

P4P 2008 VBBD

Core Issues Addressed in 19 Case Studies

- **Value-Based Benefit Design: Employers Expectations**
Laurel Pickering
Executive Director
NEW YORK BUSINESS GROUP ON HEALTH
- **Applying Quality Information & Incentives**
Dianne Kiehl
Executive Director
BUSINESS HEALTH CARE GROUP
- **Next Generation P4P Programs: Tools to Measure Performance**
Ravi Shankar
VP of Performance Improvement
AMERIGROUP
- **Utilizing Evidence for P4P & Benefit Designs**
Irene Fraser, PhD
Director of the Center for Delivery, Organization, and Markets
AGENCY FOR HEALTHCARE RESEARCH & QUALITY
- **Creating a Phase Two P4P Program**
Owen Poole
President and Chief Executive Officer
Paula Aayatore
Director of Managed Care
MOUNTAIN STATES HEALTH ALLIANCE
- **Collaboration Between Hospitals & Health Plans**
Michael Madden, MD
Medical Director
HIGHMARK
- **Transitioning from a Static P4P to a Value-Based P4P**
Stephen Orndoff
Associate VP of Provider & Community Affairs
AMERIGROUP MERCY HEALTH PLANS
- **Optimizing Payor & Physician Relationships**
Linda Clem
Director of Clinical Performance Improvement
MT. CARMEL PHYSICIAN ORGANIZATION
- **Improving Utilization & Quality in the ED with P4P**
Sue Foster
Director of Provider Services
MOLINA HEALTHCARE
- **Value-Based Benefits for the Diabetic Population**
Kavita Nair, PhD
Associate Professor
UNIVERSITY OF COLORADO SCHOOL OF PHARMACY

Optimizing Pay for Performance & Value-Based Benefit Design

100% Content Designed to Implement Successful Strategies, Expand Efficiency Measurements, and Drive Quality Performance

December 3-5, 2008 • Doubletree Paradise Valley Resort • Scottsdale, AZ

What Makes the 2008 Program Different?

- **Expanded program** – afternoon tracks for medical management and contract & network management
- **Expanded speaking faculty** – 25 speakers in 2008 vs. 15 in 2007
- **Real results for you to apply** to your health plan showcased in every case study
- **Maximizing the commercial value** of quality improvement programs
- **Improving your own program** with the newest tools and techniques

Featured Panel: Covering the Cost of P4P

- CIGNA HealthCare
- Highmark
- Public Employees Health Program
- CareFirst

Medical Management Track

- **Population-Based Payments & Improving Medical Management**
 Jeff Danilo
President
US HEALTHCARE SOLUTIONS
- **Creating Physician Group Incentive Programs**
 Maurice Sahar
Associate Executive Director, Quality Management
METROPLUS HEALTH PLAN
- **Designing the Best Strategies & Practices for the Medical Home**
 Frank Opelka, PhD
Vice Chancellor for Clinical Affairs & Professor of Surgery
LOUISIANA STATE UNIVERSITY
- **Bridges to Excellence & Health Plans**
 Joseph Johnson, MD
VP of Medical Affairs
CLEAR CHOICE HEALTH PLANS

Contract & Network Management Track

- **Performance-Based Contracting**
 Augustine Manocchia, MD
Chief Medical Officer
BLUE CROSS BLUE SHIELD OF RHODE ISLAND
- **Improving Quality & Costs with P4P**
 Richard Weisblatt, MD
VP Network Services
HARVARD PILGRIM HEALTH CARE
- **Medical Home Programs & Incentivization**
 Robert Cetti
Director of Provider Relations
CIGNA HEALTHCARE
- **Integrating New Incentives that Drive Quality Improvement into Contracts**
 Marla Tobin, MD
Regional Medical Director
AETNA

2 Pre-Conference Workshops

The Value Measurement Life Cycle: Measuring Healthcare Quality & Efficiency

How to Successfully Implement Pay for Performance or a Value-Based Benefit Design Program

TO REGISTER: Call: 800-647-7600 or 781-939-2500 • Fax: 781-939-2543
e-mail: info@worldrg.com • www.worldrg.com/p4p

Dear Colleague,

Increasing demands from employers and consumers and the call for transparency of pricing and health quality measures, including clinical outcomes and patient satisfaction, have created a renewed interest in healthcare P4P and other value-based contracting programs. However, even the leading health plans are challenged by the lack of standardization in these endeavors, which is fragmenting the industry and often frustrating healthcare providers.

An Expanded Conference

This year's conference features an expanded program with afternoon tracks designed for both medical management and contract/network management professionals. Our speaking faculty includes 25 industry leaders that explore real results for you to apply to your health plan.

The Conference Goal

To maximize the commercial value of quality improvement programs, while showing you how to improve your program with the newest tools and techniques.

Addressing the Core Issues Cited by Over 200 Professionals

- **New York Business Group on Health** – Examining what employers are expecting and doing surrounding value-based benefit design
- **Business Health Care Group** – Applying quality information and incentives to significantly improve a P4P approach
- **Amerigroup** – Creating next generation P4P programs and harnessing the best tools and techniques to measure performance, improve efficiency and reward for quality
- **Agency for Healthcare Research & Quality** – Implementing steps to take from incentivizing improvement to achieving improvement
- **Mountain States Health Alliance** – Creating a phase two P4P program to reduce costs and improve quality performance
- **Highmark** – Maximizing collaboration between hospitals and health plans to pay for value
- **Amerigroup Mercy Health Plans** – Transitioning from a static P4P program to a value-based P4P program
- **Mt. Carmel Physician Organization** – Optimizing payor and physician relationships while examining the influence and impact of P4P
- **Molina Healthcare** – Improving utilization and quality in the emergency department with P4P pilots
- **University of Colorado School of Pharmacy** – Creating value-based benefits for the diabetic population

Medical Management Track

- **US Healthcare Solutions** – Examining population-based payments to create a mechanism for returning the responsibility for patient outcomes, medical management, and equitable compensation back to local physicians
- **Metroplus Health Plan** – Creating physician group incentive programs
- **Louisiana State University** – Designing the best strategies and practices for the medical home
- **Clear Choice Health Plans** – Examining Bridges to Excellence, health plans and the best strategies for addressing healthcare quality delivery

Contract & Network Management Track

- **Blue Cross Blue Shield of Rhode Island** – Revealing the benefits and commercial value of performance-based contracting
- **Harvard Pilgrim Health Care** – Designing a P4P program to improve quality and reduce costs
- **CIGNA HealthCare** – Designing medical home programs and incentivization
- **Aetna** – Integrating new incentives that drive quality improvement into contracts

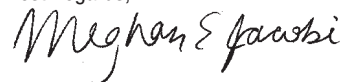
Providing Case Study Solutions

This conference has 100% of its content designed with best practices and case studies. The distinguished speaker faculty members share their strategies around improving P4P as well as designing true value-based benefit design. You will return to your company with a comprehensive set of techniques, tools and strategies to combat rising healthcare costs while maximizing quality improvement.

The Networking

The conference is designed to provide a balance of high quality content combined with networking activities to exchange ideas and best practice solutions. Networking activities occur during morning coffee, lunch and key breaks throughout the event. We offer both group rates and other discounts. For further information about the program, please contact me at meghan.jacobi@worldrg.com.

Best Regards,



Meghan Jacobi
Conference Director

PS. Make sure you capitalize on the opportunities that exist in commercializing quality improvement programs! Sign up today to reserve seats for you and your colleagues!

Who Should Attend

From Health Plans, TPAs & Managed Care Organizations

Chief Medical Officers and Medical Directors

Also, Senior Vice Presidents, Vice Presidents, Directors, and Managers of:

Medical Management • Quality • Quality Improvement • Network Management • Network Contracting • Network Management • Contracting Strategies
Provider Contracting • Provider Relations • Provider Networks • Care Management • Clinical Affairs • Clinical Informatics • Physician Services
Clinical Outcomes Management • Compliance • Consumer-Directed Products • Health Informatics • Health Policy • Managed Care • Payment Policy

From Hospitals, Health Systems & Physician Group Practices

Chief Nursing Officers, Chief Medical Officers & Administrators

Also, Vice Presidents, Directors, and Managers of:

Quality Improvement • Managed Care • Managed Care Contracting • Medical Affairs • Medical Management • Medical Policy • Patient Safety
Payer Relations • Care Management • Clinical Data Reporting/Informatics • Clinical Outcomes Management • Clinical Practice • Reimbursement

From Employers

Chief Human Resources Officers and Corporate Medical Directors

Also, Vice Presidents, Directors, and Managers of:

Benefits • Benefits Design • Human Resources • Health Benefits • Strategic Planning • Total Rewards and Incentives

Quality improvement requires multi-stakeholder collaboration! Take advantage of team discounts! Register 3 and the 4th is FREE!

Pre-Conference Workshops – Wednesday, December 3, 2008

WORKSHOP A 9:00 a.m. – 12:00 p.m.

The Value Measurement Life Cycle: Measuring Healthcare Quality & Efficiency

The U.S. healthcare system's desire to measure the value of care has never been greater, fueled by the demand from consumers who expect published, transparent information on healthcare delivery. Providers are also concerned with having visibility into the measures that impact them. They want to verify that the measures are correct and also understand how these measures affect patients and services, so that they can improve the quality of the care provided. Recent discussions about how to best meet these requirements have highlighted the importance of three key elements – the need for more meaningful data, transparency regarding measure development and the strategic use of this information.

This workshop examines the role of data quality in the life cycle of healthcare value measurement and its impact on physician/provider engagement. By attending, health plan managers learn key considerations for engaging providers, while obtaining, managing and reporting quality and performance-related information. The workshop also examines data collection issues involved with acquiring, aggregating and managing electronic health information from a wide variety of organizations. Specific workshop objectives include:

- **Understanding** the value of standards in improving data quality
- **Organizing** stakeholders around data quality goals and help secure physician/provider engagement.
- **Identifying** the key technology, business process, and organizational management issues involved in the acquisition, aggregation and dissemination of key health and performance-related data

- **Understanding** the primary considerations related to the development and use of evidence-based outcomes, quality of care and performance measures for provider and payer organizations
- **Understanding** how the adoption of key health information technology systems can facilitate performance measurement data collection and reporting

The Workshop Leaders:



Joe Nichols, MD, Medical Director, ViPs, General Dynamics Technology Company has oversight responsibility for value measurement products, including HEDIS reporting, provider profiling and cost/efficiency measurement applications. Nichols has a wide range of experience in healthcare information technology on the provider, payor and vendor sides of the healthcare business. He has numerous publications around healthcare quality and other health-related topics and was contributing author to a university text on electronic health records.



Donald Storey, MD, Former Medical Director, Aetna is an expert in pay for performance, value-based benefit design, and other issues involved with health plans. Dr. Storey was also Aetna's national medical director for the Aexcel high-performance specialty network, where he was responsible for performance measure identification and implementation, program communication and general clinical oversight.

WORKSHOP B 1:30 p.m. – 4:30 p.m.

How to Successfully Implement Pay for Performance or a Value-Based Benefit Design Program

P4P is in the next generation phase of development, with a goal to improve quality performance and cut costs. This workshop examines the fundamentals for designing and implementing a successful pay-for-performance or value-based benefit design program.

In the past, people have looked at systems first rather than providers, which has led them to failure. Many health plans have put programs into action, but have not done the proper research beforehand. Based on the fact that there are 100 different types of pay-for-performance systems now in place, most hospitals and health plans realize that they must design a specific strategy that will fit their market. By researching purchaser and provider needs in the community, the sponsoring organization can better prepare itself for a successful launch of a sufficient value-based strategy.

This workshop incorporates all of the critical parts to launching a successful P4P and value-based benefit program, leveraging experience from health plan and employer case studies. The workshop also lays out the necessary tools to ensure your program's effectiveness. Following the workshop, attendees

will have the opportunity to identify which programs are most appropriate and feasible for their organizations' needs. Specific workshop highlights include:

- **Developing** appropriate rewards and incentives to drive quality performance and improvement
- **Incorporating** next generation strategies to ensure successful program development
- **Evaluating** reimbursement options and working with physicians
- **Accessing** cover monitoring and reporting options

The Workshop Leader:



William J. DeMarco, MA, CMC, President and Chief Executive Officer, DeMarco and Associates, has worked with a variety of health plans and employers to better relationships and to build new approaches for products and strategies. For the past 23 years, DeMarco has established a specialized and independent and objective source of healthcare management, marketing and strategic advisory services.

Past Attendees Gave These Rave Reviews

"The conference was an excellent overall opportunity to hear both industry trends and what other health plans are doing and planning related to their P4P programs. I especially appreciated the details on program design and results that were presented. It both confirmed our plan's approach and challenged our thinking on some aspects."

– BLUE CROSS BLUE SHIELD OF FLORIDA

"The processes of all stakeholders were pointed out."

– WELLMARK

"Pay for performance is evolving nationally, and internationally, at an amazing pace. World Research Group provides a clear, comprehensive, and up-to-date forum for those wishing to be at the forefront of change."

– INDEPENDENT HEALTH

"The conference provided an excellent overview of the industry."

– HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY

Day One Thursday, December 4, 2008

7:15

Conference Registration & Morning Coffee

8:00

Chairperson's Opening Remarks

8:15

Applying Accountability and Incentives: Driving Meaningful Change

The Business Health Care Group is a vehicle for collective voice and action of the business community as it relates to improving the cost of healthcare. This involves developing initiatives to address behavior change of key stakeholders – providers, consumers, employers/plan sponsors and the administrator. However, this group takes a different stance on P4P. They believe that consumers need education, information, guidance and incentives to use the most valued provider. Education modules are used to provide information on how to be a better healthcare consumer. Pricing and quality of information (based on availability), guidance through Humana's Personal Nurse and incentives for using providers that are identified as providing the best value, wellness and prevention initiatives all are aimed at improving accountability of the consumer and healthcare providers. The session focuses on:

- Examining initiatives aimed at improving value in healthcare
- The results of the Business Health Care Group's work
- Future focus to achieve behavior change



Dianne Kiehl
Executive Director
BUSINESS HEALTH CARE GROUP

9:15 **PANEL DISCUSSION**

Accessing the Impact of P4P on Health Plans: Who Will Cover the Costs

The increased movement of P4P programs is prevalent in the United States. The service differs from other forms of payment plans. The payment plan relies on how a physician performs. For instance, providers are rewarded for meeting a set of goals prior to the delivery of healthcare services. Moreover, over 100 health plans across the United States are involved with P4P or undergoing pilot studies. With this new, pricey implementation, individuals wonder where all the finances are coming from. Many health plans point out their success with P4P, but this issue is something that is on everyone's mind.

This panel engages the audience, debates the issues and offers a critical look at practical and forward-thinking solutions, including:

- Strategic tactics used to identify the costs of a P4P program initially
- The issues to date, including health plans falling into traps where they do not have the finances to pay for services in a P4P program
- Provider perspectives
- What works and what should be identified in future P4P programs



Paul Thompson
Vice President of Healthcare Cost and Quality Transparency Initiatives
CIGNA HEALTHCARE



Cortney Larson, MBA, MHSA
Director of Provider Relations
PUBLIC EMPLOYEES HEALTH PROGRAM



Michael Madden, MD
Medical Director
HIGHMARK



Chris Brehm
Provider Information and Credentialing Director
CAREFIRST

10:00

Networking Break & Refreshments

10:30

Value-Based Benefit Design: An Innovative Strategy That Links Quality and Cost

Value-based benefit design is increasingly a strategy employers are using to improve health and lower costs by minimizing out-of-pocket costs for high value services in a defined patient population. This presentation will discuss the employers' perspective on this new approach to benefit design.

The session will provide attendees with:

- Introduction to value-based benefit design (VBBD)
- Description of how VBBD supports an integrated health management framework
- Examples of the medical impact of VBBD
- Recommendations for a VBBD implementation approach



Laurel Pickering, MPH
Executive Director
NEW YORK BUSINESS GROUP ON HEALTH

11:15

Next Generation P4P Programs: Tools & Techniques to Measure Performance, Improve Efficiency & Reward for Quality

As the healthcare panorama continues to shift, payers and providers are developing new models for healthcare delivery. P4P is a key trend that offers advantages to payers, providers and consumers. However, several issues challenge the successful implementation of P4P strategies. This includes collecting solid performance data, identifying reliable and feasible performance measures, indexes and metrics which are acceptable to providers. This session examines:

- Defining performance measures
- Identifying baseline, critical activities, and required metrics to be measured
- Establishing mutually beneficial performance goals or standards
- Implementing efficient solutions with reward for quality



Ravi Shankar
Vice President of Performance Improvement
AMERIGROUP

12:00

Using and Improving Evidence for P4P and Benefit Design

The experiments in P4P and value-based benefit design show a widespread belief that changing provider and consumer incentives can improve provider performance and employee health. To be successful, such efforts need strong measures, tools and data for diagnosing problems and tracking change. They also need solid evidence on what strategies work, when, for whom, and under what circumstances.

This presentation focuses on the evidence base for such efforts: what evidence do we need, what do we know now, and how can we learn from the current experiments to better inform later ones? It also examines tools that purchasers can use to target and shape their efforts, especially around measuring and mapping levels of potentially preventable hospitalizations among employees and their families. Topics include:

- Evaluating measures, data and tools available to target and track improvement
- Targeting the Preventable Hospitalization Cost Mapping Tool with benefit redesign
- Critically examining the current state of P4P and focusing on what can be done to make it better
- Implementing steps to go from incentivizing improvement to achieving improvement



Irene Fraser, PhD
Director of the Center for Delivery, Organization, and Markets
AGENCY FOR HEALTHCARE RESEARCH & QUALITY

12:45

Networking Luncheon

TRACK A: Medical Management**2:00****Population-Based Payments: A Mechanism for Returning the Responsibility for Patient Outcomes, Medical Management, and Equitable Compensation Back to Local Physicians**

Payors and providers grapple with the deployment of evidence-based medicine. Essentially, a redefined focus on patient safety initiatives and a growing number of P4P programs have led payors and providers to evaluate the cost and benefits of their initiatives.

Payors want to quantify the economic value derived from program payouts, and providers are questioning the adequacy of their “reward” relative to practice time, administrative expense and effort.

By returning the responsibility for patient outcomes, medical management, and equitable compensation back to local physicians through population-based payment arrangements, payors, providers and members all see the benefit. This session examines:

- Creating clinically integrated physician practices
- An actionable process for establishing population-based payment arrangements
- Establishing clinical initiatives and evidence-based quality metrics which promote patient safety



Jeff Danilo
President

US HEALTHCARE SOLUTIONS

Former Senior Vice President and Head of Core Network Management

AETNA US HEALTHCARE

2:45**Creating Physician Group Incentive Programs**

It is important for physicians and providers to be a cohesive unit. The collaboration and investment of physicians is necessary every step of the way in design and implementation for success. The incentives within the scope of the measure must be managed by the physician. Finally, the program must be flexible, based on the changing needs of the various stakeholders (i.e., the plan, physicians, state agencies, members). The session examines:

- Understanding what you can achieve through a P4P program with your physician groups
- Defining the measures most relevant to your various stakeholders and which will be a strong foundation to base your P4P program
- Building physician investment at the all phases of the program
- Supporting physicians to be successful in P4P



Maurice Sahar

Associate Executive Director, Quality Management

METROPLUS HEALTH PLAN

3:30**Networking Break & Refreshments****3:45****Designing the Best Strategies and Practices for the Medical Home**

The medical home's personal physician leads a team of individuals who collectively take responsibility for the ongoing care of the patient. Healthcare is coordinated with the hospitals, sub-specialists, nursing homes and home health agencies and the patient's community-based services. However, what is missing from the medical home perspective is how P4P influences this concept. This new topic in the healthcare industry is drawing attention from numerous healthcare leaders. The session focuses on:

TRACK B: Contract & Network Management**2:00****Revealing the Benefits of Performance-Based Contracting**

The healthcare environment puts pressure on payors and providers, and they are expected to work as a cohesive unit to assure that healthcare services provide the highest amount of quality. At times, this can be very difficult and leads to both parties being fragmented and frustrated. Additionally, the healthcare system is further complicated with new benefit plans and products. In the past, health plans have been experimenting with P4P and other quality improvement programs. Some programs have been successful, and others have not. The session focuses on:

- Revealing the key factors necessary in designing a performance-based contracting plan
- Evaluating the benefits of implementing a performance-based contracting
- Critically examining key components for performance-based contracting



Augustine Manocchia, MD

Chief Medical Officer

BLUE CROSS BLUE SHIELD OF RHODE ISLAND

2:45**Designing a P4P Program to Improve Quality & Reduce Costs**

Harvard Pilgrim Health Plan developed and implemented a successful P4P program that focuses on improving quality and reducing costs. For over six years, incentives, such as using generic drugs, use of electronically available medical records, and diabetes outcome measures have been the catalysts for P4P. From their direct experience, it is important to understand what steps Harvard Pilgrim Health Plan took to make the program a success. The session examines:

- Fundamentals in designing a P4P program structured for your company
- Evaluating different strategies and tactics necessary for a P4P program
- Focusing on clinical outcomes and the infrastructure necessary to support the effort



Richard Weisblatt, MD

Vice President, Network Services

HARVARD PILGRIM HEALTH CARE

3:30**Networking Break & Refreshments****3:45****Medical Home Programs and Incentivization**

Physician pay-for-performance incentives and Centers for Medicare pilot programs continue to strive for improvement in quality and removal of risk. Medical Home programs are being tested by payors and CMS to actually drive fundamental behavior changes. Prevent chronic and catastrophic patient episodes by instilling preventative care and effective disease and case management. Family practitioners and primary care givers are asking for multi-payor collaboration and incentives to realize an improved outcome for patients. Some cynics call the Medical Home programs nothing more than “back to the future” by instilling pcp gatekeeper programs and limiting of specialist interactions. Proponents point out that the current medical processes are failing to keep the chronic patient from “crashing” in an emergent setting. Learn what payors and providers will need to be successful.

- Understanding what is a Medical Home
- Defining the parties needed to build a successful Medical Home
- Preventing failures of gatekeeper models from the 1980's, and exploring new reimbursement/contracting alternatives

- Evaluating the impact of P4P with the medical home model
- Emphasizing the importance of how the medical home work with P4P programs
- Identifying the current state of medical home management and P4P: what has been done and what needs to be done in the future



Frank Opelka, MD
Vice Chancellor for Clinical Affairs and Professor of Surgery
LOUISIANA STATE UNIVERSITY

4:30
Bridges To Excellence - A Successful Employer Initiative in the P4P Market: Where Are We Today and Where We Expect To Be Tomorrow

Clear Choice Health Plans and Bridges to Excellence worked together on healthcare quality improvement. There are many new occurrences with P4P and the health quality landscape. This session examines where the health quality landscape is today and how Bridges to Excellence fits into that picture. Moreover, there will be a critical discussion regarding the Bridges to Excellence strategy on addressing healthcare quality delivery. Specifically, this session examines:

- Understanding the Bridges to Excellence program and its affiliation with health plans
- Why employers find Bridges to Excellence appealing, especially around their ability to provide a comprehensive healthcare management strategy on supply and demand chain management
- Why providers are getting involved with Bridges to Excellence



Joseph Johnson, MD
Vice President of Medical Affairs
CLEAR CHOICE HEALTH PLANS

- Integrating Medical Home with Consumerism behaviors, Transparency tools, and Pay-for-Performance quality programs



Robert Cetti
Director of Provider Relations
CIGNA HEALTHCARE

4:30
Integrating New Incentives that Drive Quality Improvement into Contracts

Aligning Forces for Quality is a Robert Wood Johnson Foundation endeavor that seeks to lift the quality of health and health care by teaming up with those who get care, are given care and pay for care. This project applies a wealth of resources, expertise, and training to impact real results in health care quality. The experience of Kansas City's role will be examined with a special focus on how physicians can get ready for public reporting, scorecards, and P4P. Additionally, the KCQIC group brings together health plans, physicians, and community leaders for health and quality improvement activities. This session focuses on:

- Identifying "how-to" of quality improvement
- Capitalizing on increasing consumer engagement
- Increasing public reporting
- Initiating nurses to lead the way on quality
- Addressing equity and language matters



Marla Tobin, MD
Regional Medical Director
AETNA

5:15 Conclusion of Day One

Day Two
Friday, December 5, 2008

7:15
Morning Coffee

7:50
Chairperson's Opening Remarks

8:00
Creating a Phase Two P4P Program

Health plans look to reduce costs and improve quality performance. P4P is a main topic in the healthcare industry and many programs have been implemented. It is time to evaluate what strategies were used and the pitfalls learned. This sessions examines the critical approach taken to evaluate each step prior to P4P implementation and during the implementation stages. The session focuses on:

- Researching your health plan to identify what actions need to be taken before implementing a P4P program
- Designing a successful P4P program that is appropriate for your health plan
- Targeting the roles that each individual must take for a successful P4P program



Owen Poole
President and Chief Executive Officer



Paula Claytore
Director of Managed Care
MOUNTAIN STATES HEALTH ALLIANCE

8:45
Maximizing Collaboration Between Hospitals and Health Plans to Pay for Value

Highmark partners with network hospitals to improve patient safety and patient care using its innovative P4P program. Through alignment with national programs and collaboration with providers to solve local issues, this contracting strategy demonstrates quality improvement and managed reimbursement increases. This session focuses on the design and outcomes from the initiative. Other highlights include:

- Creating a strategy for an innovation design for a hospital P4P program
- Define how a health plan has used P4P in its contracting strategy with hospitals



Michael Madden, MD
Medical Director
HIGHMARK

9:30
Networking Break, Refreshments & Announcement of Raffle Winners

10:00
Transitioning from a Static P4P to a Value-Based P4P

Amerigroup Mercy Health Plans is one organization that has implemented P4P programs. While implementing these programs, the plan found many benefits and pitfalls. Even though some components of this P4P were advantageous to the organization, the plan moved to a more value-based P4P program. Each part of the process took research, advisory meetings, and strategic planning from the provider side and others involved in contracting. This session focuses on:

- How a value-based P4P program impacts consumers and physicians
- Accurate and appropriate strategies that benefit your organization using a value-based P4P approach
- Maximizing the collaboration between physicians and providers for a successful value-based P4P



Stephen Orndoff
Associate Vice President of Provider and Community Affairs
AMERIGROUP MERCY HEALTH PLANS

10:45
Optimizing Payor and Physician Relationships: The Influence of P4P

Payor and physician perceptions of P4P programs and quality measurement differ. By involving physicians in the design and implementation of targeted P4P and quality measurement program, physician engagement increases and payors' expectations are likely to achieve program goals. A physician organization's history and case examples of bringing payors and physicians together to achieve maximum collaboration and P4P success will be shared. The session covers:

- Contrasting physician and payor views and perception of P4P programs
- Impact of physician involvement in P4P program design
- Tools and methods used to assist physicians in meeting quality targets
- Using quality performance reporting to improve patient care while building a physician organization and payor strategy that is mutually beneficial



Linda Clem
Director Clinical Performance Improvement
MT. CARMEL PHYSICIAN ORGANIZATION

11:30
Improving Utilization & Quality in Emergency Department Use: Emphasis on Pilot Studies with P4P

Hospitals and payors alike are concerned over the inappropriate utilization of the emergency room. The session explores the issues, models and outcomes

of two different models. Both models interact with a community of providers in a fee-for-service environment and provide incentives to redirect inappropriate utilization of the ER, while educating the patient and producing a quality health outcome for the Molina member. Specific session highlights include:

- Understanding P4P guiding principles
- Evaluating data that defines the scope
- Critically examining pilot components
- Analyzing the outcomes



Sue Foster
Director Provider Services
MOLINA HEALTHCARE

12:15
Value-Based Benefits for the Diabetic Population

In the past, value-based benefit designs have targeted health outcomes. Recently, researchers focused their attention to a new area — the impact of a prescription-based, value-based benefit design on pharmacy, healthcare utilization and expenditure. The University of Colorado teamed up with various health plans to measure the following outcomes: diabetic prescription utilization, emergency room, hospitalizations, outpatient visits, and laboratory/diagnostic services and pharmacy and healthcare expenditures. This session focuses on:

- Understanding the importance of value-based benefit design
- How this study can serve as a pilot for future studies involving other healthcare populations (i.e., asthma, cardiac, cancer)
- Evaluating the pitfalls and successes of this value based benefit design



Kavita Nair, PhD
Associate Professor
UNIVERSITY OF COLORADO SCHOOL OF PHARMACY

1:00
Conclusion of Main Program

Registration Information

	Health Plans, Hospitals & Commercial Rate Employers			Standard Rate		
	Register before: 9/19/2008	Register before: 10/10/2008	Register after: 10/10/2008	Register before: 9/19/2008	Register before: 10/10/2008	Register after: 10/10/2008
Conference ONLY	\$1,295	\$1,495	\$1,795	\$1,595	\$1,795	\$2,095
Conference + 1 Workshop	\$1,595	\$1,795	\$2,095	\$1,895	\$2,095	\$2,395
Conference + 2 Workshops	\$1,895	\$2,095	\$2,395	\$2,195	\$2,395	\$2,695

Fee includes morning coffee, lunch, refreshments, and conference documentation CD-ROM. Please make checks payable to WRG Research, Inc.

TEAM DISCOUNT: Register 3 team members from the same organization at the same time and the 4th team member attends FREE! (Valid only at regular registration rate.)

PAYMENT POLICY/SUBSTITUTIONS/CANCELLATIONS: Registration fees must be paid by November 19, 2008. Your registration may be transferred to a member of your organization up to 24 hours in advance of the conference. All cancellations received on or before November 19, 2008 will be subject to a \$195 administrative charge. We regret that no refund for cancellations will be made after this date. In case of conference cancellation, World Research Group's liability is limited to refund of the conference registration fee only. World Research Group reserves the right to alter this program without prior notice. All cancellations must be submitted in writing on or before 14 days prior to the conference date in order to receive a refund, minus cancellation fee.

SATISFACTION GUARANTEED: World Research Group stands behind the quality of its conferences. If you are not satisfied with the quality of the conference, a credit will be awarded towards a comparable World Research Group conference of your choice.

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- Next Generation P4P Programs: Tools to Measure Performance
- Utilizing Evidence for P4P & Benefit Designs
- Creating a Phase Two P4P Program
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- Transitioning from a Static P4P to a Value-Based P4P
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