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THE WORLD CONGRESS 2ND ANNUAL LEADERSHIP SUMMIT ON

# ACCOUNTABLE CARE ORGANIZATIONS (ACOs)

Consumer Involvement / Care Coordination

Technology & Management Capacity / High-Quality Care / Risk Sharing / Cost Savings

MAY 22-24, 2011 | SHERATON PREMIERE AT TYSONS CORNER | VIENNA, VA

By ATTENDING this Summit, you'll be able to:

**UNDERSTAND** the CMS implementation guidelines for participating in the Shared Savings program

**DEVELOP** structures and processes that enable physicians and hospitals to work together to improve care with common quality and cost effectiveness goals

**ENGAGE** physicians in leading change and reward them when health outcomes improve

**INTEGRATE** financial and clinical systems to effectively manage risk and care

**IMPLEMENT** EHR and other technologies that enable data capture and sharing, analytics and reporting capability



## FEATURED FACULTY:



**Thomas Babbo**  
Partner  
Hogan and Marren, LTD



**Michael Edbauer, DO**  
VP, Medical Affairs  
Catholic IPA-WNY



**Eugene Lindsey, MD**  
President and Chief Executive Officer  
Atrius Health



**Shannon Brownlee**  
Acting Director  
The New America Foundation  
Health Policy



**Palmer Evans, MD**  
Former Senior Vice President and  
Chief Medical Officer  
TMC Healthcare



**Elizabeth Mitchell**  
Chief Executive Officer  
Maine Health Management Coalition



**Robert S. Canterman**  
Bureau of Competition  
Federal Trade Commission



**Stuart Guterman**  
Vice President and Executive Director  
Commission on a High Performance  
Health System  
The Commonwealth Fund



**Edward Murphy, MD**  
President and Chief Executive Officer  
Carilion Clinic



**F. Douglas Carr, MD, MMM**  
Medical Director Education &  
System Initiatives  
Billings Clinic



**Dennis Horrigan**  
Executive Director  
Catholic IPA-WNY



**Gary Young, PhD**  
Professor and Director Center for Health  
Policy and Healthcare Research  
Northeastern University

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# THE WORLD CONGRESS 2<sup>ND</sup> ANNUAL LEADERSHIP SUMMIT ON ACCOUNTABLE CARE ORGANIZATIONS (ACOs)

Dear Colleague,

Beginning in 2012, the Patient Protection and Affordable Care Act will allow hospitals, physicians and other qualifying providers to form ACOs and share in the cost savings that result when they achieve quality and financial goals in the Medicare Shared Savings program. To realize Congress' vision, CMS has requested assistance from the industry and sought input on new standards designed to advance the development of ACOs. The proposed rules are slated for publication early 2011 and many organizations and groups eagerly await their issuance.

At this Summit, the audience will gain insight into the legal and practical challenges of organizing and operating as an ACO in both the Medicare program and in the private market. Through case studies and panel discussions, the audience will learn strategies from organizations that can lead others down the road to greater cost efficiency and effectiveness through investment in leadership programs, care coordination practices, process redesign and technology adoption.

Topics to be explored for this Summit include:

- CMS regulatory update on the ACO/Shared Savings Program
- Implementing electronic tools into day-to-day practice that based on clinical evidence and patient data will improve outcomes and lower medical costs
- Identifying gaps in care and redesigning workflow to improve the management of patients
- Projecting cost savings and determining how the shared savings piece needs to work
- Facilitating information exchanges between primary care, specialty care and hospitals
- Utilizing Patient-Centered Medical Home models for improving the coordination of care

By attending this Summit, you will learn strategies and experiences that will position your ACO for success through improved quality of care and cost efficiencies.

We look forward to seeing you in Washington, DC in May 2011!

Sincerely,



**Dennis Horrigan**

President and Chief Executive Officer

**Catholic IPA-WNY**

Summit Co-Chair, The World Congress Leadership Summit on Accountable Care Organizations



**Michael Edbauer, DO**

Vice President, Medical Affairs

**Catholic IPA-WNY**

Summit Co-Chair, The World Congress Leadership Summit on Accountable Care Organizations

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## EXHIBITORS:

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## WHO SHOULD ATTEND:

### Hospitals/Health Systems:

Board Members, CEOs, Administrators, Executive Directors, COOs, CIOs, CFOs, CMOs, Medical Directors, Heads/Senior Vice Presidents, Vice Presidents and Directors of:

- Managed Care
- Medical Affairs
- Network Development
- Operations
- Partnership
- Payor Contracting
- Physician Strategy

### Medical Groups/PHOs/IPAs/Physician Practices:

Board Members, CEOs, Administrators, Executive Directors, CMOs, Medical Directors

### Health Plans/Payers:

- CMOs, Medical Directors
- Vice Presidents and Directors of:
  - Provider Engagement and Contracting
  - Provider Relations
  - Network Operations

# Agenda-At-A-Glance

Sunday, May 22, 2011

12:00 pm – 1:00 pm	<i>Workshop Registration</i>
1:00 pm – 4:00 pm	<b>PRE-SUMMIT WORKSHOP: The Business of Planning and Launching a Provider Sponsored ACO</b>

Monday, May 23, 2011

7:15 am – 8:15 am	<i>Registration and Welcome Coffee in the Executive Networking Lounge</i>
8:15 am – 8:30 am	<b>CHAIRPERSONS' WELCOME AND OPENING REMARKS</b>
8:30 am – 9:15 am	<b>OPENING VISIONARY ADDRESS: High Quality, Low Cost and Greater Accountability: We Can, and We Must</b>
9:20 am – 10:50 am	<b>KEYNOTE ADDRESS: Bracing for the Growth in Bundled Payments: Bringing All of the Stakeholders to the Table to Better Manage Patient Care Across the Continuum</b>
10:50 am – 11:20 am	<i>Networking and Refreshment Break in the Executive Networking Lounge</i>
11:20 am – 12:30 pm	<b>KEYNOTE PANEL DISCUSSION: Provider Initiatives: The Structural and Process Elements Needed for a Commitment to Excellence in ACOs</b>
12:30 pm – 1:30 pm	<i>Networking, Luncheon in the Executive Networking Lounge</i>
1:30 pm – 2:10 pm	<b>JOINT KEYNOTE ADDRESS (WITH EHR SUMMIT AND ICD-10 SUMMIT): To Be or Not To Be? A Critical Examination of Becoming an ACO</b>

2:15 pm – 3:40 pm		
<b>Tracks (Choose one of three)</b>		
Track 1: Improving Clinical Care Delivery and Outcomes	Track 2: Building Business / Operational Models	Track 3: Governance: Improving Collaboration and Alignment
CaroMont Leads Innovative Care Partnerships to Improve the Health of Our Community	Avoiding the Pitfalls of Methodology: Lessons from the PGP Demo for the ACO Shared Savings Program	Utilizing a Physician Governing Board and Enabling Increased Physician Authority to Achieve Accountability Goals
Facilitating Care Coordination and Transitions in an ACO	A Population Health Business Model and Gain-Sharing Approach to ACOs	Developing Culture within the Community to Improve Quality Beyond the Borders of Your Organization

4:10 pm – 4:50 pm	<b>Hospital-Physician Clinical and Economic Integration: Service Line Co-Management Agreements and ACO Models</b>
4:55 pm – 5:35 pm	<b>CLOSING KEYNOTE PANEL DISCUSSION: Accountable Care: Organizing Independent Physicians into Partnerships with Hospitals and Payers</b>
5:35 pm – 6:35 pm	<i>Networking, Refreshment Reception in the Executive Networking Lounge</i>

Tuesday, May 24, 2011

7:15 am – 8:15 am	<i>Registration and Welcome Coffee in the Executive Networking Lounge — Facilitated Roundtable Discussions</i>
8:15 am – 8:25 am	<b>CHAIRPERSONS' WELCOME AND DAY TWO OPENING REMARKS</b>
8:25 am – 9:10 am	<b>OPENING KEYNOTE: Working Toward Affordable Health Care in a Reformed World</b>
9:15 am – 10:30 am	<b>KEYNOTE PANEL DISCUSSION: Payment Models Affecting the Hospital-Physician Relationship Essential for ACOs to Work</b>
10:30 am – 11:00 am	<i>Networking and Refreshment Break in the Executive Networking Lounge</i>
11:00 am – 11:40 am	<b>Shared Decision Making to Differentiate Your ACO: Engaging the Consumer to Improve the Delivery of Care</b>

11:45 pm – 12:25 pm		
<b>Tracks (Choose one of three)</b>		
Track 1: Improving Clinical Care Delivery and Outcomes	Track 2: Building Business / Operational Models	Track 3: Electronic Tools / Analytics
12:35 pm – 1:35 pm	<i>Luncheon in the Executive Networking Lounge</i>	
1:35 pm – 2:20 pm	<b>Transitioning IPAs to a Physician ACO in a Fragmented Marketplace</b>	
2:25 pm – 3:05 pm	<b>JOINT CLOSING KEYNOTE PANEL DISCUSSION (with EHR Summit and ICD-10 Summit): Moving from Structured Data to Improving Outcomes for Patient Populations</b>	
3:05 pm	<b>CHAIRPERSONS' CLOSING REMARKS; SUMMIT CONCLUDES</b>	

*\*Agenda Subject to Change*

12:00 pm – 1:00 pm

## Workshop Registration

1:00 pm – 4:00 pm

## The Business of Planning and Launching a Provider Sponsored ACO

ACOs are a new opportunity for physicians to gain in their practice income by sharing the savings they create for Medicare and Commercial patient populations. They offer a way to build a strong framework for care improvement and management. In this workshop, Mr. DeMarco will be addressing key issues of a startup ACO as well as potential advantages and disadvantages of joint venturing with hospitals and insurance companies from a physician perspective. Specifically, he will cover:

- ACO Partnerships and Contracts
  - Feasibility steps
  - Governance
  - Market definitions
  - Starting discussions with physicians and hospitals
- Startup Cost Concerns
  - Antitrust
  - Credentialing
- Reimbursement
- Sharing of bundled payments
- Bundling services
- Unbundling and payment
- Administrative and Management Issues
- Clinical Integration Issues
  - Quality metrics
  - Efficiency
  - Effectiveness
  - Meeting national guidelines

- Getting the Data
  - Managing the data
  - Building a product
  - Profiling performance
- The Big Picture: Value Based Purchasing

As a result of participating in this workshop, attendees will learn:

- How to ask the right questions to look at a readiness assessment
- Summary of do's and don'ts according to the regulations
- Resources and tools to use in planning the ACO feasibility steps
- Basic change management techniques to help physician and hospitals to get along

### Workshop Facilitator:



**William J. DeMarco**

President and Chief Executive Officer

**DeMarco & Associates, Inc**

*Mr. DeMarco is an experienced management consultant having assisted a broad variety of provider /payer joint ventures nationwide since 1980. Prior to that he was Executive Director of a large multi-specialty group practice sponsored Health Plan. This Community based HMO startup was based upon several years in the Minneapolis marketplace where he held executive positions with both open panel and closed panel health plans. As President of Pendulum HealthCare Development Corporation he and his company act as an infrastructure company that brings the fusion of technology with consulting to help providers make good decisions and carry out leading edge care management solutions that improve quality while making the venture profitable and sustainable for providers, payers and patients.*

7:15 am – 8:15 am

*Registration and Welcome Coffee in the Executive Networking Lounge*

8:15 am – 8:30 am

**CHAIRPERSONS' WELCOME AND OPENING REMARKS**



**Dennis Horrigan**  
Executive Director  
Catholic IPA-WNY



**Michael Edbauer, DO, VP**  
Medical Affairs  
Catholic IPA-WNY

8:30 am – 9:15 am

**OPENING VISIONARY ADDRESS: High, Quality, Low Cost and Greater Accountability: We Can, and We Must**

This session will help executives understand how hospitals and other providers can integrate quality, patient safety, cost, and information technology into a single improvement agenda. It will help executives:

- Assess the current environment
- Leverage data and collaborative execution strategies to manage new reimbursement models that increasingly link payment to clinical quality and patient outcomes
- Prepare for reform provisions, including value-based purchasing and ACOs



**Susan DeVore**  
President and Chief Operating Officer  
Premier Healthcare Alliance

9:20 am – 10:50 am

**Bracing for the Growth in Bundled Payments: Bringing All of the Stakeholders to the Table to Better Manage Patient Care Across the Continuum**

- Factors and considerations you need to account for when developing an ACO strategy
- Strategies for hospitals and physician groups to work together
- IT tools to build an ACO
- Proposed rules of the Medicare Shared Savings program and the capabilities to participate in this program

**Moderator: Thought Leader TBD**  
Consumer



**Robert Canterman**  
Bureau of Competition  
Federal Trade Commission

Legal



**Thomas Babbo**  
Partner  
Hogan and Marren, LTD

Employer



**Elizabeth Mitchell**  
Chief Executive Officer  
Maine Health Management  
Coalition

Payer



**Dana Gelb Safran, ScD**  
Senior Vice President, Performance Measurement and Improvement  
Blue Cross Blue Shield of Massachusetts

10:50 am – 11:20 am

*Networking and Refreshment Break in the Executive Networking Lounge*

11:20 am – 12:30 pm

**Provider Initiatives: The Structural and Process Elements Required for a Commitment to Excellence in ACOs**

- What can be learned from existing multispecialty group practices and their achievements in terms of high quality performance
- Discuss the structural and process elements essential to achieving lower cost and value for patients and payers
- Hear the strategies that Carilion Clinic and Billings Clinic employ for physician self-governance, use of EHRs and other electronic tools, guidelines and care pathways, peer review, physician management and leadership and cultural cohesion



**Edward Murphy, MD**  
President and Chief Executive Officer  
Carilion Clinic



**F. Douglas Carr, MD, MMM**  
Medical Director, Education and System Initiatives  
Billings Clinic

12:30 pm – 1:30 pm

*Networking Luncheon in the Executive Networking Lounge*

1:30 pm – 2:10 pm

**JOINT KEYNOTE ADDRESS (WITH EHR SUMMIT AND ICD-10 SUMMIT): To Be or Not To Be? A Critical Examination of Becoming an ACO**

- Examine the issues behind the Medicare proposed rules and requests
- Analyze the important role that HIT plays in patient and population health management
- Realize the key benefits of coding in provider performance measurement



**Ronald M. Klar, MD, MPH**  
Chief, Health Systems Innovation & Performance  
George Washington University Medical Faculty Associates

2:15 pm – 3:40 pm

**Tracks (Choose One of Three) See Page 6**

3:40 pm – 4:10 pm

*Networking and Refreshment Break in the Executive Networking Lounge*

4:10 pm – 4:50 pm

**Hospital-Physician Clinical and Economic Integration: Service Line Co-Management Agreements and ACO Models**

- Review the necessary steps to build an infrastructure that will support ACO development
- Understand the challenges overcome in building a virtual network with non-employed physicians
- Why it's important to form a good working relationship with payers
- Understand the business entities necessary to make the ACO succeed



**Palmer Evans, MD**  
Former Senior Vice President and Chief Medical Officer  
Tucson Medical Center

4:55 pm – 5:35 pm

## **CLOSING KEYNOTE: Accountable Care: Organizing Independent Physicians into Partnerships with Hospitals and Payers**

- Analyze a framework that a Midwest IPA put in place to aggregate data, manage contracting with payers, administer incentive rewards, provide training and market the services of the ACO
- Explore the characteristics of provider arrangements that will create sustainable value for employers and members
- Discuss the workings of a partnership between a private payer and a large Midwestern physician organization in a newly minted ACO
- Examine why a model like this could have broad applicability for the future of ACOs and identify what the hurdles are to adapting this model elsewhere



**H. Scott Sarran, MD**  
Vice President and Chief Medical Officer  
Blue Cross and Blue Shield of Illinois



**Victoria Champeau**  
Executive Director  
Midwest IPA

5:35 pm – 6:35 pm

*Networking, Cocktail Reception in the Executive Networking Lounge*







*For information on invitational dinner opportunities, contact Ed Cray at 781-939-2619 or ed.cray@worldcongress.com*



Registering for this event is simple, straightforward and can be completed online in only a few minutes. You may choose to register to attend this event in-person, or you may opt to attend via the live webcast from your office or home. The live webcast will stream in real-time from the event directly to your computer. It includes the live video and audio along with the synchronized slide presentations. Live webcast viewers will also be able to participate in any Q&A sessions. For more information please visit [www.worldcongress.com/webcast](http://www.worldcongress.com/webcast)



2:15 pm – 2:55 pm

### Tracks (Choose one of three)

Track 1: Improving Clinical Care Delivery and Outcomes	Track 2: Building Business / Operational Models	Track 3: Governance: Improving Collaboration and Alignment
<p><b>CaroMont Leads Innovative Care Partnerships to Improve the Health of Our Community</b></p> <ul style="list-style-type: none"> <li>• Determine key steps to deliver a virtual ACO model ready for implementation.</li> <li>• Understand required components for successful PCMH development and strategies to align independent community providers</li> <li>• Assess and evaluate financial impact to transition system from inpatient hospital-centric model to outpatient, ambulatory, patient-centric model</li> <li>• Develop strategies to navigate multi-payer environment, transforming payer relationships from adversarial to collaborative P4P, population health partnerships</li> <li>• Design HIE and EMR strategic plan to provide connected patient information across the continuum of care (payers, employers, patients, providers)</li> </ul> <p> <b>Jan Mathews, RN, MPHA, CPHQ, NEA, BC</b> Assistant Vice President, Quality Management <b>CaroMont Health</b></p> <p> <b>Betty J. Herbert</b> Director, Managed Care <b>CaroMont Health</b></p>	<p><b>Avoiding the Pitfalls of Methodology: Lessons from the PGP Demo for the ACO Shared Savings Program</b></p> <ul style="list-style-type: none"> <li>• Review the PGP demo methodology flaws and changes in program design for transitioning to ACOs                             <ul style="list-style-type: none"> <li>- Attribution methods</li> <li>- Risk adjustment</li> <li>- Financial threshold</li> </ul> </li> <li>• Discuss the quality measures previously used in addition to untested future measures that will allow payment for outcomes reporting</li> <li>• Consider recommendations for assessing ACO readiness</li> </ul> <p> <b>F. Douglas Carr, MD, MMM</b> Medical Director Education &amp; System Initiatives <b>Billings Clinic</b></p>	<p><b>Utilizing a Physician Governing Board and Enabling Increased Physician Authority to Achieve Accountability Goals</b></p> <ul style="list-style-type: none"> <li>• Provide opportunities for boards and medical staff leadership to establish new structures, cultures of collaboration and cooperation</li> <li>• Develop a plan for “The Board of the Future” and determine what needs to happen to move beyond oversight to collaborative leadership</li> <li>• Hear lessons from a provider organization that revised its governance structure to improve leadership around quality and cost issues</li> </ul> <p> <b>Gary Young, PhD</b> Professor and Director, Center for Health Policy and Healthcare Research <b>Northeastern University</b></p>

3:00 pm – 3:40 pm

### Tracks (Choose one of three)

Track 1: Improving Clinical Care Delivery and Outcomes	Track 2: Building Business / Operational Models	Track 3: Governance: Improving Collaboration and Alignment
<p><b>Facilitating Care Coordination and Transitions in an ACO</b></p> <ul style="list-style-type: none"> <li>• Analyze methods to secure provider buy-in for technology adoption and establishing a collaborative culture</li> <li>• Learn how to actively engage stakeholders in new models of care, such as the ACO</li> <li>• Discuss ways that technology can facilitate the transition to coordinated care</li> </ul> <p> <b>Wayne Pan, PhD, MD, MBA</b> Chief Medical Officer, Santa Clara County IPA</p>	<p>With ongoing change and uncertainty in the health care marketplace, we have reserved this open session to provide up to date information on the latest issues that arise up to the moment the conference runs. If you are interested in joining the speaker faculty please contact Nancy Felsheim 781-939-2591 or <a href="mailto:nancy.felsheim@worldcongress.com">nancy.felsheim@worldcongress.com</a></p>	<p><b>Developing Culture within the Community to Improve Quality Beyond the Borders of Your Organization</b></p> <ul style="list-style-type: none"> <li>• Develop an understanding of the importance of culture in strategic deployment</li> <li>• Hear how one organization is developing a culture of improvement and quality in preparation for accountability</li> </ul> <p> <b>Jeff James</b> Chief Executive Director <b>Wilmington Health</b></p>

7:15 am – 8:15 am

**Registration and Welcome Coffee in the Executive Networking Lounge**

## Facilitated Roundtable Discussions (will occur during the breakfast session)

This will be an opportunity to ask the expert facilitators who are faculty on the program your most pressing questions and get their perspectives on current issues you face in implementation of an ACO. Roundtable topics will include:

- Attribution Model Used to Assign Patients to an ACO
- Improving the Patient Self-Management Environment – Shared Decision Making Tools and Provider Support
- Fostering Transparency Between Payer and Providers – Access to Data for Quality Measurement and Improvement
- Improving Care Coordination and Transitions of Care

8:15 am – 8:25 am

**CHAIRPERSONS' WELCOME AND DAY TWO OPENING REMARKS**



**Dennis Horrigan**  
Executive Director  
Catholic IPA-WNY



**Michael Edbauer, DO, VP**  
Medical Affairs  
Catholic IPA-WNY

8:25 am – 9:10 am

## OPENING KEYNOTE: Working Toward Affordable Health Care in a Reformed World

- A quick examination of health care cost trends and cost drivers
- Case study of an ACO that reduced cost and improved quality by enabling physicians, hospitals, and health plans to share risk and coordinate care
- Recommendations for ACO regulations that protect against potentially uncompetitive impact of provider market power



**Paul Markovich**  
Executive Vice President and Chief Operating Officer  
Blue Shield of California

9:15 am – 10:30 am

## KEYNOTE PANEL DISCUSSION: Payment Models Affecting the Hospital-Physician Relationship Essential for ACOs to Work

- Discuss payment methodologies that are viewed as potentially useful in aligning hospital and physician incentives with the patient interests
- Share key implementation issues and what the impact has been on physician-hospital relationships
- What are the pros and cons of taking a flexible payment approach to bundled payments



**Stuart Guterman**  
Vice President and Executive Director, Commission on a High Performance Health System  
The Commonwealth Fund



**Eugene Lindsey, MD**  
President and Chief Executive Officer  
Atrius Health

10:30 am – 11:00 am

**Networking and Refreshment Break in the Executive Networking Lounge**

11:00 am – 11:40 am

## Shared Decision Making to Differentiate Your ACO: Engaging the Consumer to Improve the Delivery Care

- Analyze the results from national surveys on what consumers understand about delivery system reform
- Discuss strategies to assist consumers to develop the expectation that care should be seamless during the transition between primary care, specialty care and hospitalizations
- Appreciate the role of Shared Decision Making has within an ACO and value it brings



**Shannon Brownlee, MS**  
Acting Director  
New America Health Policy Program

11:45 am – 12:25 pm

**Tracks (Choose One of Three) See Page 7**

12:25 pm – 1:35 pm

**Luncheon in the Executive Networking Lounge**

1:35 pm – 2:20 pm

## Transitioning IPAs to a Physician ACO in a Fragmented Marketplace

- Identify the strategic opportunities for independent physician associations that transition into accountable care organizations
- Understand the critical decision points involving governance, infrastructure development, capital needs, physician recruitment/participation requirements and performance management
- Realize provider perspectives on collaboration with and alignment of key stakeholders



**Thomas H. Kloos, MD**  
President and Chief Executive Officer  
Optimus Healthcare Partners



**Jim Barr, MD**  
Chief Medical Officer and Vice President, Physician Network Development  
Optimus Healthcare Partners

2:25 pm – 3:05 pm

## JOINT CLOSING KEYNOTE PANEL DISCUSSION (WITH EHR SUMMIT AND ICD-10 SUMMIT): Moving from Structured Data to Improving Outcomes for Patient Populations



With ongoing change and uncertainty in the health care marketplace, we have reserved this open session to provide up to date information on the latest issues that arise up to the moment the conference runs. If you are interested in joining the speaker faculty please contact Nancy Felsheim 781-939-2591 or [nancy.felsheim@worldcongress.com](mailto:nancy.felsheim@worldcongress.com)

3:05 pm

**Chairpersons' Closing Remarks; Summit Concludes**

11:45 am – 12:25 pm

Tracks (Choose one of three)

Track 1: Improving Clinical Care Delivery and Outcomes	Track 2: Building Business / Operational Models	Track 3: Electronic Tools / Analytics
<p><b>Building Effective Care Teams</b></p> <ul style="list-style-type: none"> <li>• Develop strategies for clinical integration to manage care properly and increase efficiency</li> <li>• Review CMS guidance on ACOs that implies primary care physicians can belong to only one ACO</li> <li>• Evaluate the role of the Medical Home as a building block for care coordination</li> </ul> <p><b>Thought Leader: TBD</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>“THE SUMMIT COVERED THE MANY SCENARIOS OF AN ACO – AND THAT’S WHAT WE NEEDED TO KNOW.”</b></p> <p><b>David Russell, MD,</b> Chief Medical Officer Medical Clinic of North Texas</p> </div>	<p><b>A Grass Roots Effort: Building an ACO from the Ground up</b></p> <p>The Medical Society of the County of Queens reacted proactively to the Federal Health Reform legislation (ACA), forming an IPA with the specific intention of developing an ACO under the Shared Savings Program. The leadership of the Medical Society considered the difficulties experienced by physician members who often struggle to keep private medical practices viable. Decreased reimbursement, increased overhead costs and lack of time available for patient care due to overwhelming regulation and bureaucracy set the state for hospital systems to acquire vulnerable independent practices. Recognizing the potential financial and operational incentives for physicians in the Shared Savings Program, the Medical Society, with the goal of providing a meaningful alternate solution for its members, formed QCIPA to facilitate the organization of fragmented physicians within the county to successfully participate in the Shared Savings Program. As a result of participating in this session, attendees will learn:</p> <ul style="list-style-type: none"> <li>• Factors to consider when selecting the ACO structure that is right for your group</li> <li>• How to change the physician mindset from autonomy to collaboration</li> <li>• Evaluate legal and regulatory considerations</li> </ul> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">  <p><b>Jeffrey R. Ruggiero, Esq.</b> General Counsel, <b>Medical Society of the County of Queens</b>; Counsel, <b>Queens County IPA, Inc.</b></p> </div> <div style="text-align: center;">  <p><b>James E. Satterfield, M.D., FACS</b> Past President and Trustee <b>Medical Society of the County of Queens</b> Chair and Board of Directors, <b>QCIPA</b></p> </div> </div>	<p><b>Improving Population Health Management through Technology</b></p> <ul style="list-style-type: none"> <li>• Evaluate the tools and interoperability you need: EHRs, electronic registries, information exchange in order to build an ACO</li> <li>• Partner with other providers and technology vendors to develop these capabilities</li> <li>• Deploy health information tools to support quality reporting and transparency</li> </ul> <p><b>Thought Leader: TBD</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>CME Accreditation: Physicians:</b> This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Institute for the Advancement of Human Behavior (IAHB) and World Congress (WC). The IAHB is accredited by the ACCME to provide continuing medical education for physicians. This activity has been approved for AMA PRA Category 1 Credit(s)<sup>™</sup>.</p> </div>

**The World Congress 2nd Annual Leadership Summit on the Meaningful Use of Certified EHRs and Other Technologies to Improve Health Care**

**Co-Located!**

May 23-24, 2011 | Sheraton Premiere at Tysons Corner | Vienna, VA

- Develop a strategic plan to demonstrate Stage 1 Meaningful Use
- Manage the impact of HIT on physician workflow and patient safety
- Meet Meaningful Use thresholds and establish a behavior modification process at the provider level
- Obtain stimulus funds and learn lessons from practices who have been paid
- Implement best practices in integrating “patient contributed” data with your EHR

For more information, please visit: <http://www.worldcongress.com/ehr>

**The World Congress Annual Leadership Summit on ICD Implementation**

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May 23-24, 2011 | Sheraton Premiere at Tysons Corner | Vienna, VA

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