# THE SIXTH Accountable Care Congress

#### **PRECONFERENCE:**

Accountable Care and The Changing Dynamics of Payment Reform

#### **FEATURING PLENARY SESSIONS:**

Health Plans Driving Health Care Payment Reform
Health Care Delivery Transformation: From ACOs to Full Risk
Consolidation and Competition in Health Care Markets
Contracting for Medicare ACOs in 2016
State Innovations in Population Health
Payer/Provider Partnerships and Efforts to Scale Reforms



#### **TRACK SESSIONS:**

ACO Policies and Issues on the Horizon

Strategies for Risk and Contracting
Employer-Led and Other Contracting Innovation
Physicians' Role in Patient Engagement
Population Health Approaches/
Behavioral Health Integration

Health IT and Mobile Technology Pharmaceuticals and Devices Post-Acute Care Pediatric and Specialty Care

#### Onsite

# November 16 – 18, 2015 Los Angeles, CA

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Professor of Health Policy, Medicine and Community and Family Medicine, Geisel School of Medicine at Dartmouth, Co-Director, Dartmouth Atlas of Health Care



Michael Leavitt, Founder and Chairman, Leavitt Partners; Former Governor of Utah; Former Secretary, US Department of Health and Human Services



Mark McClellan, MD, PhD, Senior Fellow in Economic Studies and Director, Initiatives on Value and Innovation in Health Care. The Brookinas

Institution; Former CMS Administrator and FDA Commissioner

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Jeffrey A. Rideout, MD, President and Chief Executive Officer, Integrated Healthcare Association

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ccountable care in both the public and private sector have continued to grow over the past several years, ushering in more experience and evidence on what is working and ways to continue evolving accountable care models. The Sixth National Accountable Care Congress (www.ACOCongress.com), November 16-18 in Los Angeles, will provide an unprecedented opportunity to discuss remaining barriers to widespread accountable care implementation, strategies to overcome them, and policies to encourage the continued growth and sustainability of the accountable care movement.

The Congress brings together leading policymakers, experts, and accountable care implementers to provide unique and in-depth insights on accountable care implementation and ongoing health care reform. The Congress will cover a variety of topics including strategies for risk contracting, innovative contract and payment arrangements, physician and patient engagement, state innovations in accountable care, health IT and mobile technology use, opportunities for specialty care and post-acute care integration, employer-led accountable care arrangements, and innovations in contracting for pharmaceuticals and devices. The Congress will also be a great opportunity to explore the future of accountable care contracting, practice, and policies as more organizations are driven to transition to alternative payment models.

#### WHAT IS AN ACO?

Accountable Care Organizations (ACOs) are groups of physicians, hospitals, and other providers that receive financial rewards for achieving patient-focused quality targets and demonstrating reductions in overall spending growth for their defined patient population. ACOs can be organized in a number of ways, ranging from fully integrated delivery systems to networked models within which physicians in small office practices can work together to improve quality, coordinate care, and reduce costs. ACOs can also feature different payment incentives, ranging from "one-sided" shared savings within a fee-for-service environment to a range of capitation arrangements with quality bonuses. In addition, ACOs are compatible with a range of other payment reforms, such as medical homes and bundled payments; they can help assure that these reforms lead to sustainable quality improvements and cost reductions. In sum, ACOs provide an ideal mechanism to transition from paying for volume and intensity to paying for value.

#### HOW IS ACO IMPLEMENTATION PROCEEDING ACROSS THE COUNTRY?

Since 2012, the Centers for Medicare & Medicaid Services (CMS) has recruited over 420 organizations across the country to participate in the Shared Savings Program and the Pioneer ACO Model, both of which aim to promote accountability for the care of Medicare FFS beneficiaries, coordinate care for all services provided under Medicare FFS, and encourages investment in infrastructure and redesign care processes. CMS has released financial and quality performance results for the first two years of MSSP and the first three years of the Pioneer Program and while a majority of these ACOs were able to attain quality improvement, only about a quarter were successful at reducing spending enough to qualify for shared savings. Meanwhile, CMS has finalized updated regulations for the MSSP that seek to improve the sustainability and success of the program. Furthermore, the Next Generation ACO Model will launch in January 2016, which is designed to provide additional payment options for those organizations willing to assume increase financial risk, coupled with beneficiary incentives to facilitate better coordination of care. Both the MSSP regulations and the Next Generation ACO Model seek to address participants' concerns to date, including attribution, financial benchmark calculations, data sharing, beneficiary incentives, flexibility in payment arrangements, and other programmatic changes to create more stability and certainty. Additionally, recent passage of the Medicare Access and CHIP Reauthorization Act (MACRA) will continue to drive adoption of alternative payments models, including ACOs, bundled payments, and capitated payment arrangements.

Beyond Medicare ACO initiatives, interest and participation in accountable care reforms has been growing both in states and in the private sector. Several states, including Oregon, Colorado, Arkansas, Minnesota, New Jersey, and Washington have developed programs to support the transition toward accountable care models for either their Medicaid programs or state employees. There are now over 300 private sector ACOs with all of the major private health plans implementing payment reforms similar to the ACO model; like ACOs, these payment reforms include accountability for the full continuum of patients' care, payment contingent upon improving the quality and coordination of care, and responsibility for cost management within a target budget. In tandem with the Medicare Shared Savings Program, the Pioneer ACO Model, the Next Generation ACO Model, and other innovative programs in Medicare, these private sector efforts will be instrumental in moving accountable care implementation forward as health care reform progresses.

# **ABOUT THE CONGRESS PRODUCERS**



CAPG is the leading trade association in the U.S. for risk-bearing physician organizations. CAPG serves as the voice of physician groups practicing capitated, patient-centered, coordinated care. Our mission is to assist accountable physician groups to improve the quality and value of healthcare provided to patients. We provide support, advocacy, educational, and networking opportunities to our members, comprising more than 180 multi-specialty medical groups and independent practice associations (IPAs) across 29 states and Puerto Rico. Each year, the CAPG Annual Healthcare Conference attracts more than 1,600 attendees, and our joint National Accountable Care Congress, cosponsored with the Integrated Health Association, has drawn approximately 700 participants. Together with our member groups and strategic partners, CAPG will continue driving the evolution and transformation of healthcare delivery throughout the nation.

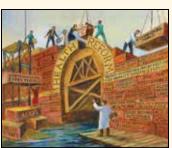


The Integrated Healthcare Association (IHA) is a non-profit multi-stakeholder leadership group INTEGRATED that promotes healthcare HEALTHCARE quality improvement, accountability and affordability in California.

IHA administers regional and statewide performance measurement programs, serves as an incubator for pilot programs and demonstration projects, and actively convenes diverse healthcare stakeholders for cross-sector collaboration on a variety of critical healthcare issues. IHA principal projects include the California Value Based Pay for Performance Program (the largest private physician incentive program in the U.S.), the measurement and reward of efficiency in healthcare, administrative simplification, healthcare affordability, bundled episode of care payments, and accountable care organizations.

# WHO SHOULD ATTEND:

- · Executives and Board Members of Health Plans, Health Systems, Hospitals and Physician Organizations
- · Medical Directors
- Physicians
- · Nurses, Nurse Practitioners and Other Allied Health Professionals
- Pharmacists and Pharmacy **Benefit Managers**
- Representatives of Purchasers, including Private Employers and Public Purchasers
- · Consumer Organization Representatives
- · Federal and State Government Officials
- Health Care Regulators and Policy Makers
- Health Benefit Consultants
- · Health Services Researchers and Academics
- Health Care Attorneys and In-house Counsel
- · Chief Financial Officers



- Chief Innovation Officers
- · Directors of Accountable Care
- · Directors of Quality Management and Improvement
- · Directors of Government Programs
- Directors of Medicare Programs
- · Directors of Medicaid Programs
- · Directors of Network Contracting
- · Directors of Provider Relations
- · Directors of Finance and Reimbursement
- Pharmaceutical Executives
- · Pharmaceutical Consultants

# MONDAY, NOVEMBER 16, 2015

# PRF-CONFFRFNCF

# ACCOUNTABLE CARE AND THE CHANGING DYNAMICS OF PAYMENT REFORM

9:00 am

#### Introduction



**S. Lawrence Kocot, JD, LLM, MPA,** Principal and National Leader, Center for Healthcare Regulatory Insight, KPMG; Visiting Fellow, The Brookings Institution; Former Senior Advisor to the CMS Administrator, Washington, DC

9:10 am

**Introduction to MACRA and Its Impact on Providers** 



**Piper Nieters Su, JD,** Vice President, Health Policy, The Advisory Board Company; Former Legislative Counsel, Senator Ken Salazar, Washington, DC

9:50 am

The Impact of Healthcare Consolidation on ACOs



The Evolving Role of the Office of Inspector General in Alternative Payment Models



**Robert G. Homchick, Esq.,** Partner, Davis Wright Tremaine, Seattle, WA

11:10 am 11:50 am

Regulatory Burdens on Payment and Performance

am Closing



**S. Lawrence Kocot, JD, LLM, MPA**, *Principal and National Leader, Center for Healthcare Regulatory Insight, KPMG; Visiting Fellow, The Brookings Institution; Former Senior Advisor to the CMS Administrator, Washington, DC* 

12:00 pm

**Pre-Conference Adjournment** 

# MONDAY, NOVEMBER 16, 2015: DAY 1

# **OPENING PLENARY**

1:00 pm

#### Welcome

Keynote



Elliott Fisher, Director, Dartmouth Institute for Health Policy and Clinical Practice, John E. Wennberg Distinguished Professor of Health Policy, Medicine and Community and Family Medicine, Geisel School of Medicine at Dartmouth, Co-Director, Dartmouth Atlas of Health Care, Lebanon, NH



**Michael Leavitt,** Founder and Chairman, Leavitt Partners; Former Governor of Utah; Former Secretary, US Department of Health and Human Services, Salt Lake City, UT



Mark McClellan, MD, PhD, Senior Fellow in Economic Studies and Director, Initiatives on Value and Innovation in Health Care, The Brookings Institution; Former CMS Administrator and FDA Commissioner, Washington, DC

1:15 pm



**Patrick Conway, MD, MSc,** Deputy Administrator for Innovation and Quality, Chief Medical Officer, Director, CMMI and Director, Office of Clinical Standards and Quality, Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Baltimore, MD

#### 1:45 pm

#### **Health Plans Driving Health Care Payment Reform**



Mark McClellan, MD, PhD, Senior Fellow in Economic Studies and Director, Initiatives on Value and Innovation in Health Care, The Brookings Institution, Washington, DC (Moderator)



**Roy A. Beveridge, MD,** Senior Vice President and Chief Medical Officer, Humana; Former Chief Medical Officer, US Oncology and McKesson Health Solutions, Louisville, KY



Sam Ho, MD, Executive Vice President, Chief Medical Officer, UnitedHealthcare; Chief Medical Officer, UnitedHealthcare Medicare and Retirement, Cypress, CA



**Charles Saunders, MD,** Chief Executive Officer, Healthagen Population Health Solutions, an Aetna company, San Francisco, CA

2:30 pm

Break



Health Care Delivery Transformation: From ACOs to Full Risk



**Donald H. Crane, JD,** *President and Chief Executive Officer, CAPG, Los Angeles, CA (Moderator)* 



**Richard Merkin, MD,** President and Chief Executive Officer, Heritage Medical Systems, Del Rey, CA



**Thomas Priselac,** *President and Chief Executive Officer, Cedars-Sinai Health System, Los Angeles, CA* 



**Bert Zimmerli,** Executive Vice President and Chief Financial Officer, Intermountain Healthcare, Salt Lake City, UT (Tentative)

**Consolidation and Competition in** 

**Health Care Markets** 

3:45 pm



John Bertko, FSA, MAAA, Independent Actuarial Consultant; Former Chief Actuary, Covered California; Former Director, Office of Special Initiatives and Pricing, Center for Consumer Information and Insurance Oversight (CCIIO), Centers for Medicare and Medicaid Services, Sacramento, CA



**Douglas C. Ross, Esq.,** Partner, Davis Wright Tremaine LLP; Former Attorney, Antitrust Division, US Department of Justice, Seattle, WA



**Steve Shortell, PhD, MBA, MPH,** Blue Cross of California Distinguished Professor of Health Policy and Management, Professor of Organization Behavior, Haas School of Business, University of California Berkeley, Berkeley, CA

4:30 pm



5:00 pm

#### **Contracting for Medicare ACOs in 2016**

**Hoangmai H. Pham, MD, MPH,** Acting Chief Innovation Officer, Center for Medicare and Medicaid Innovation Center, Centers for Medicare and Medicaid Services, Washington, DC

**Networking Reception** 

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# TUESDAY, NOVEMBER 17, 2015: DAY 2

8:30 am Keynote: TBD

9:00 AM TRACK SET 1



TRACK SESSION 1: Strategies for Risk and Contracting

Kimberley K. Hiemenz, FSA, MAAA, Principal and Consulting Actuary, Milliman, Brookfield, WI



**Robert E. Mechanic, MBA,** Senior Fellow, Heller School of Social Policy and Management at Brandeis University; Executive Director, Health Industry Forum, Waltham, MA



**Grace Terrell, MD,** Chief Executive Officer and President, Cornerstone Health Care, P.A., High Point, NC



### TRACK SESSION 2: Employer-Led and Other Contracting Innovation

**David B. Muhlestein, PhD, JD,** Senior Director of Research and Development, Leavitt Partners, LLC, Salt Lake City, UT (Moderator)



**David Fairchild, MD, MPH,** Director, BDC Advisors; Former Senior Vice President of Clinical Integration, UMass Memorial Health Care, Boston, MA



**William E. Kramer, MBA,** Executive Director for National Health Policy, Pacific Business Group on Health, San Francisco, CA

10:30 am Break

# 11:00 AM TRACK SET 2



#### TRACK SESSION 3: Physicians' Role in Patient Engagement

**Judy Hibbard, DrPh,** Lead PAM Inventor, Insignia Health Board of Advisors, Faculty Fellow, Institute for Policy Research and Innovation and Professor Emerita, University of Oregon, Portland, OR (Moderator)



**Jose F. Peña, MD,** Chief Executive Officer and Chief Medical Director, Rio Grande Valley ACO Health Providers, Donna, TX



Marcus Zachary, MD, Medical Executive, West Coast, Evolent Health; Former Vice President for Quality and Senior Medical Director of Population Health, Brown and Toland Management Group, San Francisco, CA



# TRACK SESSION 4: Population Health Approaches/Behavioral Health Integration

**Richard L. Brown, MD, MPH,** Professor of Family Medicine, Director, Wisconsin Initiative to Promote Healthy Lifestyles, School of Medicine and Public Health, University of Wisconsin; Chief Executive Officer and Chief Medical Officer, Wellsys, LLC, Madison, WI



**Robert E. Matthews,** President and Chief Executive Officer, MediSync, Cincinnati, OH



**Laura Seeff, MD**, Director, Office of Health Systems Collaboration, Office of Associate Director for Policy, Centers for Disease Control and Prevention (CDC), Atlanta, GA



**Jeff Squier, MBA,** Payer Relations & Strategy Officer, Ascension Health/Columbia St. Mary's, Appleton, WI

#### 12:30 pm Networking Lunch

#### 1:30 PM TRACK SET 3



#### TRACK SESSION 5: Health IT and Mobile Technology

Mischa Dick, MBA, Vice President, Healthcare Excellence Institute, Phoenix, AZ



**Robert M. Wah, MD,** Immediate Past President, American Medical Association; Global Chief Medical Officer, Computer Sciences Corporation; Former First Deputy National Coordinator, Office of the National Coordinator for Health Information Technology, HHS, McLean, VA

# TRACK SESSION 6: Pharmaceuticals and Devices



**S. Lawrence Kocot, JD, LLM, MPA**, *Principal and National Leader, Center for Healthcare Regulatory Insight, KPMG; Visiting Fellow, The Brookings Institution; Former Senior Advisor to the CMS Administrator, Washington, DC (Moderator)* 





**John Friend, JD,** Founding and Managing Member, Value Stream Partners, LLC; Former CEO/Executive Director, Arizona Connected Care, LLC, Tucson, AZ



**Troy Trygstad, PharmD, MBA, PhD,** Director, Network Pharmacist Program and Pharmacy Projects and Vice President of Pharmacy Programs, Community Care of North Carolina, Chapel Hill, NC

3:00 pm

Break

#### 3:30 PM TRACK SET 4



TRACK SESSION 7: Post-Acute Care





**John Marchica, MBA,** President and Chief Executive Officer, Darwin Research Group, Phoenix, AZ



**Kelsey Mellard, MPA,** Head of Business Development, Honor, San Francisco, CA

**W. June Simmons, MSW,** President and Chief Executive Officer, Partners in Care Foundation; Founding Chair, National Chronic Care Consortium, San Fernando, CA

# TRACK SESSION 8: Pediatric and Specialty Care



**James M. Perrin, MD, FAAP,** Professor of Pediatrics, Harvard Medical School; John C. Robinson Chair in Pediatrics, Associate Chair, MassGeneral Hospital for Children, Boston, MA

5:00 pm

Day 2 Adjournment

# WEDNESDAY, NOVEMBER 18, 2015: DAY 3

# CLOSING PLENARY

#### 9:00 am

A Dialogue on Accountable Care in California: Lessons Learned and Implications for the Future



Mark McClellan, MD, PhD, Senior Fellow in Economic Studies and Director, Initiatives on Value and Innovation in Health Care, The Brookings Institution; Former CMS Administrator and FDA Commissioner, Washington, DC (Moderator)



Donald H. Crane, JD, President and Chief Executive Officer, CAPG,



Jeffrey A. Rideout, MD, President and Chief Executive Officer, Integrated Healthcare Association, Oakland, CA

# Plenary Panel #1: State Innovations in **Population Health**



Marc Berg, MD, PhD, Principal and National Lead of Government Healthcare Transformation, KPMG; Former Professor in Health Policy and Management, Erasmus University, Rotterdam, Washington, DC



Susan E. Birch, MBA, BSN, RN, Executive Director, Colorado Department of Health Care Policy and Financing, Denver, CO



Matt Salo, Executive Director, National Association of Medicaid Directors, Washington, DC



**Jeanene Smith, MD, MPH,** Former Administrator, Office for Oregon Health Policy and Research, Oregon Health Authority; Former Chief Medical Officer, Oregon Health Authority, Salem, OR

10:15 am

#### Plenary Panel #2: Payer/Provider Partnerships and Efforts to Scale Reforms



Stuart Levine, MD, MHA, Chief Innovation and Clinical Care Officer, Blue Shield of California, Los Angeles, CA



Mari Zag, MPH, RD, CDE, Administrative Director, Health Services, Providence Medical Foundations, Providence Health & Services, Los Angeles, CA

11:00 am

#### **Break**

#### 11:30 am

#### Plenary Panel #3: ACO Policies and Issues on the Horizon



Elliott Fisher, Director, Dartmouth Institute for Health Policy and Clinical Practice, John E. Wennberg Distinguished Professor of Health Policy, Medicine and Community and Family Medicine, Geisel School of Medicine at Dartmouth, Co-Director, Dartmouth Atlas of Health Care, Lebanon, NH



Michael Leavitt, Founder and Chairman, Leavitt Partners; Former Governor of Utah; Former Secretary, US Department of Health and Human Services, Salt Lake City, UT



Mark McClellan, MD, PhD, Senior Fellow in Economic Studies and Director, Initiatives on Value and Innovation in Health Care, The Brookings Institution; Former CMS Administrator and FDA Commissioner, Washington, DC

12:15 pm

# 12:30 pm

# Closing Adjourn



The Leading Forum on Pay for Performance, Transparency and Value-Driven Healthcare



# CO CHAIRS

François de Brantes, MBA, Executive Director, Health Care Incentives Improvement Institute, Newtown, CT



Harold D. Miller, President and CEO, Center for Healthcare Quality and Payment Reform, Adjunct Professor, Carnegie Mellon University, Pittsburgh, PA

**Elizabeth Mitchell,** President and Chief Executive Officer, Network for Regional Healthcare Improvement, Portland, ME



Jeffrey A. Rideout, MD, President and Chief Executive Officer, Integrated Healthcare Association, Oakland, CA

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- Fax/Mail/Email using this printed registration form. Mail the completed form with payment to the Conference registrar at 22529 39th Ave. SE, Bothell, WA 98021, or fax the completed form to 206-319-5303, or scan and email the completed form to registration@hcconferences.com. Checks or money orders should be made payable to Health Care Conference Administrators LLC.

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# **The Hyatt Regency Century Plaza**

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# ACCOUNTABLE CARE CONGRESS

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☐ Medical Home News \$ 295				
SELECT YOUR TRACK SESSIONS – TUESDAY, NOVEMBER 17 (One from each group):				
SET 1, 9:00 AM				
<ul><li>1: Strategies for Risk and Contracting</li><li>2: Employer-Led and Other Contracting Innovation</li></ul>				
SET 2, 11:00 AM				
□ 3: Physicians' Role in Patient Engagement □ 4: Population Health Approaches/Behavioral Health Integration				
SET 3, 1:30 PM				
<ul><li>5: Health IT and Mobile Technology</li><li>6: Pharmaceuticals and Devices</li></ul>				
SET 4, 3:30 PM				
☐ 7: Post-Acute Care				

\* This price reflects a discount for registration and payment received through Friday, October 23, 2015.

☐ 8: Pediatric and Specialty Care

COMPLETE THE F	OLLOWING. PLEASE P	RINT CLEARLY:	
NAME			
SIGNATURE OF REGISTRAN	T - REQUIRED		
JOB TITLE			
ORGANIZATION			
ADDRESS			
CITY/STATE/ZIP			
TELEPHONE			
E-MAIL			
☐ Special Needs (Dietary o	r Physical)		
WEBCAST CONFE	RENCE ATTENDANCE		
	ation includes the live Internet fee red Internet access, available 24/7.	d from the Congress, plus six	
CONFERENCE (Includes	Preconference):		
Standard Rate:  ☐ Through Friday, October 23, 2015*  ☐ After Friday, October 23, 2015			
<b>GROUP REGISTRATION</b> Group registration offers the	<b>V:</b> ne substantial volume discounts s	et forth below.	
	the organizational knowledge co jues or to assign and track emplo		
Conference Access:	<ul><li>5 or more \$595 each</li><li>10 or more \$495 each</li></ul>	<ul><li>20 or more \$395 each</li><li>40 or more \$295 each</li></ul>	
See INTELLECTUAL PROPER	RTY POLICY, page 6.		

#### **CONFERENCE ELECTRONIC MEDIA:**

Webcast attendees — Following the Congress, the video and presentations are made available on a flash drive. To take advantage of the discounted price below, you must reserve media WITH your Congress registration:

☐ Flash Drive (\$129 + \$15 shipping) \$ 144

(All online attendees automatically receive 6 months access on web.)

TOTAL FOR ALL OPTIONS, ONSITE OR WEBCAST:

Please enclose payment with your registration and return it to the Registrar at Accountable Care Congress, 22529 39th Ave SE, Bothell, WA 98021, or fax your credit card payment to 206-319-5303.

**Discount Code:** 

You may also register online at www.ACOCongress.com.

☐ Check/money order enclosed (payable to Health Care Conference Administrators LLC)

☐ Payment by credit card: ☐ American Express ☐ Visa ☐ Mastercard

If a credit card number is being given to hold registration only until such time as a check is received it must be so noted. If payment is not received by seven days prior to the Congress, the credit card payment will be processed. Credit card charges will be listed on your statement as payment to HealthCare (HC) Conf LLC.

# REGISTRATION BINDING AGREEMENT

Registration (whether online or by this form) constitutes a contract and all of these terms and conditions are binding on the parties. In particular, these terms and conditions shall apply in the case of any credit/debit card dispute. For online and onsite registrants there will be no refunds for "no-shows" or cancellations.

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EXPIRATION DATE SECURITY CODE

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