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November 16 – 18, 2015  
Los Angeles, CA  
Hyatt Regency Century Plaza

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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
ACO Policies and Issues on the Horizon

TRACK SESSIONS: 
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

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Accountable 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 variety 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.

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.

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

PRE-CONFERENCE

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

10:30 am The Evolving Role of the Office of Inspector General in Alternative Payment Models

11:10 am Regulatory Burdens on Payment and Performance
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

11:50 am Closing

MONDAY, NOVEMBER 16, 2015: DAY 1

OPENING PLENARY

1:00 pm Welcome
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 Keynote
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, Healthplan Population Health Solutions, an Aetna company, San Francisco, CA

2:30 pm Break

3:00 pm 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)

3:45 pm Consolidation and Competition in Health Care Markets
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 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

5:00 pm 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

#### 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)
- Robert W. Dubois, MD, PhD, Chief Science Officer and Executive Vice President, National Pharmaceutical Council (NPC), Washington, DC
- 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**

- Adrienne Green, MD, Clinical Professor of Medicine and Associate Chief Medical Officer, UCSF Medical Center, San Francisco, CA
- 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**
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, Los Angeles, CA
Jeffrey A. Rideout, MD, President and Chief Executive Officer, Integrated Healthcare Association, Oakland, CA

9:30 am 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 Closing
12:30 pm Adjourn
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SELECT YOUR TRACK SESSIONS – TUESDAY, NOVEMBER 17

(One from each group):

SET 1, 9:00 AM

☐ 1: Strategies for Risk and Contracting
☐ 2: Employer-Led and Other Contracting Innovation

SET 2, 11:00 AM

☐ 3: Physicians’ Role in Patient Engagement
☐ 4: Population Health Approaches/Behavioral Health Integration

SET 3, 1:30 PM

☐ 5: Health IT and Mobile Technology
☐ 6: Pharmaceuticals and Devices

SET 4, 3:30 PM

☐ 7: Post-Acute Care
☐ 8: Pediatric and Specialty Care

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See page 5

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