CO CHAIRS:
David Joyner, MBA, Chief Operating Officer, Hill Physicians Medical Group; Chair, Integrated Healthcare Association
Tom Williams, DrPH, President and Chief Executive Officer, Integrated Healthcare Association
Jill Yegian, PhD, Senior Vice President, Programs and Policy, Integrated Healthcare Association

FEATURED FACULTY:
Christine Cassel, MD, President and Chief Executive Officer, National Quality Forum
Francois de Brantes, MBA, Executive Director, Health Care Incentives Improvement Institute
David Feinberg, MD, MBA, President, UCLA Health System; Chief Executive Officer, UCLA Hospital System; Associate Vice Chancellor, UCLA Health Sciences
Richard Fish, MBA, Chief Executive Officer, Brown & Toland Physicians
George Isham, MD, Chief Health Officer and Plan Medical Director, Health Partners
Pam Kehaly, President, Anthem Blue Cross/West Region; Senior Vice President, Specialty Business, Wellpoint
Tom X. Lee, MD, Founder and Chief Executive Officer, One Medical Group
Harold Miller, President and Chief Executive Officer, Center for Healthcare Quality and Payment Reform
Elizabeth Mitchell, President and Chief Executive Officer, Network for Regional Healthcare Improvement (NRHI)
Peggy O’Kane, President, National Committee for Quality Assurance
James C. Robinson PhD, MPH, Leonard D. Schaeffer Professor of Health Economics, UC Berkeley School of Public Health; Chair, Berkeley Center for Health Technology
Alan Weil, JD, Editor-in-Chief, Health Affairs
Daniel Wolfson, MHSA, Executive Vice President and Chief Operating Officer, ABIM Foundation

FEATURING THE FOLLOWING PRE-CONFERENCE SESSIONS:
• Pre-Conference I: Redesigning Plan Member Benefits to Optimize Consumer and Provider Incentives Sponsored by the Health Care Incentives Improvement Institute (HCI3)
• Pre-Conference II: Achieving Value: Are Medicaid and Medicare Payment Programs Working? Sponsored by the Agency for Healthcare Research and Quality (AHRQ)
• Pre-Conference III: Palliative Care in Clinically Integrated Systems: Delivering the Promise Sponsored by the Coalition for Compassionate Care of California

CONTINUING EDUCATION CREDITS:
NASBA Credit Statement: A recommended maximum of 17.5 credits based on a 50-minute hour will be granted for the entire learning activity for the National Association of State Boards of Accountancy (NASBA). See page 6.
AMA PRA Category 1 Credits™: The Summit is currently pending approval to offer AMA PRA Category 1 Credits™.
The 2015 National Pay for Performance Summit marks the 10th anniversary of this highly regarded event, providing an opportunity to pause and reflect on the progress made in measuring and paying for performance in healthcare. Along the way, Pay for Performance has become mainstream, with broad support from all sectors of the health care system. It has also evolved from the payment of incentives for improved quality to more robust approaches to paying for value. On the up side, measurement has proliferated beyond all expectations. Physicians, hospitals and other healthcare providers are routinely seeing their performance compared to peers, national benchmarks and their own past performance. On the down side, the explosion of measurement has become “too much of a good thing.” As a result, attention has shifted to discovering ways to better automate the measurement process and narrow its focus. In addition, despite tremendous progress, our payment system is still predominantly based on fee for service. We’re still far from a health care system that consistently delivers best care at lowest cost, and our ability to truly measure and reward outcomes is at an early stage.

This year’s conference will provide an opportunity to engage with colleagues from across the country on the issues, opportunities, and challenges facing the health care system in 2015. Leaders from industry, government, and the non-profit sector will share best practices and lessons learned from grappling with real-world implementation issues as they strive to improve quality while reducing costs. We will hear from an innovative physician entrepreneur working to fix the health care system, one technology-enabled clinic at a time; and from a panel of State Innovation Model award-winners on their plans to fundamentally improve health care in their states. Leading health services researchers will present their latest findings and discuss how payment programs might be improved to achieve greater success.

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OPENING PLENARY SESSION

1:00 pm Welcome and Opening Remarks
David Joyner, MBA, Chief Operating Officer, Hill Physicians Medical Group; Chair, Integrated Healthcare Association, San Ramon, CA

1:10 pm Lessons Learned in Paying for Performance — A Ten Year Retrospective
In recognition of the tenth year of the National Pay for Performance Summit, Tom Williams, DrPH, President and Chief Executive Officer of the Integrated Healthcare Association will share a brief review of the evolution of pay for performance during the last decade and its impact on healthcare delivery and payment including major trends, lessons learned and key challenges and opportunities moving forward.

Tom Williams, DrPH, President and Chief Executive Officer, Integrated Healthcare Association, Oakland, CA

1:30 pm Paying for Value — What the Future Holds
Moving away from fee-for-service to value-based payment has become a consistent bipartisan call to action in both the public and private sectors of U.S. healthcare. Realizing the full potential of this movement requires far-reaching operational and policy changes. To succeed, value-based payments must integrate the needs and motivations of consumers, purchasers, physicians and payers and overcome embedded business practices and organizational structures that exist in our current delivery and insurance systems. No small task, but a topic this panel of nationally recognized leaders is well equipped to address, exploring key elements of this challenge and offering perspectives on how this movement will unfold over the next decade.

Francois de Brantes, MBA, Executive Director, Health Care Incentives Improvement Institute, Newtown, CT
Peggy O’Kane, President, National Committee for Quality Assurance, Washington, DC
Daniel Wolfson, MHSA, Executive Vice President and Chief Operating Officer, ABIM Foundation, Philadelphia, PA
Tom Williams, DrPH, President and Chief Executive Officer, Integrated Healthcare Association, Oakland, CA (Moderator)

2:45 pm Reinventing Primary Care: An Approach to Fixing Health Care Nationally
From its origins in San Francisco, One Medical Group has evolved into a fast-growing organization with offices across the country and modern technology systems supported by investment from Silicon Valley’s premier firms. Tom X. Lee, MD, Founder and Chief Executive Officer of One Medical Group, will discuss his experience and challenges in building a patient-centered care model focused on quality, service, and affordability.

Tom X. Lee, MD, Founder and Chief Executive Officer, One Medical Group, San Francisco, CA

3:30 pm Refreshment Break in Exhibit Hall

4:00 pm MINI-SUMMITS

Mini-Summit 1: State Health Insurance Exchanges and CO-OP Plans: Performance Measurement and Value-Based Payment
Health insurance exchanges (also known as marketplaces) created by the Affordable Care Act have enrolled millions of Americans since October 2013 and are changing the landscape of the health insurance market across the country. Consumer Operated and Oriented Plans (CO-OPs) are now operating in two dozen states, supported by an ACA loan program providing seed funding for the establishment of these new cooperative insurance companies. Both exchanges and CO-OPs provide an opportunity for innovative approaches to performance measurement and value-based payment. Representatives from state-based exchanges and CO-OPs will outline their current activities and future direction in a session moderated by the former head of the Center for Consumer Information and Insurance Oversight, the regulatory agencies with responsibility for both programs.

Gary Cohen, Owner and Principal, Gary M. Cohen Consulting; Former Director, Center for Consumer Information and Insurance Oversight, Department of Health and Human Services, San Francisco, CA
Nicole Comeaux, JD, MPH, Deputy Executive Director, Office of the Kentucky Health Benefit Exchange (Kynect), Lexington, KY
Kevin Lewis, Chief Executive Officer, Maine Community Health Options, Lewiston, ME
Anne Price, Director, Plan Management Division, Covered California, Sacramento, CA

Mini-Summit 2: Updates from CMS on Value Based Purchasing
Health care delivery is unquestionably moving toward value-based care. The transformation will succeed, in part, based on CMS’ ability to measure quality, align payment incentives with desired outcomes and across providers, and incent quality improvement. Recent efforts have resulted in significant savings and transparency. This session will explore current activities and plans for the future, and share how through collaboration, efficiencies are being achieved in both quality and cost. The speakers will also share strategies to support administrative and operational change.

David Nace, MD, Vice President and Medical Director, McKesson Corporation/Relay Health; Chairman, Patient-Centered Primary Care Collaborative (PCPCC), Malvern, PA
David Sayen, Regional Administrator – Region IX, Centers for Medicare and Medicaid Services (CMS), San Francisco, CA

Mini-Summit 3: IHA’s Value Based Pay for Performance Program
The Integrated Healthcare Association has been working with health plans and physician organizations on a California statewide initiative for performance (P4P) for over a decade. In 2013, P4P began transitioning to Value Based Pay for Performance — shifting from a quality-based to a value-based incentive program that incorporates performance “gates” for quality and total cost of care. Blue Shield of California was the first health plan to fully adopt VB4P, an incentive design featuring shared savings between health plans and physician organizations based on performance on appropriate resource use measures, adjusted for quality; three additional health plans are adopting VB4P in 2014. This session will provide an overview of the program design, and a report from the plans and providers on the leading edge of shifting from volume to value.

Lindsay Erickson, MSPH, Manager, Value Based P4P Program, Integrated Healthcare Association, Oakland, CA
Brian Jeffrey, Regional President, Network Management, UnitedHealthcare, Santa Ana, CA
Ulrike Steinbach, PhD (Invited), Director, Network Performance Programs, Blue Shield of California, San Francisco, CA

5:30 pm Day 1 Adjourns followed by Opening Networking Reception
DAY 2: TUESDAY, MARCH 3, 2015

7:00 am  Registration

MORNING PLENARY SESSION

8:00 am  Health Beyond Health Care: A Role for Care Delivery and Financing Systems?

There is a growing awareness of the limitations of the influence of health care delivery on the long term health of individuals and communities. Dr. George Isham will discuss the impact (and limits) of health care on individual and population health, and the emerging recognition of the importance of social determinants of health. Topics include how to think about a provider organization’s relationship to these social determinants, community business models and organizational performance metrics, and incentives for improving health and their role in the overall health payment system.

George Isham, MD, Chief Health Officer and Plan Medical Director, Health Partners, Minneapolis, MN

8:30 am  State Innovation Models, Round 2

Alan Weil, Editor-in-Chief of Health Affairs, will moderate a panel of to-be-announced representatives from states that have received the yet-to-be awarded State Innovation Model (SIM) Round 2 grants. In what is arguably the most creative and high-potential project sponsored by the Center for Medicare & Medicaid Innovation, the State Innovation Models Initiative provided nearly $300 million in the first round of funding to 25 states to design or test improvements to health care delivery and payment systems. The SIM projects offer an unprecedented opportunity to drive multi-payer change in ways that meet the diverse needs of states across the country.

Alan Weil, JD, Editor-in-Chief, Health Affairs, Washington, DC

Panelists To Be Announced

10:00 am  Refreshment Break in Exhibit Hall

10:30 am  MINI-SUMMITS

Mini-Summit 4: Patient-Reported Outcome Measures: What Will It Take To Realize The Promise?

There is widespread agreement that patient-reported outcome measures (PROMs) represent an important — even essential — direction for performance measurement. At the intersection of an outcomes focus with emphasis on patient-centered care, PROMs have received increasing attention in recent years and significant progress has been made on developing the measures and moving them into practice. Yet, major challenges remain. This session features a physician who cares for patients and conducts research, and has created a free and open source Collaborative Health Outcomes Information Registry that features PROMs; a national leader in quality measurement who has spearheaded public reporting of PROMs in Minnesota; and a health plan executive who is working toward validated measures to assess both quality and cost. They have identified and characterized providers that are delivering exceptional value — higher quality at significantly less cost — to their patients. Dr. Arnold Milstein and his team from Stanford will share insights into how high-performing primary care practices, specialists and community hospitals have defined a path toward better, more affordable healthcare.

Harold Miller, MD, PhD, Medical Director for Oncology and Care Management, WellPoint, Los Angeles, CA

Lee Newcomer, MD, MHA, Senior Vice President, Oncology, Genetics and Women's Health, UnitedHealthcare, Minneapolis, MN

Larry Strieff, MD, Specialty Medical Director, Hill Physicians Medical Group, San Ramon, CA

Ann Woo, PharmD, Clinical and Technical Advisor, Integrated Healthcare Association, Oakland, CA (Moderator)

Mini-Summit 5: Innovative Payment in Cancer Care

Increasingly, health plans and delivery systems are seeking alternatives to fee-for-service payment that can help manage escalating oncology expenditures while providing excellent, patient-centered care. WellPoint Health Networks, UnitedHealthcare, and Hill Physicians Medical Group have all created innovative payment programs designed to promote evidence-based oncology care and align incentives. At this session, speakers from each organization will share insights from the design and implementation of their initiatives, demonstrating diverse approaches to redesigning oncology programs to address cancer care within the context of effective population management.

Jennifer Malin, MD, PhD, Medical Director for Oncology and Care Management, WellPoint, Los Angeles, CA

Mini-Summit 6: Identifying Positive Deviance in Cost and Quality: Most Valuable Providers

We know there is excellence in the U.S. healthcare system, as some physicians and hospitals are delivering higher quality care at a lower cost. Stanford University’s Clinical Excellence Research Center (CERC) has conducted a quantitative, data-driven scan, leveraging a commercial claims database containing over 40 million covered lives and robust, validated measures to assess both quality and cost. They have identified and characterized providers that are delivering exceptional value — higher quality at significantly less cost — to their patients. Dr. Arnold Milstein and his team from Stanford will share insights into how high-performing primary care practices, specialists and community hospitals have defined a path toward better, more affordable healthcare.

Arnold Milstein, MD, MPH, Professor of Medicine and Director of the Clinical Excellence Research Center, Stanford University, Stanford, CA

Julia Murphy, MSc, American Idol in Medicine (AIM) Project Lead, Clinical Excellence Research Center, Stanford University, Stanford, CA

Melora Simon, MPH, American Idol in Medicine (AIM) Project Lead, Clinical Excellence Research Center, Stanford University, Stanford, CA

12:00 pm  Lunch in Exhibit Hall

1:00 pm  Win, Win, Win Approaches to Accountable Care: How Physicians, Hospitals, Patients, and Payers Can All Benefit from Healthcare Payment and Delivery Reform

The current fee-for-service system causes many patients to receive poor quality, uncoordinated care and it causes both purchasers and patients to pay far more than necessary for healthcare services. Harold Miller, a nationally recognized expert on payment and delivery reform, says that payers and policy-makers don’t really understand the specific ways in which the fee-for-service system creates barriers to improvement, and that most current efforts at “payment reform,” such as shared savings, value-based purchasing, and procedural bundles, do little to overcome the barriers and can actually make things worse. Miller will describe how condition-based payments and other innovative payment models can enable primary care providers, specialists, and hospitals to remain financially healthy while improving care for patients and reducing spending for purchasers — a win-win-win. He will describe specific examples from primary care, cardiology, oncology, and other specialties, and he will show how to build successful ACOs from the bottom up, instead of the top down.

Harold Miller, President and Chief Executive Officer, Center for Healthcare Quality and Payment Reform, Pittsburgh, PA

2:00 pm  Refreshment Break in Exhibit Hall

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Mini-Summit 7: Managing High-Cost Therapies in an Accountable Care Environment

Throughout the health care system, we see greater emphasis on “value-based payment” — paying for care that produces the desired health outcomes rather than simply providing services. At the same time, specialty drugs and other therapies have emerged with sky-high price tags for treating patients with cancer, hepatitis C, and other conditions. Are these market dynamics compatible? Do the high prices of specialty drugs reflect their value, or the monopoly pricing of pharmaceutical manufacturers? This session features perspectives from a leading expert on assessing the evidence regarding the value of therapies, a major integrated delivery system that both pays for and provides care, and a representative of payers struggling to pay for high-cost therapies with constrained budgets.

Sharon Levine, MD, Associate Executive Medical Director, The Permanente Medical Group, Oakland, CA

Steven D. Pearson, MD, MSc, President, Institute for Clinical and Economic Review (ICER), Boston, MA

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

Jill Yegian, PhD, Senior Vice President, Programs and Policy, Integrated Healthcare Association, Oakland, CA (Moderator)

Mini-Summit 8: Lesson Learned in Implementing Bundled Payment in the Public and Private Sectors

Early pilots and large scale implementation of bundled payment in the private and public sectors have generated hard won lessons. These range from practical operational challenges, such as how to automate bundled payments, to often-overlooked regulatory and insurance benefit design issues. During this session, representatives from organizations actively involved in these efforts will describe the challenges they encountered and solutions developed along the way. They will also explore the importance of using reliable data to drive key decisions in the implementation process and some of the broader social and cultural changes necessary to succeed.

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

Lynn Garbee, Senior Director, Strategic Reimbursement and Collaborative Care, CIGNA, New York, NY

Tom Williams, DrPH, President and Chief Executive Officer, Integrated Healthcare Association, Oakland, CA

Mini-Summit 9: Transparency: Freeing the Data on Cost and Quality and Using it to Make Decisions

Transparency is gaining traction, as entrepreneurs build decision-making tools for consumers and states create all-payer claims databases (APCDs). For all the appeal and momentum behind transparency, providing accurate, credible, relevant, and timely data to consumers and other audiences turns out to be complex and challenging. This session will provide a view from the front lines, with presentations from a leading APCD in the State of Colorado, an innovative journalism startup that uses reporting, crowdsourcing, big data and other tools to gather price information and provide it free of charge to consumers, and an academic initiative serving as a clearinghouse for information and analysis on issues related to market competition and price transparency.

Tracey Campbell, Director, All Payer Claims Database (APCD), Center for Improving Value in Health Care (CVIC), Denver, CO

Jaime King, JD, PhD, Professor of Law, UC Hastings College of the Law, San Francisco, CA

Jeannie Pinder, Founder and Chief Executive Officer, ClearHealthCosts, Pelham, NY

Maribeth Shannon, MSHA, Director, Market and Policy Monitor Program, California HealthCare Foundation, Oakland, CA (Moderator)

3:45 pm Refreshment Break in Exhibit Hall

4:00 pm Concurrent Sessions: Group 1
Details and speakers to be announced in late 2014.

5:00 pm Day 2 Adjourns
THE FOLLOWING REGISTRATION TERMS AND CONDITIONS APPLY

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1. Individuals or groups may register for Internet access. Organizations may register for group access without presenting specific registrant names. In such instances the registering organization will be presented a series of user names and passwords to distribute to participants.
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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.

The following credit cards are accepted: American Express, Visa or MasterCard. Credit card charges will be listed on your statement as payment to HealthCare (HC) Conf LLC.

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The Pay for Performance Summit is now offering partial and full Tuition Scholarships to qualifying representatives of local, state and federal government, consumer advocate organizations, safety net providers, academics, students and health services research organizations. To apply for a tuition scholarship go to the Summit website, www.PFPSummit.com, click on “Tuition Scholarship” link in navigation bar. There you can download and complete the tuition scholarship application.

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PRE-CONFERENCES Monday, March 2 (Choose one Pre-Conference only):  
- Pre-Conference I: Redesigning Plan Member Benefits to Optimize Consumer and Provider Incentives Sponsored by the Health Care Incentives Improvement Institute (HCII) $ 395  
- Pre-Conference II: Achieving Value: Are Medicaid and Medicare Payment Programs Working? Sponsored by the Agency for Healthcare Research and Quality (AHRQ) $ 395  
- Pre-Conference III: Palliative Care in Clinically Integrated Systems: Delivering the Promise Sponsored by the Coalition for Compassionate Care of California $ 395

CONFERENCE REGISTRATION (Does not include Pre-Conference):  
- Through Friday, January 9, 2015* $ 895  
- Through Friday, February 6, 2015** $1,295  
- After Friday, February 6, 2015 $1,795

GROUP REGISTRATION DISCOUNT (Does not include Pre-Conference):  
Three or more registrations submitted from the same organization at the same time receive the following discounted rates for conference registration only. To qualify, all registrations must be submitted simultaneously:

Conference:  
- Through Friday, January 9, 2015* $ 895  
- Through Friday, February 6, 2015** $1,295  
- After Friday, February 6, 2015 $1,795

SELECT YOUR MINI SUMMITS (One from each group.)  
Monday, March 2 – 4:00 pm:  
- MS 1  
- MS 2  
- MS 3

Monday, March 3 – 10:30 am:  
- MS 4  
- MS 5  
- MS 6

Tuesday, March 3 – 2:15 pm:  
- MS 7  
- MS 8  
- MS 9

CONFERENCE ELECTRONIC MEDIA:  
Onsite Attendees — Following the Summit, the video and presentations are made available in the following formats. To take advantage of the discounted prices below, you must reserve media WITH your Summit registration:

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Conference Access:  
- 5 or more $595 each  
- 10 or more $495 each

SELECT YOUR MINI SUMMITS (One from each group.)  
Monday, March 2 – 4:00 pm:  
- MS 1  
- MS 2  
- MS 3

Monday, March 3 – 10:30 am:  
- MS 4  
- MS 5  
- MS 6

Tuesday, March 3 – 2:15 pm:  
- MS 7  
- MS 8  
- MS 9

CONFERENCE ELECTRONIC MEDIA:  
Webscast attendees — Following the Summit, 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 Summit registration:

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