



Building the Components of Accountable Care: What Do Physicians, Hospitals and Insurers Need to Do Differently?

October 22, 2012

**Kaiser Permanente Center for Total Health
700 Second Street, NE, Washington, D.C. 20002**

**Co-sponsored by the Kaiser Permanente Institute for Health Policy
and The Council of Accountable Physician Practices**

8:00 a.m. Breakfast

8:30 a.m. Welcome and Introduction

Stuart Altman, Ph.D., Professor of National Health Policy, Brandeis University

8:45 a.m. Risk-Based Payment and Physician Compensation in Organized Delivery Systems

This session will present and discuss the results of a new survey of large employed medical groups that analyzes: 1) the extent to which they currently participate in risk-bearing arrangements like capitation, 2) operational differences between risk-bearing groups and those primarily paid fee-for-service, and 3) perceived barriers to increasing the share of revenue they receive through alternative payment arrangements.

Presenters: Robert Mechanic, M.B.A., Senior Fellow, Heller School, Brandeis University
Darren Zinner, Ph.D., Scientist, Heller School, Brandeis University

Respondent: Bruce Hamory, M.D., Executive Vice President, Geisinger Health System

9:30 a.m. Aligning Physician Compensation with Organizational Objectives

The effectiveness of new accountable care models are limited by the use of fee-for-service reimbursement and productivity-based physician compensation models that reward volume of services rather than quality, efficiency or patient satisfaction. This session will examine how groups have begun to change their physician compensation practices to reward population management while addressing physicians' concerns about such changes.

Presenters: Craig Samitt, M.D., President and CEO, Dean Health System
Tom Nantais, M.B.A., Chief Operating Officer, Henry Ford Health System Medical Group
Don Rebhun, M.D., Regional Medical Director, Healthcare Partners

11:00 a.m. Collaboration Among Physicians, Hospitals and Post-Acute Providers: Promise or Pipe Dream?

The single largest component of medical budgets for risk-based provider groups is the cost of hospital services. Both independent physician groups and larger health systems are interested in aligning financial incentives so that their hospital and post-acute care partners are motivated to avoid duplicative services, improve care transitions, and reduce readmissions. As medical groups work to reduce spending for institutional services, they must also consider the need to ensure that their institutional partners remain financially stable.

Presenters: Grace Emerson Terrell M.D., President and CEO, Cornerstone Health Care
Norman Chenven M.D., Founder and CEO, The Austin Regional Clinic
Michael Pinnolis M.D., Chief Medical Officer and Executive Vice President for the
Clinical Practice, Harvard Vanguard Medical Associates

12:15 p.m. Lunch

12:30 p.m. More Than Just Payers? Insurer Support for Medical Groups in Accountable Care Arrangements

This session will explore the future role of health plans in providing analytic and infrastructure support for delivery systems under new payment models where they bear increased responsibility for spending and quality. As provider organizations enter the world of accountable care, they will need to build data and care management capabilities or buy them from health plans or other vendors. Relationships between delivery systems and insurers have historically been adversarial. This session will examine the elements needed for productive accountable care partnerships.

Moderator: Stuart Altman, Ph.D., Professor of National Health Policy, Brandeis University

Panelists: Lonny Reisman, M.D., Chief Medical Officer, Aetna
Dick Salmon, M.D., Ph.D., Vice President and National Medical Director, Performance Measurement and Improvement, Cigna

2:00 p.m. Meeting adjourns