

The 15th Princeton Conference
***Can Payment and Other Innovations Improve the Quality
and Value of Health Care?***
May 28-29, 2008

WEDNESDAY, MAY 28, 2008
AUDITORIUM
The Robert Wood Johnson Foundation
Princeton, New Jersey

Agenda

8:45 a.m. Continental Breakfast

9:45 a.m. **Welcome**
Stuart Altman
Dean and Sol C. Chaikin Professor of National Health Policy
Brandeis University

Risa Lavizzo-Mourey
President and CEO
The Robert Wood Johnson Foundation

10:00 a.m. **Opening Comments**
Chip Kahn
President
Federation of American Hospitals

Session I: Moving toward a higher quality, more efficient health care system
The purpose of this session is to provide an overview discussion about the need to improve the health care system in order to provide higher quality of care and greater efficiencies. Is greater integration of the health care delivery system necessary to improve quality and efficiency? Can “systemness” be accomplished, even assuming it improves quality, when most of the care provided in the country is so diffuse?

10:10 a.m. Kathy Buto
Vice President, Health Policy and Government Affairs
Johnson and Johnson
Moderator

10:15 a.m. Janet Corrigan
President and CEO
National Quality Forum
Presenter

- 10:30 a.m. Stephen Shortell
Professor and Dean
School of Public Health
University of California, Berkeley
Presenter
- 10:45 a.m. Robert Berenson
Senior Fellow
Urban Institute
Discussant
- 10:55 a.m. James Mongan
President and Chief Executive Officer
Partners Healthcare
Discussant
- 11:05 a.m. General Discussion
- 11:35 a.m. Break

Session II: Are the techniques with which we have been experimenting moving us toward our goals of improved quality and efficiency?

Over the past 5-10 years both public and private organizations have experimented with pay-for-reporting (P4R) and pay-for-performance (P4P) models to provide incentives to improve performance for physicians and medical organizations. Does public reporting, P4R and P4P influence the quality and efficiency of care provided to patients? Has quality improved in states that have strict reporting requirements? Have there been efficiency gains and increased patient satisfaction? What, if any, are the unintended consequences resulting from public reporting requirements? Can P4R and P4P move beyond current performance payments for process and even clinical outcomes to payments for systematic and structural changes, i.e., reward greater integration of delivery systems and patient-centered care that maximize efficiency and quality?

- 11:45 a.m. Reed Tuckson
Executive Vice President & Chief of Medical Affairs
UnitedHealth Group
Moderator
- 11:50 a.m. Cheryl Damberg
Senior Researcher
RAND
Presenter
- 12:05 a.m. Meredith Rosenthal
Associate Professor
Harvard School of Public Health
Presenter

12:20 p.m. Howard Beckman
Medical Director
Rochester Individual Practice Association
Discussant

12:30 p.m. General Discussion

1:00 p.m. Lunch

Session III: Measures

Reporting requirements assume a strong correlation between what is being measured and the quality of care. Process measurements imply that we know the right things to do in particular circumstances to affect outcomes positively. Outcome measurements assume within some bounds of statistical certainty that what was done influenced a particular outcome. This session will explore these assumptions and the impact of measurement selection. Are the right things being measured at the right level? What impact might measuring particular things have on areas not being measured? Is it possible to move from process level measures to patient episodes of care measures and could this lead to more integrated care?

2:00 p.m. Deidre Mylod
Vice President of Public Policy
Press Ganey Associates, Inc.
Moderator

2:05 p.m. Christopher Tompkins
Associate Professor
Brandeis University
Presenter

2:20 p.m. Steve Bandeian
Senior Staff Fellow
Agency for Health Care Research and Quality
Presenter

2:35 p.m. Eve Kerr
Acting Director, Ann Arbor VA Center
For Clinical Management Research
University of Michigan Medical School
Discussant

2:45 p.m. General Discussion

3:15 p.m. Break

Session IV: The right level of accountability

Who is ultimately responsible for the quality of care a patient receives across a continuum of health care needs? What is the appropriate level of responsibility for all of the multiple parties involved in a patient's care, i.e. the hospital, physician and patient? Who is responsible for the success and/or failure of health care treatment? What are the impact and consequences (financial, outcomes, etc.) of declaring accountability at various levels of the health care delivery system? One aspect of accountability is generally transparency. To what extent will transparency as currently being developed through public reporting result in better quality and informed consumers?

3:25 p.m. Nancy Nielsen
President-Elect, American Medical Association
Moderator

3:30 p.m. Mark McClellan
Leonard Schaeffer Senior Fellow and Director
Engelberg Center for Health Care Reform at the Brookings Institution
Presenter

Elliott Fisher
Director, The Center For Health Policy Research
The Dartmouth Institute

3:45 p.m. Jonathan Perlin
Chief Medical Officer and President, Clinical Services
HCA/Hospital Corporation of America
Discussant

3:55 p.m. Thomas Lee
Network President
Partners Healthcare
Discussant

4:05 p.m. General Discussion

4:30 p.m. Afternoon Session Ends

DINNER AND KEYNOTE SPEAKERS

WEDNESDAY EVENING
THE PRINCETON FACULTY CLUB

- 6:00 p.m. Cocktails and Hors D'oeuvres
- Session V **International Innovations to Improve the Quality and Value of Health Care**
An international panel will discuss quality and value innovations abroad.
- 6:45 p.m. Uwe Reinhardt
James Madison Professor of Political Economy
Princeton University
Moderator
- 6:55 p.m. Reinhard Busse
Professor
Technische Universitaet
Berlin Germany
- 7:15 p.m. Edna Bar-Ratson
Program Director, Hospital Accreditation
Clalit Health Services
Israel
- 7:35 p.m. Discussion
- 8:00 p.m. Dinner

CAN PAYMENT AND OTHER INNOVATIONS IMPROVE THE QUALITY AND VALUE OF HEALTH CARE?

THURSDAY, MAY 29, 2008
RWJF AUDITORIUM

7:30 a.m. Continental Breakfast

Session VI: Transforming the Payment System

How can the financing of our health care system be better structured to promote quality and efficiency? Fee-for-service continues to be the dominant health care payment system. The unintended consequences of this payment method are overuse and fragmentation of care. Capitation was tried in the 1990s but with the backlash against managed care, it fell out of favor, though it is still used to some extent. The unintended consequences of capitation are under use, but depending on what level (provider/organization/health system) capitation is set, there are also incentives to integrate the delivery of care. How successful has Medicare been in its payment system reforms and demonstration projects for hospitals and physicians? Are these the best paths to follow? How do we best transform the payment system and introduce appropriate incentives that would stimulate the desired changes and drive the health care delivery system in the right direction?

8:30 a.m. Susan Nestor Levy
Chief Advocacy Officer
Ascension Health
Moderator

8:35 a.m. Stuart Guterman
Senior Program Director
Commonwealth Fund
Presenter

8:50 a.m. David Pryor
Chief Medical Officer
Ascension Health
Discussant

9:00 a.m. Robert Galvin
Director of Global Healthcare
General Electric
Discussant

9:10 a.m. General Discussion

Session VII: Current Market Forces influencing Improved Efficiencies

There has been a movement toward consumer directed health plans (CDHPs) over the past five years. What are the consequences of CDHPs on our health care delivery system? Do they hinder or advance progress toward higher integration, quality and efficiency? Does the specialization of providing medical services i.e. concierge medicine, focused factories, etc. promote higher quality and efficiency? Does specialization negatively effect the integration of the health care delivery system?

9:35 a.m. Stuart Altman
Dean and Sol C. Chaikin Professor of National Health Policy
Brandeis University
Moderator

9:40 a.m. James Robinson
Professor of Economics
University of California, Berkeley
Presenter

9:55 a.m. Raymond Baxter
Senior Vice President, Community Benefit
Kaiser Permanente
Discussant

10:05 a.m. General Discussion

10:35 a.m. Break

Session VIII: Health Information Technology (HIT)

HIT has been labeled an enabler of quality enhancement, value and performance but at this point, the evidence about which HIT innovations are the most effective in achieving higher quality and greater efficiency is unclear. What does research suggest regarding HIT's impact on quality and efficiency? Can we have an efficient and high performing health care delivery system without HIT?

10:45 a.m. Chip Kahn
President
Federation of American Hospitals
Moderator

10:50 a.m. Paul Shekelle
Director, Southern California Evidence-Based Practice Center
RAND
Greater Los Angeles VA Healthcare System
Presenter

11:05 a.m. Steven Corwin
Executive Vice President, Chief Operating Officer
New York-Presbyterian Hospital
Discussant

11:15 a.m. General Discussion

11:45 a.m. Lunch

Session IX: Where do we go from here?

Recapping what has been discussed the past two days, what practical solutions and policy options are available? Where should the health care system be headed and how do we get there?

12:45 p.m. John Iglehart
Founding Editor
Health Affairs

1:00 p.m. General Discussion

Session X: Summary and Wrap Up

1:30 p.m. Stuart Altman

1:45 p.m. Adjourn