



THE 20TH PRINCETON CONFERENCE

THE U.S. HEALTH CARE SYSTEM IN TRANSITION

MAY 22-23, 2013

WEDNESDAY, MAY 22, 2013

ROBERT WOOD JOHNSON FOUNDATION, AUDITORIUM

Route 1 and College Road East, P.O. Box 2316, Princeton, NJ 08543

Shuttle service between the Westin Princeton at Forrestal Village and the Robert Wood Johnson Foundation provided

7:45 A.M. CONTINENTAL BREAKFAST & REGISTRATION

8:30 A.M. WELCOME

Stuart Altman, Ph.D.
Sol C. Chaikin Professor of National Health Policy
The Heller School for Social Policy and Management, Brandeis University

Risa Lavizzo-Mourey, M.D., M.B.A.
President and CEO
Robert Wood Johnson Foundation

8:45 A.M. SESSION I: HEALTH CARE SPENDING TRENDS

Total health care spending in the United States in the last three years has grown at the slowest rate recorded in the 52-year history of the National Health Expenditure Accounts. Is this a temporary trend resulting from a sluggish economy? Or have we turned a corner in which future spending will continue to grow at rates much closer to economic growth? Should government at the federal or state levels intervene any further in the functioning of the health financing and delivery systems?

MODERATOR

Robert Reischauer, Ph.D.
Distinguished Fellow and President Emeritus
Urban Institute

PANEL

David Cutler, Ph.D.
Otto Eckstein Professor of Applied Economics
Harvard University

C. Eugene Steuerle, Ph.D.
Institute Fellow and Richard B. Fisher Chair
Urban Institute

Joseph Antos, Ph.D.
Wilson H. Taylor Scholar in Health Care and Retirement Policy
American Enterprise Institute

DISCUSSION

10:15 A.M. BREAK

10:30 A.M. SESSION II: MEDICARE SOLVENCY

Perhaps the most important policy issues related to future spending trends are the changes that need to be made in the way Medicare is structured, financed and administered. Current projections suggest that the imbalance between Medicare revenues and expenses will be the single greatest driver of increases in the federal deficit. If this continues to be correct, what should be done? Should the age of Medicare eligibility be raised? Should government limit what it pays for prescription drugs or other services? Should beneficiaries be asked to pay more for benefits? Should there be limits placed on government Medicare payments with greater reliance on private markets through some form of "Premium Support" program?

MODERATOR

Elizabeth Fowler, J.D.
Vice President, Global Health Policy
Johnson & Johnson

PANEL

Richard Foster, F.S.A., M.A.A.A.
Chief Actuary, Retired
Centers for Medicare and Medicaid Services

Mark Miller, Ph.D.
Executive Director
Medicare Payment Advisory Commission

Stuart Butler, Ph.D.
Distinguished Fellow and Director, Center for Policy Innovation
The Heritage Foundation

DISCUSSION

12:00 P.M. LUNCH

1:00 P.M. SESSION III: HEALTH CARE QUALITY AND SAFETY

Is the current generation of quality metrics sufficiently equipped to capture and improve aspects of health care delivery and patient outcomes? How do we incorporate the concept of patient-centeredness into quality assessment? What efforts are needed to ensure that quality and performance measures support new payment and delivery models?

MODERATOR

Karen Wolk Feinstein, Ph.D.
President and Chief Executive Officer
Jewish Healthcare Foundation
Pittsburgh Regional Health Initiative

PANEL

Kristine Martin Anderson, M.B.A.
Senior Vice President
Booz Allen Hamilton

Christine Cassel, M.D.
President and CEO
National Quality Forum

Susan DeVore
President and CEO
Premier healthcare alliance

DISCUSSION

2:30 P.M. BREAK

2:45 P.M. SESSION IV: HEALTH CARE DELIVERY SYSTEM REFORM

Many public and private initiatives are underway that seek to move away from fee-for-service payments as the primary method of reimbursement and develop more integrated and coordinated systems of care. As these continue to progress in the coming years, what problems might arise and how can they be addressed? Will bundled payments be successful at reducing costs or will there be unintended consequences? Can Pioneer or other Accountable Care Organizations sustain savings over the medium- to long-term? Will exposure to financial risk threaten the viability of health care organizations in the Medicare Shared Savings Program? Can Patient-Centered Medical Homes develop the capacity to successfully manage chronic and other high-cost conditions?

MODERATOR

Karen Davis, Ph.D.
Eugene and Mildred Lipitz Professor
Johns Hopkins Bloomberg School of Public Health

PANEL

Bernadette Loftus, M.D.
Associate Executive Director
The Permanente Medical Group

Jay Crosson, M.D.
Group Vice President, Professional Satisfaction: Care Delivery and Payment
American Medical Association

Liora Bowers, M.B.A., M.P.H.
Director of Health Policy and Practice
Berkeley Forum, UC Berkeley School of Public Health

DISCUSSION

4:15 P.M. AFTERNOON SESSION ENDS

5:30 P.M. 1st BUS LEAVES WESTIN PRINCETON AT FORRESTAL VILLAGE FOR PROSPECT HOUSE, PRINCETON UNIVERSITY

5:45 P.M. 2nd BUS LEAVES WESTIN PRINCETON AT FORRESTAL VILLAGE FOR PROSPECT HOUSE, PRINCETON UNIVERSITY

WEDNESDAY, MAY 22, 2013 – DINNER PROGRAM PROSPECT HOUSE, PRINCETON UNIVERSITY

6:00 P.M. COCKTAILS AND HORS D'OEUVRES

7:00 P.M. SESSION V: NEXT STEPS IN COST CONTROL

Uwe Reinhardt, Ph.D.
James Madison Professor of Political Economy
Princeton University

7:10 P.M. David Blumenthal, M.D., M.P.P.
President
The Commonwealth Fund

AUDIENCE QUESTIONS AND DISCUSSION

DINNER

9:00 P.M. 1st BUS LEAVES PROSPECT HOUSE FOR WESTIN PRINCETON AT FORRESTAL VILLAGE

9:30 P.M. 2nd BUS LEAVES PROSPECT HOUSE FOR WESTIN PRINCETON AT FORRESTAL VILLAGE

THURSDAY, MAY 23, 2013

ROBERT WOOD JOHNSON FOUNDATION, AUDITORIUM

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7:45 A.M. CONTINENTAL BREAKFAST & REGISTRATION

8:30 A.M. SESSION VI: STATE EFFORTS TO CONTROL TOTAL HEALTH CARE COSTS

With the federal government focused primarily on its own spending trends for Medicare and Medicaid, should state governments take responsibility for slowing the growth of overall health spending or will market forces suffice through private insurance initiatives and delivery system restructuring? In 2012, Massachusetts passed health care cost control legislation with spending caps tied to state GDP. Other ongoing efforts in Vermont and Oregon seek to create a single-payer system and to better integrate health care delivery, respectively. Could these serve as models for other states to adapt, and what lessons can be learned from experiences thus far? In the absence of broad reforms, what other actions can states take to slow overall health care spending? How can federal waivers and supports for demonstrations assist in this effort? Are state controls of private insurance premiums affecting spending?

MODERATOR

Len Nichols, Ph.D.

Director, Center for Health Policy Research and Ethics
College of Health and Human Services
George Mason University

PANEL

Anya Rader Wallack, Ph.D.

Chair
Green Mountain Care Board

Michael Bonetto, Ph.D., M.P.H., M.S.
Health Policy Advisor to the Governor
State of Oregon

Dan Crippen, Ph.D.
Executive Director
National Governors Association

Heather Howard, J.D.
Director, State Quality and Value Strategies
Princeton University

DISCUSSION

10:15 A.M. BREAK

10:30 A.M. SESSION VII: MEDICAID IN 2020

Beginning in 2014, many states will expand their Medicaid programs to provide coverage for everyone under age 65 with incomes below 138% of the federal poverty level. What will program expansion of new and traditionally eligible Medicaid recipients do to program costs? As federal matching rates for the expansion are scaled back through 2018, will it be financially possible for states to continue expanded coverage without sacrificing benefits? Do states have the provider capacity to serve additional enrollees and do they have the administrative and enrollment capacity? Will eligibility systems be linked with health care exchanges and how will states deal with people moving between subsidized and private insurance? What strategies will help states minimize costs for the dual-eligible population?

MODERATOR

Trish Riley, M.S.
Senior Fellow
Muskie School of Public Service, University of Southern Maine

PANEL

Greg Moody
Director, Governor's Office of Health Transformation
State of Ohio

David Sundwall, M.D.
Professor of Public Health
University of Utah School of Medicine

Steven Wray, M.S.
Executive Director
Economy League of Greater Philadelphia

DISCUSSION

12:15 P.M. LUNCH

1:15 P.M. SESSION VIII: THE PRIVATE INSURANCE MARKET AND HEALTH CARE EXCHANGES

How will health exchanges be organized by states or the federal government in states that chose not to participate? Will they be active purchasers and structure markets, or passive conduits for subsidies and the selection of what is largely available in the market? Could the restrictions on age rating premiums create affordability problems for younger individuals? What will essential benefits be and how will they impact premium costs? Does the Medical Loss Ratio threaten the profitability and overall financial health of insurers? Will there be advantages to combining the individual and small-group markets into the same insurance exchange?

MODERATOR

Susan Dentzer
Senior Policy Adviser
Robert Wood Johnson Foundation

PANEL

Jon Kingsdale, Ph.D.
Managing Director
Wakely Consulting Group

Sandy Praeger
Insurance Commissioner, State of Kansas
Chair of NAIC Health and Managed Care Committee

David Abernethy
Senior Vice President, Government Relations
EmblemHealth

DISCUSSION

2:45 P.M.

CLOSING REMARKS

Stuart Altman, Ph.D.
Sol C. Chaikin Professor of National Health Policy
The Heller School for Social Policy and Management, Brandeis University

3:00 P.M.

**BUSES LEAVE FOR PHILADELPHIA AIRPORT, NEWARK AIRPORT, TRENTON
TRAIN STATION, PRINCETON JUNCTION TRAIN STATION**