendees gain insight on how to successfully manage and administer a self-funded plan and comply with federal regulations.

I. Self-Funding 101

- Self-funding basics: Terms, philosophy, and funding
- Plan documentation: Rules, requirements, and mandatory benefits
- Administrative service agreements: Purpose, provisions, and pitfalls

II. A Deeper Dive into Self-Funding Administration

- Stop Loss Coverage: Purpose and design
- Vendor management strategies: Contract development, negotiation, and measuring vendor performance
- Fiduciary obligations of the plan sponsor

III. Compliance Mechanics for Self-Funded Plans

- Regulatory and reporting guidelines
- HIPAA privacy and security
- Dos and don'ts for ERISA compliance, and other requirements

Darcie Falsioni
Counsel
NIXON PEABODY

Kate Ulrich Saracene, Esq.
Partner
NIXON PEABODY

WHCC KEYNOTE AGENDA • SUNDAY, APRIL 10, 2016

3:00-4:00 • Early Congress Registration

4:00

Voices of the Campaign: A Pulse-Check on What May Change Post-Election

- Inform scenario planning with insight from both sides of the aisle – How might election results impact your organization?
- Learn which ACA items to watch in the next 6-9 months

Thomas Miller
Resident Fellow, **AMERICAN ENTERPRISE INSTITUTE (AEI)**
Author, **When ObamaCare Fails: The Playbook for Market-Based Reform**

Neera Tanden
President, **CENTER FOR AMERICAN PROGRESS**
Former Senior Advisor for Health Reform, **HHS**

Moderator TBA

5:00-6:00 • Networking Reception

WHCC KEYNOTE AGENDA • MONDAY APRIL 11, 2016

7:00-6:45 • Congress Registration Open

7:25-8:20 • Peer-to-Peer Networking Breakfasts

8:25

Congress Welcome

8:30

The Intersection of Reform and Cost: We're Moving Faster, but Where Are We Going?

- Discussion of cost trends and major contributors
- How ACA elements impact cost: Medicaid expansion, exchanges, Medicare
- The long-term impact of cost shifting and high deductibles on the consumer
- The role of Medicare Advantage plans in producing value and lowering cost

Thought Leaders TBA

9:00

The Journey toward Higher Value: Stakeholder the Shift to Value-Based Care

- Discuss efforts to meet the mandate of tying 50% of payment to value by 2018 – Are we ready?
- Explore accountable care models achieving results
- Foster community-based care and navigate the business impact on hospitals

Richard Migliori, MD
Executive Vice President and Chief Medical Officer
UNITEDHEALTH GROUP

Marc D. Rothman, MD, CMD
Chief Medical Officer
KINDRED HEALTHCARE

Additional Thought Leaders TBA

10:05-10:50

Market Insights

CONCURRENT MARKET INSIGHTS A-E — *please visit website for session details*

A1 At The Crossroads of Payers and Providers: Optimizing the Connection

B1 Ancillary Benefit Innovations: The Impact on Health Care and a Changing Workforce

C1 How Technology-Driven Communication Improves Patient Compliance

**Additional Market Insight opportunities are available on Monday, Tuesday, and Wednesday.*

If you have a product or solution that you would like to showcase in the Market Insight discussions, please contact us.

A-K: Bernie Weiss, Vice President, Business Development • Bernie.Weiss@worldcongress.com • 781-939-2502

L-Z: Suzanne Carroll, Manager, Business Development • Suzanne.Carroll@worldcongress.com • 781-939-2648

10:55-11:55 • CONCURRENT EXECUTIVE SUMMITS IN SESSION • Refer to Pages 10-23 for Details

12:00-1:15 • Luncheon in the Executive Networking Lounge

1:20-3:25 • CONCURRENT EXECUTIVE SUMMITS IN SESSION • Refer to Pages 10-23 for Details

3:30-4:10 • Refreshment Break in the Executive Networking Lounge

4:15

Consolidation and Collaboration in Health Care: How are Cross-Sector Partnerships and Mergers Poised to Impact Industry?

- Explore the M&A climate and the potential pros and cons of mega-mergers
- What are the implications of deals for payers, providers, and for consumers five years out?
- Discuss the convergence of health care companies including new partnerships, integration, and collaboration

Matthew Walsh
Senior Vice President and Chief Operating Officer
HEALTH ALLIANCE PLAN (HAP)

Rick Weisblatt, PhD
Chief of Innovation and Strategy
HARVARD PILGRIM HEALTH CARE

Additional Thought Leaders TBA

5:15-6:45 • Reception in the Executive Networking Lounge

WHCC KEYNOTE AGENDA • TUESDAY, APRIL 12, 2016

7:30-6:20 • Congress Registration Open | **7:30-8:15 • Breakfast in the Executive Networking Lounge**

8:15 — **Opening Remarks**

8:20 — **Cognitive Systems and the Future of Health Care**

- Learn about the role of data and analytics in transforming health care and revolutionizing personalized medicine
- Explore a new era of cognitive computing, which is augmenting human capacity to understand and improve complex health care systems
- Gain a better understanding of emerging technologies and their impact on the future of health care

Ginni Rometty
Chairman, President and Chief Executive Officer
IBM

Moderator TBA

9:05 — **Lessons Learned: A New Approach to Pandemic Risk**

- Explore a global, public- and private-sector collaboration to help prevent and respond to devastating epidemics
- Hear lessons from the Ebola outbreak including its impact on hospitals and health care resources
- Understand how health care organizations can successfully partner with governments and engage local communities to catalyze change

Moderator:
Steve Sternberg
Senior Writer
U.S. News & World Report

Stanley M. Bergman
Chairman of the Board and Chief Executive Officer
HENRY SCHEIN, INC.
Governor, Global Health and Healthcare
WORLD ECONOMIC FORUM

Ertharin Cousin
Executive Director
UNITED NATIONS WORLD FOOD PROGRAMME

Additional Thought Leaders TBA

10:10-10:55 — **CONCURRENT MARKET INSIGHTS A-E —** *please visit website for session details*

Market Insights

A2 Better Health Outcomes through Fall Prevention: Measuring the Impact on LTSS and Acute-Care Costs

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11:00-12:00 • CONCURRENT EXECUTIVE SUMMITS IN SESSION • Refer to Pages 10-23 for Details

12:05-1:20 • Luncheon in the Executive Networking Lounge

1:25-3:30 • CONCURRENT EXECUTIVE SUMMITS IN SESSION • Refer to Pages 10-23 for Details

3:35 — **Putting the Consumer First: What Does Consumer-Driven Coverage and Care Look Like?**

- Engagement strategies that enhance the health care user experience
- Models that combine convenience and the right level of care to meet people where they are both in their lives and in their health care journey

Robert Pearl, MD
Executive Director and Chief Executive Officer, **THE PERMANENTE MEDICAL GROUP, KAISER PERMANENTE**
Contributor, ***FORBES***

Donald (Skip) Trump, MD
Chief Executive Officer
INOVA DWIGHT AND MARTHA SCHAR CANCER INSTITUTE

Additional Thought Leaders TBA

4:20 — **Disrupting Primary Care with Novel Delivery Models**

- Explore the impact of emerging PC models – retail, virtual, urgent care, clinic, and community-based – on patient outcomes and the industry
- Examine innovative models gaining scale nationally and globally
- Discuss what primary care and the patient-provider relationship may look like in five to 10 years

Rushika Fernandopulle, MD
Chief Executive Officer
IORA HEALTH

Martin G. Kistin, MD
Professor of Medicine, Division of Gastroenterology and Hepatology, **UNIVERSITY OF NEW MEXICO**
Replication Team, **PROJECT ECHO**

Ellen-Marie Whelan, NP, PhD, FAAN
acting Chief Population Health Officer, **CENTER FOR MEDICAID AND CHIP SERVICES (CMCS);** Senior Advisor, **CENTER FOR MEDICARE AND MEDICAID INNOVATION (CMMI), CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)**

Moderator TBA

5:05-6:20 • Reception in the Executive Networking Lounge

WHCC KEYNOTE AGENDA • WEDNESDAY, APRIL 13, 2016

7:30-12:10 • Congress Registration Open | **7:30-8:00 • Networking Breakfast**

8:00 — **Opening Remarks**

8:05 — **Move Behavioral Health Integration Forward: Where Are We Today?**

- Cutting-edge research that addresses integration from behavioral and physical sides of the equation
- Industry investment and progress in integration
- Cross-sector collaborations to improve care coordination and outcomes
- Diverse models across settings (e.g., schools, churches) including digital, virtual, and grassroots campaigns that are moving into the mainstream

Moderator:
Robin Strongin
Founder
Disruptive Women in Health Care

Linda Rosenberg
President and Chief Executive Officer
NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

Bernadette M. Melnyk, PhD, RN, CPNP/PMHNP, FAAN
Associate Vice President for Health Promotion, University
Chief Wellness Officer, Dean and Professor, College of Nursing
THE OHIO STATE UNIVERSITY

Robert K. Heinssen, Ph.D.
Director, Division of Services
and Intervention Research
NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

9:05 — **Empowering Innovation and Change in Health Care**

- Discuss how virtual medicine is reshaping the health care industry
- Elevate services with a new level of speed and personalization to better meet consumer and patient needs
- Use data analysis and preventative care to improve health care outcomes
- Identify and meet the needs of the provider of the future

Vivek Garipalli
Co-Founder and
Board Member
CLOVER HEALTH

Additional Thought Leaders TBA

10:10-10:55 — **CONCURRENT MARKET INSIGHTS A-C — *please visit website for session details***

Market Insights

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11:00-11:10 — **Afternoon Remarks**

11:10 — **CLOSING KEYNOTE ADDRESS**

Thought Leaders TBA

12:10 • Close of Congress

Agenda as of 1/5/16 • Speakers and sessions are subject to change

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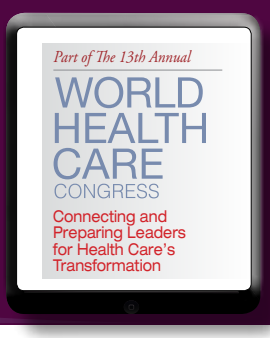

Hear WHCC podcast interviews at www.worldhealthcarecongress.com/SpeakerInterviews

MONDAY, APRIL 11, 2016 • 10:05-10:50

10:05-10:50 Market Insight

A1 At The Crossroads of Payers and Providers: Optimizing the Connection

Join a national payer and provider to discuss best practices and the path forward in consumer-focused transactions:

- Explore how payers and providers deliver patient-centered encounters not only at the clinical level, but also at the financial and administrative level
- Transform transactions into opportunities to build consumer loyalty and enhance patient engagement
  - * Streamline payer-provider transactions and patient transactions, deriving greater value as a result
  - * Create a more nimble operation that optimizes automation and human effort, improves cash flow, and reduces cost
- Understand where and how to unlock stored value in daily business transactions
  - * Overcome barriers of legacy technology and constrained resources

Gregory M. Jelinek
Executive Vice President, National Sales Director Treasury Management
PNC HEALTHCARE; THE PNC FINANCIAL SERVICES GROUP

HOSTED BY: PNC HEALTHCARE

10:05-10:50 Market Insight

B1 Ancillary Benefit Innovations: The Impact on Health Care and a Changing Workforce

- Discuss how employers adjust their benefits strategy to better manage a workforce with diverse demographics
- Hear how health plans are innovating to address health challenges, including medical costs, through ancillary benefits

Amber Lund
Vice President
AMPLIFON HEARING HEALTH CARE

Tom Mole
Vice President, Specialty Sales
AETNA

HOSTED BY: amplifon HEARING HEALTH CARE

10:05-10:50 Market Insight

C1 How Technology-Driven Communication Improves Patient Compliance

- Learn how Ochsner Medical Center increased colorectal screenings through automated phone notifications to an at-risk patient population
- Evaluate how the right tools and strategy make a critical difference in patient engagement and activation
- Achieve increased revenue, superior patient satisfaction and outcomes, and reduced personnel costs/resources with an automated patient notification campaign

Alex Carter
Strategic Account Executive
TELEVOX, A WEST CORP. COMPANY

Stacie Falati, BSN, RN, CMSRN
RN Director, Endoscopy Department
OCHSNER MEDICAL CENTER

HOSTED BY: west

TUESDAY, APRIL 12, 2016 • 10:10-10:55

10:05-10:50 Market Insight

A2 Better Health Outcomes through Fall Prevention: Measuring the Impact on LTSS and Acute-Care Costs

Marc A. Cohen, PhD
Chief Research and Development Officer
LIFEPLANS, INC.

HOSTED BY: LifePlans® Know Your Members℠

**Additional Market Insight opportunities are available on Monday, Tuesday, and Wednesday. If you have a product or solution you would like to showcase, please contact us.*

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Suzanne Carroll, Manager, Business Development • Suzanne.Carroll@worldcongress.com • 781-939-2648

Bernie Weiss, Vice President, Business Development • Bernie.Weiss@worldcongress.com • 781-939-2502

ATTENDEE ACCLAIM FROM THE 2015 WHCC:

"This Congress really crystalizes how many people from disparate parts of the health care community are finding ways to combat struggles and answer questions. The large commonality of issues is validating and challenging. One of the best things is the ability to grab so many ideas and bring them home to try out."

— Jeff Gold, Senior Vice President and Special Counsel, **HANYS**

"The 12th Annual World Health Care Congress was the best conference I attended this year. I look forward to attending next year."

— Nebeyou Abebe, Senior Director, Health & Well-being, **Sodexo North America**

"I enjoyed listening to the many initiatives being implemented by the various health plans, providers, and other speakers."

— Jackie Addison, Vice President, Customer Operations
Blue Cross Blue Shield of Louisiana

"Many conferences speak to current problems, how to fix them, and give little regard to what is on the horizon. This conference gave me not just a hint, but knowledge of what is next, and provided great detail of what has been done by many different entities to be proactive."

— Peggy Scherrer, RN, BSN, Compliance Operations Manager
University of California San Francisco

"When I come to this conference, I leave with a vision of what the future of health care will look like."

— Janet Poppe, Senior Director, National Accounts
Pacira Pharmaceuticals

"The 2015 WHCC event was pivotal, as the numerous attendees were acutely interested in how health care is evolving to meet the increasing needs of the population."

— Henry DePhillips, MD, FAAFP, Chief Medical Officer
Teladoc

To learn more about the 2016 Congress, please visit www.worldhealthcarecongress.com/2016

13th Annual

HEALTH PLAN AND PAYER SUMMIT

Forge New Partnerships and Support Value-Based Delivery Models to Succeed in a Consumer-Driven Marketplace

- Discuss approaches to successfully operate in a consumer-driven marketplace
- Analyze the impact of recent payer-payer and payer-provider mergers and acquisitions
- Implement strategies and design products that target consumer need and increase brand loyalty
- Learn how payers help providers manage risk and support the shift from FFS to value-based care

Day One Summit Chairperson:
Ray Desrochers
Chief Marketing Officer
HEALTHEDGE

MONDAY, APRIL 11, 2016

10:55 Strategic Planning at the Cross-Section of Innovation and Cost-Containment

- Examine key industry trends and how they influence strategy for the next 3-5 years
  - * Operating effectively under the ACA
  - * Changing distribution channels: What is the best way to reach members?
- Discuss the evolution of the payer-provider relationship and its impact on members
  - * Perspective on developing interdependent partnerships versus integrating vertically on the path to value-based care
- Hear leadership views on balancing business growth with a changing business model

Moderator:
Leslie Small
Editor
FierceHealthPayer

Jeffrey Conklin
Vice President, Payer and Network Strategies, **ADVENTIST HEALTH**
President, **ADVENTIST HEALTH MANAGED CARE;** President and Chief Executive Officer, **ADVENTIST HEALTH PLAN, INC.**

Robert Hinckley
Senior Vice President, Strategy and Communications, Chief Strategy Officer
CAPITAL DISTRICT PHYSICIANS HEALTH PLAN

Jeff Spight
President, ACO Market Operations
UNIVERSAL AMERICAN

1:20 Enhance Value-Based Care with Strategic Partnerships and Collaborations

- Analyze recent mergers between payers and their impact on consumer choice and affordability
- Leverage opportunities to collaborate with providers and understand payer-provider dynamics
  - * Exchange clinical and claims data to curb costs
  - * Consider new approaches to share the premium dollar
- Align incentives with providers to change patient behavior and improve outcomes

Moderator:
Sanjay Saxena
Partner and Managing Director, Health Care Practice, **BOSTON CONSULTING GROUP (BCG)**

Mary Grealy
President
HEALTHCARE LEADERSHIP COUNCIL (HLC)

Jeffrey Gold
Senior Vice President and Special Counsel, Managed Care and Insurance
HEALTHCARE ASSOCIATION OF NEW YORK STATE (HANYS)

Stephen H. Nolte
Chief Executive Officer
SUTTER HEALTH PLUS

2:25 Adopt Innovative Consumer Engagement Strategies and Increase Retention

- Design products and solutions that target consumer needs and increase brand loyalty
- Modify communication efforts to address a diverse population using technology and interactive tools
- Identify consumer needs: Bridge the gap between payer objectives and consumer expectations
- Improve connectivity using retail care delivery models such as walk-in clinics

Mary Beth Jenkins
Senior Vice President and Chief Operating Officer
UPMC HEALTH PLAN

Kristin Carman, PhD
Vice President
AMERICAN INSTITUTES FOR RESEARCH (AIR)

Additional Thought Leaders TBA

Agenda Continued on Next Page

Continued from Previous Page

Day Two Summit Chairperson:
Michael Duffy
Partner and Managing Director, Health Care Practice
BOSTON CONSULTING GROUP (BCG)

TUESDAY, APRIL 12, 2016

11:00

Successfully Navigate Private Exchanges: Payer Experiences

- Follow a personalized approach and re-invent private exchange platforms
- Assess the impact of the Cadillac Tax on exchange growth and modify plan design to succeed in a defined contribution model
- Understand how private exchanges support price transparency and help consumers make informed decisions

Melinda L. Hews
Executive Director, Health Insurance Exchanges, Health Plan Division
GROUP HEALTH COOPERATIVE

Matthew Marek
Vice President, Product and Marketing
BLUE CROSS AND BLUE SHIELD OF MINNESOTA

John Mills
Senior Director, Commercial Products
UPMC HEALTH PLAN

Moderator TBA

Shared session with:
BUSINESS OF EXCHANGES SUMMIT

1:25

The Payer's Role in Risk Stratification and Population Health Management

- Hear payer strategies to support the provider shift from fee-for-service to a value-based model
- Work with providers to manage health risks
- Understand key challenges payers face while transferring risk to providers
- Analyze how payers reduce gaps in care and assist providers in comprehensive population health management

Mohamed Diab
Vice President, Provider Transformation
AETNA

Paula Hedlund
Chief Innovation Officer
UPPER PENINSULA HEALTH PLAN

Douglas Ronald Smith, MD
Chief Medical Officer
ARCHES HEALTH PLAN

Dirk Wales, MD
Chief Medical Officer
CIGNA-HEALTHSPRING

Moderator TBA

2:30

Analyze New Care Delivery Models: What Is the Value Proposition?

- Hear about the evolving role of payers as caregivers
  - Learn how health plans can efficiently utilize technology to provide accurate information to physicians
- Create mutually-beneficial ACOs and gain strategies to improve the ACO model to reduce costs
- Examine the growth of telemedicine and telehealth and assess their impact on reimbursement
  - Restructure your benefits and include services such as online and phone consultations

Moderator:
Ray Desrochers
Chief Marketing Officer
HEALTHEDGE

Vivek Garipalli
Co-Founder and Board Member
CLOVER HEALTH

Aneesh Kumar
Vice President, Enterprise Product Solutions
CIGNA

Kristen Miranda
Senior Vice President, Strategic Partnerships and Innovation
BLUE SHIELD OF CALIFORNIA

IN ASSOCIATION WITH: BMI Research A Fitch Group Company · Healthcare DIVE · DISRUPTIVE WOMEN IN HEALTH CARE · American Institute for Preventive Medicine www.HealthyLife.com · CMSA · First Report Managed Care · Managed Care

FOR MORE DETAILS ON THIS SUMMIT PLEASE VISIT **WWW.WORLDCONGRESS.COM/whccPAYER**

13th Annual

HOSPITAL AND HEALTH SYSTEM SUMMIT

Turn the Revenue Model, Link Care Across the Continuum, and Optimize Market Position in a Value-Based World

- Gain strategies to balance FFS with value-based payment models
- Enhance your understanding of customers and discover ways to engage them
- Empower clinicians to rediscover joy in the practice of medicine
- Effectively use data analytics to intervene in disease progression

MONDAY, APRIL 11, 2016

10:55 **Approaches to Business Success while Balancing FFS and Value-Based Payment Models**

- Explore approaches to maintain margins today while preparing for downside risk as a revenue stream in the future
- Discuss approaches to expand beyond the four walls of the hospital to close gaps in the continuum of care, including
  * Expanding ambulatory and post-acute care assets
  * Keeping patients in-network and connected to primary care
  * Addressing social determinants that impact health and access
- Hear innovative ideas to turn the revenue model, use analytics, and earn shared savings

Moderator:
Ben Harder
Chief of Health Analysis and Managing Editor
U.S. NEWS & WORLD REPORT

Robert Fortini, MD
Vice President and Chief Clinical Officer
BON SECOURS MEDICAL GROUP

Janice E. Nevin, MD
President and Chief Executive Officer
CHRISTIANA CARE HEALTH SYSTEM

Randy Oostra, DM
President and Chief Executive Officer
PROMEDICA HEALTH SYSTEM

Robert Wyllie, MD
Chief Medical Operating Officer, System-Wide Medical Operations; Associate Chief of Staff; Professor, Lerner College of Medicine, **CLEVELAND CLINIC**

1:20 **Understand Critical Success Factors in the Implementation of a Provider-Owned Health Plan Strategy**

- Discuss industry experience and the outlook for provider-owned health plans
- Outline market conditions necessary to succeed and discuss what is next
- Consider an overall strategy at the system level that enables the provider side of the organization to work in sync with the plan side
  * Identify capital, expertise, infrastructure, and technology requirements
  * Create synchronization and harmonize care management with the plan side
  * Acknowledge the volatility of the fixed premium and costs of providing care
- Hear from experienced health systems in this space and evaluate various approaches to implementation

Moderator:
Cathy K. Eddy
President
HEALTH PLAN ALLIANCE

Joseph M. Schulman
Executive Director, Northwell Health Solutions
NORTHWELL HEALTH

Eric R. Wagner
Executive Vice President, Insurance and Diversified Operations
MEDSTAR HEALTH

Additional Thought Leaders TBA

2:25 **Optimize Your Market Position: Understand the Effects of Payer Consolidation and Changing Market Dynamics**

- Evaluate the impact of mergers on consumers, negotiating power, and revenue streams
- Assess relationships and determine new opportunities to gain scale and relevance
  * Weigh the pros and cons of taking affiliations, joint ventures, and other partnerships as a path to diversification and growth
  * Identify payers to partner with and develop preferential arrangements on narrow networks
  * Outline success factors for the independent or small community hospital
- Examine cultural fits and elements of win-win partnerships for gain sharing and quality

Kurt Janavitz
Chief Executive Officer
INTEGRATED HEALTH NETWORK OF WISCONSIN

Paula Widerlite
Chief Strategy Officer
ANNE ARUNDEL MEDICAL CENTER

Additional Thought Leaders TBA

Agenda Continued on Next Page

Continued from Previous Page

Day Two Summit Chairperson:
Bruce Bagley, MD
Senior Advisor, Professional Satisfaction and Practice Sustainability
AMERICAN MEDICAL ASSOCIATION (AMA)

TUESDAY, APRIL 12, 2016

11:00

The Patient Engagement Strategic Imperative: Know Your Customers and Deliver on What's Important to Them

- Explore the impact that high-value and convenient care has on loyalty, market share, and on bolstering outpatient revenue streams
- Examine disruptive models that extend access to primary care through integration at urgent care and retail clinics
- Foster self-management, improve choice, and tailor programs for populations at all acuity levels from telehealth and remote patient monitoring to the digital consumer

Moderator:
Jeff Byers
Associate Editor
HEALTHCARE DIVE

Carlos Iitsuka
Senior Vice President, Strategy and Business Development
UMASS MEMORIAL HEALTH CARE

Tamra E. Minnier
Chief Quality Officer
UPMC

George Sauter
Chief Strategy Officer
JOHN MUIR HEALTH

Daniel Varga, MD
Senior Executive Vice President and Chief Clinical Officer
TEXAS HEALTH RESOURCES

1:25

Perform at a Higher Level: Embrace Resiliency and Rediscover Joy in the Practice of Medicine

- Discuss how organizations can empower clinicians to manage patient care between visits and improve their skills in team-based practice
  * Effective physician leadership development programs
- Identify sources of innovation fatigue and best practices that offer the level of infrastructure, support, and training necessary for clinicians to accomplish organizational goals
- Hear from organizations that are impacting the culture of safety to improve quality and restore joy to the practice of medicine

Moderator:
Bruce Bagley, MD
Senior Advisor, Professional Satisfaction and Practice Sustainability
AMERICAN MEDICAL ASSOCIATION (AMA)

Peter B. Angood, MD
Chief Executive Officer, **AMERICAN ASSOCIATION FOR PHYSICIAN LEADERSHIP;** Former Chief Safety Officer
THE JOINT COMMISSION

William T. Morgan, MD
President and Chief Medical Officer
CONE HEALTH MEDICAL GROUP

Ronette Wiley
Interim Chief Operating Officer, Vice President, Performance Improvement and Chief Compliance Officer
BASSETT HEALTHCARE NETWORK

2:30

Creative and Effective Uses of Data Analytics to Intervene in Disease Progression in a Population Health Model

- Determine how to go beyond identifying gaps in care to utilize proven interventions for your populations and patients
- Build systems that take the long view of a patient's life and enable targeted outreach to complement care manager efforts
- Hear examples from health systems that have optimized analytics to creatively intercept disease
- Learn how health care providers are partnering with patients to gain insights into the health of populations

Moderator:
Bruce Bagley, MD
Senior Advisor, Professional Satisfaction and Practice Sustainability
AMERICAN MEDICAL ASSOCIATION (AMA)

Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN
President, **AMERICAN NURSES ASSOCIATION (ANA)**

Arnold DoRosario, MD
Vice President and Chief Population Health Officer
NORTHEAST MEDICAL GROUP/ YALE NEW HAVEN HEALTH

Claus Hamann MD
Chief Population Health Officer, Beacon Health
EASTERN MAINE HEALTHCARE SYSTEMS

Jonathan Jaffery, MD
Chief Population Health Officer
UW HEALTH

Moderator TBA

Shared session with:

NURSE LEADERSHIP SUMMIT

IN ASSOCIATION WITH:

4th Annual

NETWORK AND CONTRACT MANAGEMENT SUMMIT FOR PROVIDERS AND PAYERS

Enhance Payer-Provider Relationships for Successful Implementation of Value-Based Contracts

- Shift to value-based care to improve the health of people and communities
- Gain insight into value-based contracting and operational considerations
- Develop stable, longer-term contracts that minimize risk
- Measurably increase and generate savings

Summit Chairperson:
Joseph M. Nicholson, III, DO
Corporate SVP & National Medical Director
CANCER TREATMENT CENTERS OF AMERICA®

MONDAY, APRIL 11, 2016

10:55

Contracting Approaches and Operationalizing a Value-Based Payment Arrangement

- Gain insight into a new mindset that goes beyond deal-making about rates to develop strategic, collaborative, win-win relationships
  - What are reasonable needs and how can they be met collectively?
  - Discuss how to incentivize members/patients to engage with PCPs around preventive measures that close gaps in care
- Discuss strategies to reach the goal of shifting 75% of the business to value-based arrangements by 2020
- Hear how to plan and enact changes in the absence of data

Moderator:
Jeff Micklos
Executive Director
HEALTH CARE TRANSFORMATION TASK FORCE

Jordan Asher, MD
Chief Clinical Officer and Chief Innovation Officer
MISSIONPOINT HEALTH PARTNERS, ASCENSION HEALTH

Dianna Chautin
Vice President, Provider Relations
UNITEDHEALTHCARE

Stuart H. Levine, MD
Chief Innovation and Clinical Care Officer
BLUE SHIELD OF CALIFORNIA

1:20

Case Study: Build Trust for Win-Win Negotiations and Ease Implementation of Innovative Payment Models

- Leverage the expertise of a health plan's Innovation Department to create models that lead to quality, outcomes, and value for all stakeholders
- Discuss ways to manage market changes that impact the plan-provider relationship, market share, and the contracting process
- Determine how to make the most of a narrow network strategy and overcome challenges associated with standards, design, and consumer response

Marc Barclay
Vice President, Provider Networks and Contracting
BLUECROSS BLUESHIELD OF TENNESSEE

J. Fred Ralston, Jr., MD
Internist, **FAYETTEVILLE MEDICAL ASSOCIATES, PC**
President Emeritus
AMERICAN COLLEGE OF PHYSICIANS

2:25

The Value of Data and Reporting in Long-Term, Actuarial-Based Relationships

- Understand the role of transparency, cost and results data in value-based contracting negotiation
  - Establish partner willingness to identify collaborative opportunities that lead to non-duplicative work, measureable improvements, and savings
- Share clinical and financial data upstream and downstream
  - Ensure reporting is frequent, standardized, and actionable
- Build consensus around consistent and pre-specified quality performance metrics facilitated by the contract
- Develop stable, longer-term contracts to minimize risk and uncertainty when committing capital and redeploying resources

Moderator:
Joseph M. Nicholson, III, DO
Corporate SVP & National Medical Director
CANCER TREATMENT CENTERS OF AMERICA®

Jonathan Chines
Vice President, Network Contracting, Senior Products
TUFTS HEALTH PLAN

Debra Bernstein
Director, Provider Performance & Analytics
HEALTH PARTNERS PLANS

Jeffrey Conklin
Vice President, Payer and Network Strategies, **ADVENTIST HEALTH;** President, **ADVENTIST HEALTH MANAGED CARE**
President and Chief Executive Officer, **ADVENTIST HEALTH PLAN, INC.**

Agenda Continued on Next Page

Continued from Previous Page

TUESDAY, APRIL 12, 2016

11:00 Case Study: Lay the Foundation for Successful Partnerships in a Clinically Integrated, Super ACO

- Understand the infrastructure, governance, development, and operations of a multi-system ACO created to manage population health over a large geographic area
- Leverage the system's risk-contracting experience when partnering with payers
- Gain strategies for an individual system to remain competitive while participating in an ACO
  * Maintain market-driven products and services
- Manage the challenges of an attribution methodology to enable an equitable distribution of shared savings

Kurt Janavitz
Chief Executive Officer
INTEGRATED HEALTH NETWORK OF WISCONSIN

Jeffrey Squier
Payer Relations & Strategy Officer
ASCENSION HEALTH WISCONSIN

1:25 Explore the Impact of Partnerships, Mergers, and Consolidation on Contract Negotiations

- Consider the advantages of a clinically-integrated network to better manage care across the entire health system and prepare for value-based contracting
- Discuss M&A and partnership strategies and their impact on contracts
- Develop a customized approach to transition physicians to value-based contracts

Moderator:
Jeffrey Hausfeld, MD
Chairman and Founder
SOCIETY OF PHYSICIAN ENTREPRENEURS (SOPE)

Jennifer B. Atkins
System Vice President, Payer Contracting & Engagement
MERCY HEALTH
President, **MERCY HEALTH PARTNERS PHO, INC.**

Todd Lefkowitz
Senior Vice President, Managed Care Operations and Network Development
DAVITA HEALTHCARE PARTNERS

Lisa Wagamon
Vice President, Provider Networks
GATEWAY HEALTH PLAN

2:30 Narrow and Tiered Network Design: Success Factors and Pitfalls

- Determine the potential for alignment and mutual growth
- Understand factors for inclusion in narrow networks
- Manage network leakage through effective benefit design
- Ensure that tools and information help consumers understand and make difficult tradeoffs
- Approach specific employers with a dual choice offering to maximize success

Titus J. Muzi, Jr.
Senior Vice President, Managed Care Contracting and Strategy
AURORA HEALTH CARE

John Pickett
Head of Network Development
OSCAR

Dyana Tanasy
Director, Strategic Initiatives Group
HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY

Moderator TBA

Shared session with:
BUSINESS OF EXCHANGES SUMMIT

"I particularly enjoy all of the WHCC networking opportunities, where open conversations and real relationships are established."

— **Mark Saffer, MD**
Chief Executive Officer
MIDWEST HEALTH PLAN

IN ASSOCIATION WITH:

FOR MORE DETAILS ON THIS SUMMIT PLEASE VISIT **WWW.WORLDCONGRESS.COM/whccCONTRACT**

The Inaugural

NURSE LEADERSHIP SUMMIT

Optimize the Nurse Role and Advance Interprofessional Collaboration to Succeed at Value-Based Care and Population Health Management

Day One Summit Chairperson:
Elizabeth Speakman, EdD, RN, ANEF, FNAP
Co-Director, Jefferson Center for Interprofessional Education; Associate Professor, Jefferson College of Nursing
THOMAS JEFFERSON UNIVERSITY

MONDAY, APRIL 11, 2016

10:55 Strategies to Eliminate Barriers for Nursing Professionals

- Discuss progress and efforts to remove barriers at a federal, state and institutional level
- Examine limitations within an organization: What are executives doing to redesign infrastructure and processes while reducing resistance to change?
- Assess the future of nursing in an evolving primary-care system
  * Need for onboarding and mentoring programs

Moderator:
Susan B. Hassmiller, PhD, RN, FAAN
Senior Advisor for Nursing
ROBERT WOOD JOHNSON FOUNDATION

Cindy Cooke, DNP, FNP-C, FAANP
President, **AMERICAN ASSOCIATION OF NURSE PRACTITIONERS (AANP)**

Carolyn Hayes, PhD, RN, NEA-BC
Associate Chief Nurse of Oncology, Medical and Integrative Nursing
BRIGHAM AND WOMEN'S HOSPITAL AND DANA-FARBER CANCER INSTITUTE

Susan Kosman, DNP, MS, RN
Chief Nursing Officer and Executive Director, National Care Management
AETNA

Tracy Williams, DNP, RN
Senior Vice President and System Chief Nursing Officer
NORTON HEALTHCARE

1:20 Leverage the Nurse Workforce to Evolve Care Delivery and Shift to Population Health Management

- How can the nursing professional role reflect the overall system objectives and speed adoption of a value-based delivery model?
- Improve resource allocation to maximize clinical and financial performance
  * Position resources appropriately to link care across the continuum
  * Implications for the acute-care nursing role
  * Leverage the unique mindset of the nursing professional
- Develop career ladders for nurses to advance in leadership and discuss implications for schools
- Use analytics to deliver information to the care team that supports outreach and targeted interventions

Moderator:
Ellen-Marie Whelan, NP, PhD, FAAN
acting Chief Population Health Officer, **CENTER FOR MEDICAID AND CHIP SERVICES (CMCS);** Senior Advisor, **CENTER FOR MEDICARE AND MEDICAID INNOVATION (CMMI), CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)**

Billie Lynn Allard, MS, RN
Administrative Director of Outpatient and Transitions of Care Services
SOUTHWESTERN VERMONT HEALTHCARE

Tracey Moffatt, MHA, BSN, RN
System Chief Nursing Officer and Vice President of Quality
OCHSNER HEALTH SYSTEM

Liisa Ortegon
Senior Vice President and Chief Nursing Executive
HOUSTON METHODIST HOSPITAL

Linda Wendt, RN, CPHQ
Executive Director, Quality
UNITYPOINT CLINIC

2:25 Foster Interprofessional Collaborative Practice to Achieve Value-Based Care

- Maximize engagement by teaching collaborative practice in school core curricula
- Create and manage interprofessional teams, and identify opportunities for team effectiveness in value-based models
- Hear examples of improving patient outcomes through shared responsibility

Moderator:
Elizabeth Speakman, EdD, RN, ANEF, FNAP
Co-Director, Jefferson Center for Interprofessional Education; Associate Professor, Jefferson College of Nursing
THOMAS JEFFERSON UNIVERSITY

Patricia Gerrity, PhD, RN, FAAN
Professor, Associate Dean for Community Programs, College of Nursing and Health Professions
DREXEL UNIVERSITY; Director, **STEPHEN & SANDRA SHELLER 11TH STREET FAMILY HEALTH SERVICES**

Karen T. Pardue, PhD, RN, CNE, ANEF
Associate Dean for Academic Affairs, Westbrook College of Health Professions
UNIVERSITY OF NEW ENGLAND (UNE)

David Renfro, MS, RN, NE-BC, VHA-CM
Chief Nurse, Specialty and Hospital Based Services
VA PALO ALTO HEALTH CARE SYSTEM

Additional Thought Leaders TBA

Continued from Previous Page

Day Two Summit Chairperson:
Juanita C. Graham, DNP, RN, FRSPH
Assistant Professor, College of Nursing
UNIVERSITY OF SOUTHERN MISSISSIPPI

TUESDAY, APRIL 12, 2016

11:00 **Nurse-Led Behavioral Health Integration in the Primary Care Setting**

- Change the culture of primary care by making mental health the core element
- Develop a plan to put processes in place and operationalize behavioral integration
- Discuss the impact that mental health integration has on population health management and health care costs

Kim Henrichsen, RN, MSN
Vice President, Clinical Operations and Chief Nursing Officer
INTERMOUNTAIN HEALTHCARE

1:25 **Optimize the Nurse Role in Urgent Care or Virtual Visits to Improve Access and Convenience**

- Discuss the value that urgent care or virtual visits bring to population health management and to managing ED congestion
- Explore the skills and competencies needed for a nurse to assess a patient virtually
- Analyze an outlook for virtual care and how this new model fits with the nursing professional of the future

Moderator:
Juanita C. Graham, DNP, RN, FRSPH
Assistant Professor, College of Nursing
UNIVERSITY OF SOUTHERN MISSISSIPPI

Kathy Abel, RN, APNC
Nurse Practitioner, Department of Orthopedics
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Terri Giordano, DNP, CRNP, CORLN
Clinical Outcomes Research Administrator, Division of Otolaryngology
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Linda J. Knodel, MHA, MSN, NE-BC, CPHQ, FACHE
Senior Vice President and Chief Nursing Officer
MERCY HEALTH

2:30 **Creative and Effective Uses of Data Analanalytics to Intervene in Disease Progression in a Population Health Model**

- Determine how to go beyond identifying gaps in care to utilize proven interventions for your populations and patients
- Build systems that take the long view of a patient's life and enable targeted outreach to complement care manager efforts
- Hear examples from health systems that have optimized analytics to creatively intercept disease
- Learn how health care providers are partnering with patients to gain insights into the health of populations

Moderator:
Bruce Bagley, MD
Senior Advisor, Professional Satisfaction and Practice Sustainability
AMERICAN MEDICAL ASSOCIATION (AMA)

Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN
President, **AMERICAN NURSES ASSOCIATION (ANA)**

Arnold DoRosario, MD
Vice President and Chief Population Health Officer
NORTHEAST MEDICAL GROUP/ YALE NEW HAVEN HEALTH

Claus Hamann MD
Chief Population Health Officer, Beacon Health
EASTERN MAINE HEALTHCARE SYSTEMS

Jonathan Jaffery, MD
Chief Population Health Officer
UW HEALTH

Moderator TBA

Shared session with:

13th Annual
HOSPITAL AND HEALTH SYSTEM SUMMIT

"This is a great networking opportunity. Also, it is great to see and hear about the various initiatives across the nation. All have the same philosophy – to improve the quality of health."

— **Carmen Elliott**
Senior Director, Payment and Practice Management
AMERICAN PHYSICAL THERAPY ASSOCIATION

IN ASSOCIATION WITH:

FOR MORE DETAILS ON THIS SUMMIT PLEASE VISIT **WWW.WORLDCONGRESS.COM/whccNURSE**

13th Annual

HEALTH INFORMATION TECHNOLOGY SUMMIT

Efficiently Manage, Exchange, and Protect Data to Streamline Patient Care and Improve Outcomes

- Understand the importance of data management and create an Enterprise Data strategy to improve clinical and financial outcomes
- Examine recent innovations in interoperability that support seamless data exchange among health care stakeholders
- Explore the digital health space: Learn how mobile apps and wearable devices create responsible patients and improve care
- Adopt predictive modeling strategies for effective population health management

Summit Chairperson:

Constantin Aliferis, MD
Chief Research Informatics Officer, Chief Analytics Officer, MHealth Unit, and Director, Institute for Health Informatics
UNIVERSITY OF MINNESOTA

MONDAY, APRIL 11, 2016

10:55 Elevate the Importance of Data within Your Organization to Increase Business Value

- Ensure data management is a top organizational priority
  * Learn how this is a cross-functional effort that involves IT, clinical, financial, and operational departments
- Maintain accuracy with an Enterprise Data strategy and leverage Big Data
- Connect clinical and financial data for quality improvement

Moderator:
Constantin Aliferis, MD
Chief Research Informatics Officer, Chief Analytics Officer, MHealth Unit, and Director, Institute for Health Informatics
UNIVERSITY OF MINNESOTA

John Henshaw
UHC Information and Analytics Strategy
UNITEDHEALTHCARE

Vijay Venkatesan
Vice President, Enterprise Data Management
SUTTER HEALTH

Larry Wolf
Chief Information Officer, Emerging Markets
KINDRED HEALTHCARE

1:20 Implement Governance to Improve and Maintain Data Quality

- Develop a governance plan and engage leadership: How can organizations ensure a timely and consistent flow of and access to data?
  * Achieve competitive advantage and patient trust
- Capture information from business, clinical, and technical resources, and define data concepts to facilitate interpretation
- Understand governance standards to create accurate and meaningful data

John Eisenhauer
Chief, Data Governance
HUMANA

Mansur Hasib, DSc
Cybersecurity and Healthcare Leader
UNIVERSITY SYSTEM OF MARYLAND

Eileen Koski
Director, Data Governance
NORTH SHORE-LIJ HEALTH SYSTEM

Moderator TBA

2:25 Case Study: Avoid Data Breaches and Strengthen Health Information Security

- Understand the importance of security and the need to invest in data-protection tools such as encryption software
- Comply with recent HIPAA and HITECH regulations and conduct periodic audits
- Educate and train your workforce on recent policies and guidelines while handling patient information
  * Conduct periodic assessments and reviews to ensure compliance

Marc Probst
Chief Information Officer
INTERMOUNTAIN HEALTHCARE

Agenda Continued on Next Page

Continued from Previous Page

TUESDAY, APRIL 12, 2016

11:00

Leverage Data Analytics: Understand Population Trends to Improve Care

- Gain access to claims data and adopt predictive modeling strategies for effective population health management
  * Identify individual health needs
- Practice targeted analytics to eliminate unnecessary treatments and reduce costs
- Support consumerism with data analytics: Provide patients with accurate health information and assist them in making informed decisions

Mark Caron
Executive Vice President, Business Platforms and Solutions, and Chief Information Officer
CAPITAL BLUE CROSS

Nicholas Marko, MD
Chief Data Officer
GEISINGER HEALTH SYSTEM

Tina Esposito
Vice President, Center for Health Information Services
ADVOCATE HEALTH CARE

Ben Zaniello, MD
Medical Director, Population Health Informatics
PROVIDENCE HEALTH AND SERVICES

Moderator TBA

1:25

Data Standardization and Connectivity: Explore Recent Trends in Health Information Exchange and Interoperability

- Learn about FHIR interoperability standards to ensure fast and simple data exchange between payers and providers
- Explore patient-centered interoperability strategies
- Analyze the importance of partnerships between providers, payers, and government organizations to create a standardized health information network

Moderator:
Greg Slabodkin
Managing Editor
Health Data Management

Charles Jaffe, MD
Chief Executive Officer
HEALTH LEVEL 7 INTERNATIONAL

Nigel Sullivan
Director, Health Information Technology and Connected Health Architecture
CIGNA

2:30

Establish a Link Between Mobile Health and Patient Engagement

- Offer user-friendly apps that motivate patients to make lifestyle changes
- Understand the benefits (financial and clinical) of wearables and mHealth apps
  * Create responsible patients who make healthy choices
- Utilize data collected from mobile technology to manage health risks

Moderator:
Lindsey Dunn
Managing Editor, Custom Publications
HEALTH FORUM, AMERICAN HOSPITAL ASSOCIATION (AHA)

Jim Beinlich
Associate Chief Information Officer, Entity Services, Corporate Information Services
PENN MEDICINE

Neil C. Evans, MD
Co-Director, Connected Health, Office of Information and Analytics (OIA), Veterans Health Administration (VHA), **U.S. DEPARTMENT OF VETERANS AFFAIRS (VA);** Associate Chief of Staff, Informatics, **WASHINGTON D.C. VA MEDICAL CENTER**

Manish Vipani
Vice President, Enterprise Architecture
KAISER PERMANENTE

IN ASSOCIATION WITH:

5th Annual

MEDICAID AND MEDICARE REFORM SUMMIT

Strategies to Manage Cost and Utilization to Achieve Sustainability in Government Programs

- Explore cost-containment strategies for super utilizers
- Overcome barriers in serving duals and complex populations
- Discuss Medicaid expansion today and hear what's next
- Optimize approaches to integrate behavioral, physical, and long-term care

Summit Chairperson:

Jeff M. Myers
President and Chief Executive Officer
MEDICAID HEALTH PLANS OF AMERICA (MHPA)

MONDAY, APRIL 11, 2016

10:55 Current Policy Impacting Health Care Delivery to Medicaid, Medicare, and Dual Eligible Populations

- Apply policy levers to enable and support delivery system reform
- Explore policy and trends in Medicaid managed care and the advent of managed long-term care (LTC)
  - * What operational changes are needed to manage the LTC population?
- Discuss developments in behavioral health integration and implications of telehealth policy

Linda Elam, PhD
Deputy Assistant Secretary, Disability, Aging and Long-Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES (HHS)

Susan Mosier, MD
Secretary, **KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**
Medicaid Director
STATE OF KANSAS

I. Vanessa Purnell
Assistant Vice President, Government Affairs
MEDSTAR HEALTH

Moderator TBA

1:20 Progress and Opportunities for Innovation in Medicaid Coverage and Expansion

- Discuss how expansion is working and the potential for more
  - * Challenges, progress, and lessons from 2015 – How should they inform decision-making?
- Explore non-traditional approaches to expansion and funding such as combining with 1332 exchange Waivers
- How will the next wave of political change impact Medicaid coverage?

Moderator:
Jeff M. Myers
President and Chief Executive Officer, **MEDICAID HEALTH PLANS OF AMERICA (MHPA)**

Jeannine English
President
AARP

Julie C. Faulhaber
Vice President, Enterprise Medicaid, **HEALTH CARE SERVICE CORPORATION, BLUE CROSS BLUE SHIELD OF IL, MT, NM, OK AND TX**

Lambert van der Walde
Executive Director, Center for Health Reform and Modernization
UNITEDHEALTH GROUP

2:25 Analyze Delivery System and Payment Reforms to Drive Quality and Control Costs in Government Programs

- Analyze diverse delivery system and payment reforms in ACO, DSRIP, SIM, and other value-based models
  - * Successes, roadblocks, and lessons-learned
  - * Explore how models incentivize quality
- Discuss cost-containment strategies for super utilizers
  - * Leverage population health data to understand usage and design targeted interventions
  - * Discuss approaches for Medicaid FFS populations
- Assess the sustainability of the US pharmacy benefit including trends in pricing for chronic and targeted conditions

Moderator:
Enrique Martinez-Vidal
Vice President, State Policy and Technical Assistance, **ACADEMYHEALTH**
Director, State Coverage Initiatives, **ROBERT WOOD JOHNSON FOUNDATION**

Navneet Kathuria, MD
Vice President, Population Health and Clinical Quality
MERIDIAN HEALTH

Jeff Spight
President, ACO Market Operations
UNIVERSAL AMERICAN

Wayne Turnage
Director
DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH CARE FINANCE (DHCF)

Agenda Continued on Next Page

Continued from Previous Page

TUESDAY, APRIL 12, 2016

11:00 Overcome Challenges in Caring for Dual Eligible Members

- Discuss how payers and others can work with regulatory agencies to address challenges in duals management to further the integration of Medicaid and Medicare programs and provide quality, cost-effective care
- Examine approaches to engage the duals population in new care management models
- Understand connections between social determinants of health and the focus of new integrated care models
- Explore best practices for integrated care

Carolyn Ingram
Assistant Vice President, Government Affairs
MOLINA HEALTHCARE

Alexandra Kruse
Senior Program Officer
CENTER FOR HEALTH CARE STRATEGIES (CHCS)

Additional Thought Leaders TBA

1:25 Optimal Approaches to Integrate Behavioral and Physical Health

- Efforts to coordinate behavioral and physical health care in both carve out and fully-integrated models
- Identification of potential service gaps that may impede integration
- Strategies to provide quality care while reducing costs and overutilization
- Essential elements of a sustainable model for primary care integration

Moderator:
Pamela Greenberg
President and Chief Executive Officer
ASSOCIATION FOR BEHAVIORAL HEALTH AND WELLNESS (ABHW)

Ken Hopper, MD
Western Regional Vice President, Behavioral Health Medical Director, Government Business Division
ANTHEM

John M. Kane, MD
Senior Vice President, Behavioral Health Services
NORTH SHORE-LIJ HEALTH SYSTEM
Professor and Chairman,
HOFSTRA NORTH SHORE-LIJ SCHOOL OF MEDICINE

Martha Whitecotton
Senior Vice President, Behavioral Health Services
CAROLINAS HEALTH SYSTEM

2:30 Current Measurement and Strategies to Achieve and Maintain Star Ratings

- Discuss payer approaches to fulfill current measurements and anticipate what's next
  - How do plans meaningfully influence member satisfaction and perception of their health?
  - What are successful approaches to uncertainty around measure cut points?
- Explore factors beyond HEDIS that define quality
  - Do they approach duals differently?
  - What are successful enterprise-wide strategies to drive stars improvement?
  - How do they effectively engaged PBMs and key vendors?

Robert Brett
Vice President, Medicare
CARESOURCE

Joyce Chan
Vice President, Clinical Improvement
HEALTHFIRST

Additional Thought Leaders TBA

"This is a great networking event and a great place to learn."

— **Kimberley Branson**
Vice President, Business Architecture and Strategy
MEDICA

IN ASSOCIATION WITH:

2nd Annual

BUSINESS OF EXCHANGES SUMMIT

Product Design, Pricing, and Risk Management Strategies for Public and Private Marketplaces

- Optimize success in the competitive public and private marketplaces
- Build loyalty and improve consumer shopping experience
- Drive innovation and deliver better value in a private exchange model
- Implement a risk optimization strategy to compensate for changes in the 3Rs program

Day One Summit Chairperson:

Don Petry
Program Manager, Health Care Reform
BLUECROSS BLUESHIELD OF TENNESSEE

MONDAY, APRIL 11, 2016

10:55 **Achieve Financially-Sustainable SBE Models**

- Understand the long-term future of the marketplace, how it's evolving, and current obstacles
- Develop creative ways to shore up expenses, increase revenues, and become self-sustaining
- Hear approaches to address operational issues and improve decision-making tools, the shopping experience, and overall value

Amy Dowd
Chief Executive Officer
BeWellNM

James R. Wadleigh, Jr.
Chief Executive Officer
ACCESS HEALTH CT

1:20 **Forecast, Mitigate, and Manage Risk in an Uncertain Market**

- Employ a risk optimization strategy to offset losses as reinsurance and risk corridor programs conclude
- Reduce pharmacy spend and other high-cost areas by implementing targeted clinical intervention programs and improving care management
- Consider changing the individual risk adjuster methodology for a better correlation between member risk and cost
- Develop pricing strategies or product portfolios to make up for possible shortfalls
- Discover ways that plans have grown revenue and increased market share

Moderator: Steve Davis
Managing Editor, ***Inside Health Insurance Exchanges*** and ***The AIS Report on Blue Cross and Blue Shield Plans,*** **ATLANTIC INFORMATION SERVICES, INC.**

Wu-Chyuan (Gary) Gau, PhD, ASA, MAAA
Predictive Modeling Lead, Actuarial Department
FLORIDA BLUE

Martin E. Hickey, MD
Chief Executive Officer
NEW MEXICO HEALTH CONNECTIONS

Scott Streator
Senior Vice President, Market and Product Group
CARESOURCE

Paul Wingle
Executive Director, Individual Business and Public Exchange Operations and Strategy, **AETNA**

2:25 **Ensure the Integrity of Eligibility, Enrollment, and Payment Processes for Long-Term Viability of Exchanges**

- Assess the impact of regulations and strategies for compliance
- Build a foundation of reliable member data to accurately analyze and predict population risk
- Discuss where the public marketplace may be headed and future guidance impacting payers
- Identify ways to improve the consumer experience

Moderator:
Don Petry
Program Manager, Health Care Reform
BLUECROSS BLUESHIELD OF TENNESSEE

Heather Kane
Chief Executive Officer, Public Exchange Marketplace
UNITEDHEALTHCARE

Jonathan Mayhew
President, Individual Business and Head of Individual and Public Exchanges
AETNA

J. Gabriel McGlamery
HCR Policy Consultant, Florida Blue Center for Health Policy
FLORIDA BLUE

Adam Pittler
Director, Product Development
UPMC HEALTH PLAN

Agenda Continued on Next Page

TUESDAY, APRIL 12, 2016

11:00 **Successfully Navigate Private Exchanges: Payer Experiences**

- Follow a personalized approach and re-invent private exchange platforms
- Assess the impact of the Cadillac Tax on exchange growth and modify plan design to succeed in a defined contribution model
- Understand how private exchanges support price transparency and help consumers make informed decisions

Melinda L. Hews
Executive Director, Health Insurance Exchanges, Health Plan Division
GROUP HEALTH COOPERATIVE

Matthew Marek
Vice President, Product and Marketing
BLUE CROSS AND BLUE SHIELD OF MINNESOTA

John Mills
Senior Director, Commercial Products
UPMC HEALTH PLAN

Moderator TBA

Shared session with:
13th Annual HEALTH PLAN AND PAYER SUMMIT

1:25 **Build Loyalty and Enrich the Consumer Experience by Providing Convenience, Choices, and Decision-Making Tools**

- Employ effective tools that simplify comparison shopping and increase transparency
- Create a journey map and offer tailored benefits and program features to build customer loyalty
- Plan and pilot innovative products to differentiate your exchange offerings and bring value to the employer and employee

Moderator:
Paul Demko
Reporter
POLITICO

Dawn Bonder
President and Chief Executive Officer
HEALTH REPUBLIC

Dennis Lum
Vice President, National Channel Strategy
KAISER PERMANENTE

Additional Thought Leaders TBA

2:30 **Narrow and Tiered Network Design: Success Factors and Pitfalls**

- Determine the potential for alignment and mutual growth
- Understand factors for inclusion in narrow networks
- Manage network leakage through effective benefit design
- Ensure that tools and information help consumers understand and make difficult tradeoffs
- Approach specific employers with a dual choice offering to maximize success

Titus J. Muzi, Jr.
Senior Vice President, Managed Care Contracting and Strategy
AURORA HEALTH CARE

John Pickett
Head of Network Development
OSCAR

Dyana Tanasy
Director, Strategic Initiatives Group
HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY

Moderator TBA

Shared session with:
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— **Joanne Rusch**
Director
BLUECROSS BLUESHIELD OF MICHIGAN

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