

**14th Annual ICSI/IHI Colloquium
on Health Care Transformation**

May 16-18, 2011, Saint Paul RiverCentre, St. Paul, MN

**Thriving in an Era
of Health Care Reform**

Advancing Accountability, Affordability
and the Patient Experience

Sponsored by the Institute for Clinical Systems Improvement and the Institute for Healthcare Improvement



Introduction

The Patient Protection and Affordable Care Act has launched a new era for health care, with a tremendous focus on accountability, affordability, and patient access and experience. It's a difficult environment in which to navigate, let alone thrive. You need keen insights, proven redesign models and new leadership skills in order to succeed.

You'll discover all three in this year's Colloquium program, and by attending come away realizing why the ICSI/IHI Colloquium has earned a reputation as one of the nation's leading events on health care transformation. Regional and national experts will address topics ranging from accountable care organizations to using social media for disease management. At the same time, this year's program focuses on what has been a core of past Colloquia — programs on quality improvement, safety, and care delivery models that clinics and hospitals can implement to meet the Triple Aim.

This year we're offering three distinct tracks so that you can hone in on the one of most relevance to your position, or move between tracks to meet your needs and interests:

- Track One: **Quality/Safety**
- Track Two: **Leadership/Accountability**
- Track Three: **Patient Engagement/Consumer Experience**

Your organization's leaders, medical directors, physicians, nurses, quality improvement and IT personnel will benefit greatly from attending this event. What you learn at the Colloquium will truly help you thrive by inspiring you to action. Seeing that positive change is possible and interacting with your peers will send you home energized to shape the new era of health care.

Who should attend:

- All stakeholders involved in transforming health care
- Clinicians, including physicians, nurses and care managers engaged in clinical improvement activities
- Medical directors
- Medical group and hospital administrators and leaders
- Clinic managers
- Quality improvement and quality assurance management staff
- HIT personnel
- Policy makers
- Health plan executives
- Other stakeholders in health care, including employers, citizen advocacy groups, patients and health care media

Objectives:

At the conclusion of the Colloquium, participants should be able to:

1. Describe new innovative methods for meeting one or more of the Triple Aims.
2. Identify innovative and participatory approaches for involving and engaging consumers in their health care.
3. Describe the current environment and needed redesign of various aspects of the health care system that will aid organizations to thrive in this time of health care reform.
4. Discuss the essential role and characteristics of leaders, including executives, staff, and citizens, required to aid in organizations' successful advancements in meeting the Triple Aim.
5. Discuss ideas and designs for advancing accountability, affordability and/or patient experience successfully developed and implemented by health care organizations and identify at least one idea that could be used in his/her own health care organization.
6. List one or two ideas that could be implemented in his/her health care organization to help achieve sustainment of good care at a lower cost during this era of health care reform.

About ICSI

The Institute for Clinical Systems Improvement (ICSI) is an independent, non-profit organization dedicated to transforming health care so that medical groups, hospitals and health plans can deliver higher quality and more affordable care to patients. As the Upper Midwest's leading health care collaborative, ICSI brings diverse stakeholders together to find solutions to health care system challenges that no single group can solve alone. ICSI is comprised of 62 medical groups representing 9,000 physicians, and is sponsored by five Minnesota and Wisconsin health plans.

About IHI

The Institute for Healthcare Improvement (www.IHI.org) is an independent not-for-profit organization that works with health care providers and leaders throughout the world to achieve safe and effective health care. IHI focuses on motivating and building the will for change, identifying and testing new models of care in partnership with both patients and health care professionals, and ensuring the broadest possible adoption of best practices and effective innovations. Based in Cambridge, Massachusetts, IHI mobilizes teams, organizations, and increasingly nations, through its staff of more than 100 people and partnerships with hundreds of faculty around the world.

Keynote Speakers

Leaders in health care have been buffeted around the last several years by a devastating recession, uncertainty over health care reform, and an accelerating need to improve the quality and value of care delivered. This year's keynote speakers will help you see more clearly the challenges and opportunities that lie ahead with the dawning of a new era in health care. Gain the insights and discover the tools you'll need to navigate the newly reformed health care landscape.

Susan Dentzer

*Editor-in-Chief
Health Affairs
Bethesda, MD*



Implications and Opportunities in the New Era of Health Care

May 17, 9:00 – 10:15 a.m.

With the establishment of the Center for Medicare and Medicaid Innovation, the issuance of regulations governing accountable care organizations, and other measures flowing from the Affordable Care Act, major innovations in delivery and payment system reform are getting under way. Susan Dentzer will describe recent developments in these and related areas; analyze the opportunities and challenges for payers and providers; and highlight organizations that have begun to move forward with payment and delivery reforms.

Ms. Dentzer is the editor-in-chief of *Health Affairs*, the nation's leading peer-reviewed journal focused on the intersection of health, health care and health policy. One of the nation's most respected health and health policy journalists, she was an on-air analyst on health issues with the PBS NewsHour from 1998 to 2008, and prior to that, served as chief economics correspondent and economics columnist for U.S. News & World Report. Ms. Dentzer is an elected member of the Institute of Medicine and a member of the Board of Overseers of Dartmouth Medical School.

Jane Sarasohn-Kahn, MA, MHSA

*THINK-Health and Health Populi blog
Phoenixville, PA*

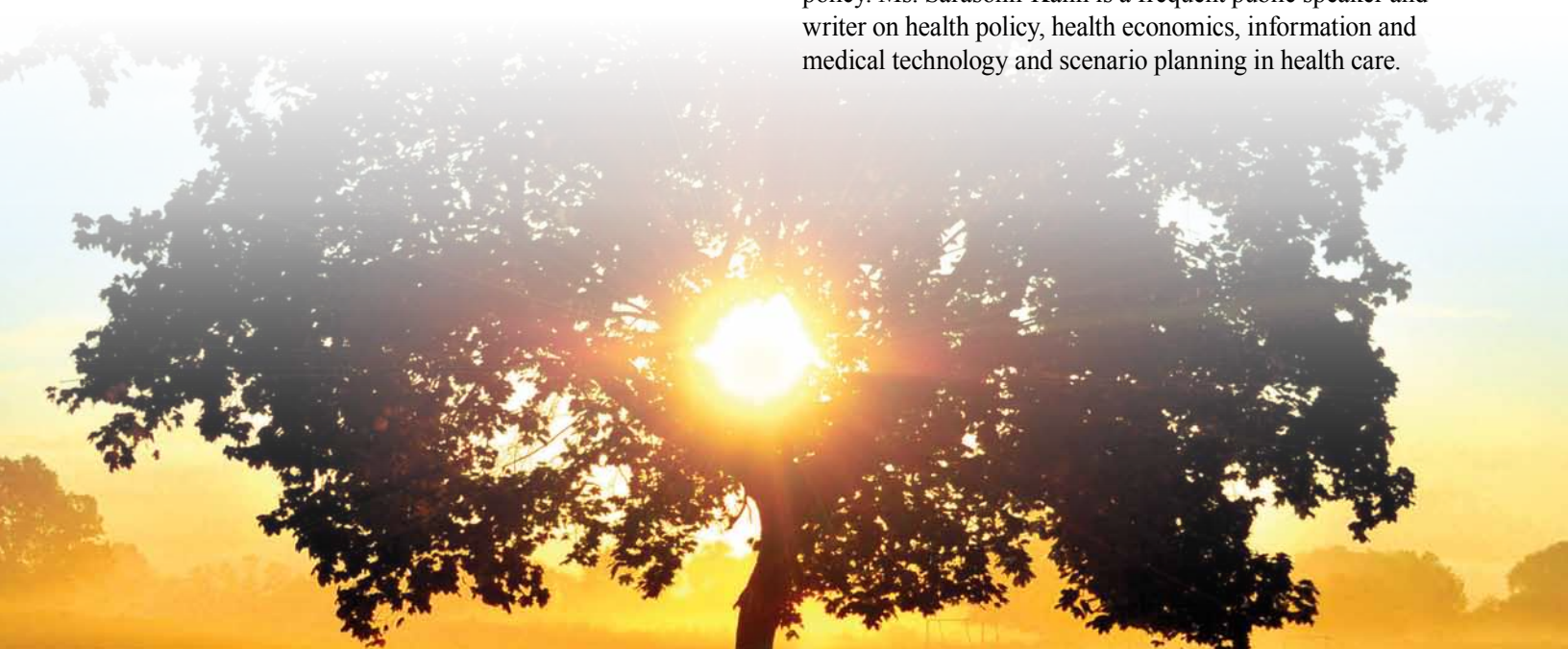


Participatory Health: The New Patient Engagement

May 18, 9:00 – 10:15 a.m.

Jane Sarasohn-Kahn will address the emergence of participatory health — the new patient engagement in health and health care that's enabled through self-activation, information and communications technology, and health providers teaming with patients. Ms. Sarasohn-Kahn will explain what's driving the health consumer to become a participatory patient as well as explore the convergence of factors that are motivating a growing number of people to deeply engage in their own health and the health of those for whom they care. These factors include the economy, pervasive health information on the Internet, mobile technology, and health plan 'nudges' toward wellness, among others. She will also provide a forecast on the prospects for participatory health.

Ms. Sarasohn-Kahn is a health economist and management consultant focused on the nexus of health care, technology and consumers. She founded THINK-Health, a strategic health consultancy, in 1992 after spending 10 years as a health care consultant for Deloitte/Touche Ross, and Health Systems, Inc. She holds an MA in economics and MHSA in public health policy. Ms. Sarasohn-Kahn is a frequent public speaker and writer on health policy, health economics, information and medical technology and scenario planning in health care.



Pre-Conference Workshops

Monday, May 16, 1:00 – 4:30 p.m.

(Choice of Session 1, 2 or 3)

Session #1: Practice Solutions to Survive and Thrive in Turbulent Times

Deborah Walker Keegan, PhD, MBA, FACMPE
President
Medical Practice Dimensions, Inc.
Arden, NC

This session will help you translate the impact of health care reform to the day-to-day operations of your medical practice. You will learn what your medical practice needs in order to:

- Expand access channels to meet patient needs and provide timely care
- Innovate your staffing model to ensure a patient-focused clinical care team
- Streamline patient flow process and improve patient value
- Conduct patient financial clearance procedures and optimize collections
- Use EHRs to revise business and clinical models of care
- How to prepare your medical practice now for future success

Dr. Walker Keegan is a nationally recognized consultant and author who helps health care organizations improve medical practice operations, enhance productivity, and align physician compensation systems. She earned her PhD at the Peter F. Drucker Graduate School of Management, and is a Fellow of the American College of Medical Practice Executives.

Session #2: Data “Sanity” as a Transformational Catalyst

Davis Balestracci, MS
Improvement Consultant
Harmony Consulting, LLC
Portland, ME

Using “statistics” to improve your practice is akin to legalized torture. But Mr. Balestracci contends that health care leaders no longer have a choice: “Data sanity” – and transformed conversations in response to data – in everyday work is the underlying catalyst for all improvement. . .and should now be a required quality leadership skill.

This session will explain a simple – and very counterintuitive – approach called statistical THINKING that will help attendees:

- Understand how “process-oriented thinking” is the underlying foundation of any organizational improvement approach
- Recognize inappropriate approaches in using organizational data and their resulting destructive effects and waste of time
- Utilize the deceptive power of “plotting the dots” to change organizational conversations to increase effectiveness
- Apply a “common cause strategy” to solve a longstanding organizational problem
- Learn dangers inherent in percentage and rates analysis – and two simple alternatives

Mr. Balestracci is the former statistical columnist for Quality Digest, and the author of *Data Sanity: A Quantum Leap to Unprecedented Results*, published by the Medical Group Management Association. He is renowned for his provocative, challenging, yet humorous and down-to-earth presentation style.

Session #3: Participatory Medicine. Reshaping Patient-Centered Care

e-Patient Dave deBronkart, Principal, ePatientDave.com, Nashua, NH
Gary Oftedahl, MD, Chief Knowledge Officer, Institute for Clinical Systems Improvement, Bloomington, MN

As a keynoter at the 2010 Colloquium, e-Patient Dave deBronkart received rave reviews for sharing his story on how he beat late stage renal cell carcinoma. During his three-year journey through the health care system he became an expert on how information is delivered, accessed and used by patients over the Internet. This year, e-Patient Dave will address how a new world of participatory medicine is rapidly emerging where patients are empowered to be potent agents in creating and managing their own health in partnership with physicians.

e-Patient Dave is co-chair at the Society for Participatory Medicine, and was a keynote speaker at the IHI Forum in December, 2010.

Tuesday, May 17

7:30 – 8:30 a.m. Continental Breakfast

8:30 – 8:45 a.m. Welcome and Announcements

Brian Rank, MD, Chair, Board of Directors
Institute for Clinical Systems Improvement
Medical Director, HealthPartners Medical Group & Clinics
Bloomington, MN

John Sakowski, Chief Operating Officer, Institute for Clinical Systems Improvement, Bloomington, MN

8:45 – 9:00 a.m. Setting The Stage

Sanne Magnan, MD, PhD
President and CEO, Institute for Clinical Systems Improvement
Bloomington, MN

**9:00 – 10:15 a.m. Keynote Address
Implications and Opportunities in the New Era
of Health Care**

Susan Dentzer
Editor-in-Chief, Health Affairs
Bethesda, MD

10:15 – 10:35 a.m. Break

About This Year's Tracks

This year's breakout sessions are organized along three tracks. You can go to any sessions in any track you desire. The tracks are indicated by icons to help guide you through the program.

10:35–11:50 a.m. Breakout Session 1

Q Understanding the Science and Art of Innovation to Meet the Challenges of Health Care Reform

David Munch, MD, Senior Vice President, Healthcare Performance Partners, Gallatin, TN

Health care is finally at a crossroads and the current system is not sustainable. We must find a way to provide better quality at lower cost. Addressing the waste and unnecessary chaos that exists in our systems today is achievable and will require specific approaches that are fundamentally different than commonly exist today. Our methods will need to address the complexity that exists in health care and that can only be achieved by engaging everyone in the system. How we manage and how we lead will need to evolve such that we pursue the continuous development of systems, teams and individuals. This will require successful approaches that address both the technical and human (adaptive) aspects of change. This presentation will describe a model approach to achieve this goal.

L Coordinated Care Delivery System: Lessons Learned for Preparing for Accountable Care Organizations in the Future

Pamela Clifford, RN, MPH, Director, Center for Healthcare Innovation
Kevin Larsen, MD, Chief Medical Informatics Officer & Associate Medical Director, Hennepin County Medical Center, Minneapolis, MN

Annette Anderson, MHA, Clinic Administrator, Sandra Eliason, MD, Christopher Hickman, MSW, LICSW, Fairview Health Services, Minneapolis, MN

With the recent funding changes to GAMC providers, continuing the existing programs was not a viable option. While forced to deal with significant budget constraints, several organizations addressed the challenges confronting them in caring for this population. The panel will present two approaches to dealing with the challenge and discuss how this has contributed to a better understanding of the magnitude of changes necessary in transforming health care delivery, and creating new models for care.

P Social Media in Virtual Worlds: Connecting with Patients in More Effective Ways

Brian Kaihoi, Web Administrator, Mayo Clinic, Rochester, MN

Social media tools such as Facebook and Twitter are clearly effective communication tools used by hundreds of millions of people. As providers engage in the "conversations" we are positioned to be partners with our patients in bringing about health and well-being. We must learn to be good "conversationalists" in these new media, the preferred communication tool of many of our patients. Virtual worlds are the next step in collaboration using 3D images and real-time group collaboration. In this session, you will learn how to apply social media to your communication strategies and meet expectations for your patients and partners. You will also learn how virtual worlds can be used to transform how you interact with others to provide care in a digital environment.

11:50 a.m.–12:50 p.m. Lunch (Ballrooms C & D)

12:50–1:50 p.m. Breakout Session 2

Q BLEND – Engaging the Community in the Fight Against Childhood Obesity: Our Journey 2006–2016

Jodi Rohe, BLEND Coordinator, CentraCare Health Foundation, St. Cloud, MN
David Tilstra, MD, Medical Director, CentraCare Clinic, St. Cloud, MN
Robert Thueringer, Chief Operating Officer, Coborns, Inc., St. Cloud, MN

BLEND (Better Living: Exercise & Nutrition Daily) is a St. Cloud, Minnesota area coalition formed in 2006 to develop a strategy and action plan that would reduce the incidence of childhood obesity in St. Cloud by 10% in 2016. BLEND is a unique coalition of medical providers, local schools, community organizations, government agencies and the business community that is committed to reversing the obesity epidemic. We will be discussing how BLEND formed, how it established identity and credibility, and how it is working towards creating sustainability and ongoing progress.

L Principles and Practices of Adaptive Leadership in the Context of Health Care

Valerie Ulstad, MD, MPA, MPH, Educator in Independent Practice, Bloomington, MN

This session will begin with a review of the fundamental concepts of adaptive leadership including distinguishing between technical and adaptive problems, distinguishing between the role of authority (formal and informal) and the exercise of leadership, and the important practice of reflecting in action (getting on the balcony). We will then discuss and apply concepts of adaptive leadership to what people exercising leadership do to be effective. These will include using one's authority differently, creating an environment to hold the tension of change, recognizing and interpreting work avoidance and purposefully intervening to help the group make progress on the work. This session will be framed in context of health care and seasoned with the presenter's extensive local and national experience.

P Group Care: A Response to the Health Care Reform Challenge

Sharon Schindler Rising, CNM, MSN, President and CEO, Centering Healthcare Institute, Cheshire, CT

This presentation will focus on benefits and challenges of group care within the context of health care reform efforts. The evidence-based Centering model and significant health outcomes from randomized trials of CenteringPregnancy and CenteringParenting will be presented. The model is defined by 13 essential elements and brings together the assessment, education, and support components of care into the group space. Group care is highly satisfying to the participants and is responsive to reform efforts to increase quality and effectiveness of care.

1:50–2:10 p.m. Break

2:10–3:10 p.m. Breakout Session 3

**Q Targeting the Triple Aim.
Successful Transition from Hospital to Home**

Rahul Koranne, MD, MBA, FACP, Medical Director, HealthEast Care System, St. Paul, MN
Pennie Viggiano, System Director, Government and Special Populations, HealthEast Care System, St. Paul, MN

This presentation will describe how HealthEast's Care Navigation program is helping to avoid hospital readmissions, reduce medication discrepancies and improve satisfaction of patients transitioning from the hospital to home. The care navigator role will be defined, and the use of transition coaches and scripted discharge hand-offs will be explained. Specifically, the presentation will describe the Care Transition Intervention, how its tools can be customized to other settings, and discuss practical tips to implement the model.

L Innovation and Diversification to Improve Services and Quality

Erin Rech, Executive Director, New Business Development, Ridgeview Medical Center and Clinics, Waconia, MN
Robert Stevens, MHA, President & CEO, Ridgeview Medical Center and Clinics, Waconia, MN

Participants will learn how to develop entrepreneurial strategies to improve quality, diversify services and revenue, and field test new models of care or products. Participants will be challenged to understand how innovation and change can be cultivated from within health care systems.

**P Patient and Public Engagement:
Moving From Concept to Action**

Barbra Rabson, MPH, Executive Director, Massachusetts Health Quality Partners (MHQP), Watertown, MA

There is broad consensus that patients playing an active role in their health care are key to better outcomes and lower costs. However, there is a lack of clarity around an overarching model for effective patient, family and public engagement.

Massachusetts Health Quality Partners (MHQP) and the Greater Boston Aligning Forces for Quality Initiative (GB AF4Q) are leading a collaborative approach to the development and implementation of effective models of patient, family, public, and community engagement as they relate to systems and policy change, as well as direct patient care. The presentation will share a framework developed by the Partnership for Healthcare Excellence (PCHE) and the Institute for Healthcare Improvement (IHI) for personal and public engagement in Massachusetts that provides consistent language for engagement strategies that serve as a strategic tool to assess and guide the range of personal and public engagement activities taking place across the state.

3:10–3:30 p.m. Break

3:30–4:30 p.m. Breakout Session 4

Q Shared Medical Appointments: The Harvard Vanguard/Atrius Health Experience with this Novel Approach to Improving Health Care Delivery

Zeev Neuwirth, MD, Chief, Clinical Effectiveness and Innovation, Harvard Vanguard Medical Associates, Newton, MA
Deb Prescott, Director, Shared Medical Appointments, Harvard Vanguard Medical Associates, Newton, MA

The typical 15-minute doctor's appointment is frustrating and unsatisfying both for the patient and the physician. Shared Medical Appointments or SMAs is one solution to improving access and physician job doability. A SMA is a 90 minute group patient visit in which 8 to 12 patients experience a medical visit together, with their own primary care provider or specialist. The doctor/clinician is supported by a team: a documenter, a behaviorist, and a nurse and/or medical assistant.

The purpose of a SMA is to: (1) improve timeliness and access to care; (2) increase the quality of care through a medical team that provides systematic support for each visit; (3) increase the amount of face time between patient and health care providers that fosters a trusting, partnering relationship; and (4) provide the patient with the support, empathy and advocacy of other patients.

This presentation will describe how SMAs address quality, access and cost effectiveness issues, as well as illustrate how the two major types of SMAs can be implemented.

L Health Information Technology in the Era of Health Reform

Brian Ahier, President, Gorge Health Connect, Inc., The Dalles, OR

Much of the linchpin of health reform, accountable care organizations and patient-centered medical home model of care, will require a strong technological foundation to enable the care coordination quality measure reporting that will be required to succeed. In this presentation you will learn how a successful implementation of electronic health record systems is achieved, as well as strategies to form collaborative groups for health information exchange. This presentation will show how the meaningful use of health IT can lead to higher quality care and set the stage for future payment mechanisms.

P Emotional Intelligence, Rx for Exceptional Patient Experiences

R. Ann Fitzgerald, RN, MHSA, PhD, President, Caregivers Coach, Senior Associate, Wendy Leebov and Associates, Sagamore Hills, OH

Emotional intelligence is not routinely recognized, required, or rewarded among health care leaders. This session will advance the role of emotions to restore health and well-being to a care delivery system in need of restoration and revitalization. This session will also build the argument that emotional savvy is strong medicine for exceptional patient experiences. The tipping factor is a fully engaged staff, skilled in simple yet profound ways to communicate caring.

7:00 a.m. Continental Breakfast

7:30–8:30 a.m. Breakfast Discussions

Q What is Provider Peer Grouping and Why Should I Care?

Ann Robinow, Robinow Health Care Consulting, Edina, MN

Transparent, public data comparing providers on cost and quality is coming soon to Minnesota. Authorized by Minnesota's 2008 Health Reform Bill, this program will expose variations in provider performance that will inform consumers and product designs that are intended to drive volume to better performing providers. This session will describe this initiative and how it can be expected to influence the market and impact providers.

L Reducing Avoidable Readmissions Effectively (RARE)

Kathy Cummings, RN, MA, Clinical Systems Improvement Facilitator
Joann Foreman, RN, Clinical Systems Improvement Facilitator
Institute for Clinical Systems Improvement, Bloomington, MN

If you were hospitalized with heart failure in Minnesota the chances are 1 in 5 that you would be re-admitted within 30 days. Multiple reasons contribute to this situation. ICSI has begun the RARE collaborative to address the issues with all types of readmissions across the care continuum. In this session we will present how the RARE collaborative is approaching these issues and hear from participants about their experiences.

P Building a Community for Healthy Lifestyles

Melissa Marshall, MBA, Program Lead, Institute for Clinical Systems Improvement, Bloomington, MN
Courtney Jordan Baechler, MD, MSCE, Cardiologist, University of Minnesota, Minneapolis, MN

In order to improve the health of Minnesotans and reduce health care costs, it is important that we make reducing obesity and tobacco a top priority. Come join us to learn about the work that is happening in the Statewide Health Improvement Program (SHIP) and the health care sector. Learn what SHIP is about and what Minnesota providers have already implemented.

8:30–8:45 a.m. Break

8:45–9:00 a.m. Opening Remarks

9:00–10:15 a.m. Keynote Address

Participatory Health: The New Patient Engagement

Jane Sarasohn-Kahn, MA, MHSA, THINK-Health and Health Populi blog

10:15–10:35 a.m. Break

10:35–11:50 a.m. Breakout Session 5

Q Creating Greater Value Through Care Model Innovation

Matt Knapp, MA, Project Management Consultant, Performance Excellence Team, Fairview Medical Group, St. Paul, MN
Sally Wahman, BA, MHA, Vice President, Operations, Fairview Medical Group, St. Paul, MN
Mary Lynn Oglesbee, Clinic Administrator, Fairview Hiawatha and Highland Park Clinics, Minneapolis, MN

Success in the world of accountable care organizations, shared savings contracts, and health care homes demands that primary care practices transform care delivery. Leaders from Fairview Medical Group (FMG) will share the organization's approach to care model innovation as a process to achieve the Triple Aim of improved quality, improved patient experience and reduced total cost of care. The presenters will provide an overview of key elements of Fairview's care model initiatives including: 1) genesis of and inspiration for the change; 2) underlying principles and philosophies that guide FMG's work; and 3) necessary infrastructure for fostering improvement and innovation.

L Employer Reactions to Health Reform

Cheryl Larson, Vice President, Midwest Business Group on Health, Chicago, IL

With government economists estimating that the new health care law could come with a price tag of \$938 billion over 10 years, the Midwest Business Group on Health conducted national employer surveys to gauge their reactions to the legislation and understand their primary concerns related to health care reform. Co-sponsored by the National Business Coalition on Health <<http://nbch.org/>>, *Business Insurance* <<http://www.businessinsurance.com/>> and *Workforce Management* <<http://www.workforce.com/>>, the findings indicate that although employers plan to continue providing benefits and see value in keeping employees healthy, they believe that the law will increase their benefit costs and that changes are needed in the law to improve quality, reduce expenses and reward health system performance. This session will provide a comprehensive overview of the survey findings and an update on employer directions.

P The Challenge of Engagement: Evidence for and Experience of Patient Participation in Health Care

Jessie C. Gruman, PhD, President, Center for Advancing Health, Washington, DC

We will not benefit fully from the health care available to us unless we participate actively in it. Some of us recognize and act on this imperative, but many of us do not realize that our engagement is necessary or know what to do to ensure the best outcomes for ourselves and our families. While patient-centered care holds the potential to educate and support us in caring for ourselves, we are responsible for performing a growing number of tasks ourselves – from taking the pills to losing the weight to using the home dialysis machine. What are our specific responsibilities? What are practical approaches providers might use to help us make use of our health care so we can achieve our aim of living active lives free of suffering? What specifically does it mean to be “engaged” in our health care and what can providers and systems do to increase the likelihood that we are both willing and able to become so?

11:50 a.m.–1:00 p.m. Lunch

1:00–2:00 p.m. **Breakout Session 6**

**Q Building the Chassis for Health Care Home:
Using Lean Leadership and Tools**

Peter Harper, MD, MPH, Assistant Professor and Family Physician, University of Minnesota, Minneapolis, MN, Wendy Nickerson, Director, Clinic Operations, University of Minnesota Physicians, Minneapolis, MN, C.J. Peek, PhD, Associate Professor, University of Minnesota Medical School, Minneapolis, MN

Any clinic leader planning a transformation to health care home knows it requires replacing old patterns of care and office processes with new ones. This challenges doctors and everyone else in the clinic, especially leaders, to adjust their identities and how their talents are employed. This transformation amounts to fixing the “broken chassis” referred to in the famous 2002 Institute of Medicine Quality Chasm report. Attendees will see how Lean leadership and tools, along with lessons learned and tools from ICSI work in culture change and team care for depression, are being used to develop a new chassis in four family medicine clinics as they prepare for their health care home transformation. You will learn how leaders maintain the adaptive reserve needed by clinicians and staff to sustain the intensive work needed to make the transformation.

**L Achieving the Magic of
Health Care Teams**

Gordon Mosser, MD, Senior Fellow, Division of Health Policy and Management, University of Minnesota, Minneapolis, MN

High-performing ambulatory health care teams deliver superior care. What is a team? Are patients team members? What should team leaders do? What agreements and disagreements can be expected? What actions promote team effectiveness? How can conflict be managed? This session will answer these and other questions about health care teams.

**P Improving the Patient Experience through
Better Health Literacy**

Alisha Ellwood, MA, LMFT, Project Manager, Quality Improvement, Blue Cross and Blue Shield of Minnesota, Eagan, MN

Limited health literacy affects over one third of patients and interferes with their ability to take care of their health. But health literacy is more than just a deficit of certain individuals. A recent national literacy survey found only 12% of adults to be proficient at accessing and using health information and services. If only about 1 in 10 people can use health systems proficiently, then health literacy is clearly a systemic problem, and not just an individual problem.

The Health Literacy Universal Precautions Toolkit produced by the Agency for Healthcare Research and Quality contains practical tools and resources for making organizations more health literate. During this session you'll learn what health literacy is, how to assess the health literacy of your organization, and how to implement concrete strategies for improving communications and empowering patients to manage their own care.

2:00–3:30 p.m. **Closing Session**

Perspectives on Health Reform

David Durenberger, U.S. Senator (MN - 1978-95), Chair, National Institute of Health Policy

Former Senator Durenberger has been a key lead of the National Institute of Health Policy at the University of St. Thomas in Minnesota. He will bring attendees up to date on the status of federal health care reform, and its implications and opportunities for the Upper Midwest health care community.

Accreditation

Physician

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of HealthPartners Institute for Medical Education and the Institute for Clinical Systems Integration and the Institute for Healthcare Improvement. HealthPartners Institute for Medical Education is accredited by the ACCME to provide continuing medical education to physicians.

HealthPartners Institute for Medical Education designates this live activity for a maximum of 14.75 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Minnesota Board of Nursing

This program has been designed to meet the Minnesota Board of Nursing's criteria for 17.6 contact hours of required continuing education. It is the responsibility of each nurse to determine whether a continuing education activity meets the criteria established by the Minnesota Board of Nursing.

Disclosure Policy

It is the policy of HealthPartners Institute for Medical Education, Center for Continuing Professional Development to provide balance, independence, objectivity, and scientific rigor in all of its sponsored educational activities. All faculty, course directors, and planning committee members participating in sponsored programs and/or their spouse/partners are required to disclose to the audience any real or apparent conflict of interest related to the content of this activity. Disclosure information is reviewed in advance in order to manage and resolve any potential conflicts of interest, and shared with the audience prior to the activity's presentations.

Poster Boards

ICSI will display poster boards at the Colloquium that show how care delivery organizations have advanced accountability, affordability and the patient experience.

ICSI members and other care delivery systems will address such topics as managing chronic, complex diseases; transforming into accountable care organizations, and reducing avoidable hospital readmissions.

Be sure to visit the poster area outside of the breakout rooms during the Colloquium. Representatives of the presenting organizations will be on hand during the breaks on May 17 and 18 to discuss their work.

Colloquium Registration Desk Hours

The Colloquium Registration Desk is located on the second floor of the Saint Paul RiverCentre.

Monday, May 16	10:00 a.m. – 5:00 p.m.
Tuesday, May 17	7:00 a.m. – 4:30 p.m.
Wednesday, May 18.....	7:00 a.m. – 1:00 p.m.

Continental Breakfast

A continental breakfast will be served on the second floor of the Saint Paul RiverCentre.

Tuesday, May 17	7:30 a.m. – 8:30 a.m.
Wednesday, May 18.....	7:00 a.m. – 8:45 a.m.

General Information

Location and accommodations — The 2011 ICSI/IHI Colloquium on Health Care Transformation will be held at the Saint Paul RiverCentre, St. Paul, MN. Accommodations are available at the Crowne Plaza St. Paul Riverfront Hotel, which is attached via skyway to the Saint Paul RiverCentre. See hotel reservation form for details.

Parking — Saint Paul RiverCentre parking is available in either the Kellogg Ramp or RiverCentre Parking Ramps. Both ramps are located on Kellogg Boulevard. There are approximately 2,200 parking spaces directly connected to Saint Paul RiverCentre and Xcel Energy Center via these two ramps, with an additional 15,000+ in close proximity. Parking fees range from \$10 to \$15 daily.

Colloquium registration — Includes access to all sessions, continental breakfasts, lunches, and refreshment breaks. For more on registration, go to www.icsi.org or call (763) 765-2301. Space is limited and pre-registration is strongly advised.

Presentations and WiFi

ICSI will not provide a USB drive or paper handouts of the presentations at the Colloquium. Pre-registrants will be provided with a code to access presentations delivered by speakers prior to the Colloquium. ICSI will post other completed speaker presentations that it has permission for on its Web site each evening at www.icsi.org. Attendees can download these in the RiverCentre's WiFi area located in and around the Headwaters Cafe.

Payment — Registration must be paid in U.S. dollars drawn on a U.S. bank. American Express, MasterCard, and VISA credit cards may be used for payment on mail, telephone, facsimile, or electronic registrations and will also be accepted at the on-site Attendee Services Desk. Registration payment by check may be used for mail or on-site registrations only. Payment must accompany registration. Payment vouchers or purchase orders will not be considered as payment. Registrations received without payment will not be processed. Written confirmation will be sent upon receipt of registration and payment.

Cancellations — Please submit Colloquium cancellations in writing by e-mail, mail or fax to the ICSI Meeting Management Office on or before April 18, 2011. All Colloquium cancellations will be assessed a \$75 cancellation fee. Refunds will be processed after June 20, 2011. Cancellations received after April 18, 2011 will not be honored. There is no charge for transferring registration to another person at any time. Written notification of all registration transfers must be received by the Meeting Management Office.

Travel — Travel arrangements, including air and ground, can be made through the Colloquium's travel partner at (952) 814-7224 or (800) 245-1111. Please ask for Leann Krenz.

Airport transfer — Transportation from the Minneapolis/St. Paul Airport is available via Super Shuttle for approximately \$20 a person each way with reservations. For reservations, call (800) 258-3826.

ADA — For equal and full enjoyment of the Colloquium, please specify special requirements in the "Special Requests" areas of the Colloquium registration and hotel reservation forms.

Dietary — Please specify special dietary requirements in the "Special Requests" area of the Colloquium registration form. Every effort will be made to meet dietary requirements; requests, however, are subject to availability.

Recommended attire — Business casual.

Program changes — All information is subject to change without notice.

For more information — Visit the ICSI Web site at www.icsi.org or contact the ICSI Meeting Management Office at (763) 765-2301 or by e-mail, registration@icsi.org

Hotel Reservations

14th ANNUAL ICSI/IHI COLLOQUIUM ON HEALTH CARE TRANSFORMATION

May 16-18, 2011

The ICSI/IHI Colloquium will be held at the Saint Paul RiverCentre in St. Paul, MN. The Crowne Plaza St. Paul Riverfront Hotel is conveniently attached via skyway to the Saint Paul RiverCentre and shuttle service is also offered to and from the Saint Paul RiverCentre. The Crowne Plaza is within walking distance to attractions and several restaurants. The hotel offers many amenities including complimentary high-speed wireless Internet access throughout the hotel, coffee makers in all rooms, and a 24-hour on-site fitness center. There are also three separate dining options onsite including Restaurant 11, Plaza Java and the Port of Call Lounge.

Hotel reservations may be submitted by the following methods:

- Online at www.cpstpaul.com (enter convention/group code RA8).
- Mail or fax reservations — fill out the following form and return to the hotel.
- Call 866-422-3185 — either use booking code RA8 or the group name.

Reservations received after April 18, 2011, will be accepted on a space and rate available basis.

Cancellations must be received 24 hours prior to arrival in order to avoid a charge for the first night's room and tax.

Please print or type (*one reservation per room*)

First Name _____ Last Name _____

Affiliation _____

Address _____ City _____ State _____ ZIP Code _____

Country _____

Daytime telephone _____ Fax _____

E-mail address _____

Preference: King Double — Number of occupants: 1 2 3

Special Requests (ADA, sharing room with, etc.) _____

Arrival date _____ Departure date _____

Single/Double \$133 plus tax • All rates subject to 13.625% tax

Check-in is 3 p.m. Check-out is 12 p.m.

**Credit card required for guarantee for all reservations*

Check Enclosed (*One night's deposit U.S. dollars drawn on a U.S. bank*)

American Express Carte Blanche Diners Club VISA Discover MasterCard

Name (*as it appears on the card*) _____ Card # _____

Expiration Date _____ Cardholder Signature _____

The hotel will send a confirmation.

Reservations Manager, Crowne Plaza St. Paul Riverfront

11 E. Kellogg Blvd., St. Paul, MN 55101

Phone: (651) 292-1900 • Fax: (651) 605-6966 • www.cpstpaul.com

Colloquium Registration

14th ANNUAL ICSI/IHI COLLOQUIUM ON HEALTH CARE TRANSFORMATION

May 16-18, 2011

Register for the 2011 ICSI/IHI Colloquium on Health Care Transformation online at www.icsi.org (click registration), via phone or complete the following form and return it by mail or fax to the ICSI Meeting Management Office.

Please print or type

First Name _____ Last Name _____

Profession (MD, RN, NP, etc.) _____ Title _____

Affiliation _____

Address _____ City _____ State _____ ZIP Code _____

Country _____

Daytime telephone _____ E-mail address _____

(For international numbers, please include country and city codes)

Special Requests (ADA, dietary, etc.) _____

	On or before April 18	After April 18
Sponsor* Colloquium	\$510	\$590
Sponsor* Pre-Colloquium Workshop <i>(select workshop at right)</i>	\$165	\$250
Sponsor* Colloquium and Pre-Colloq. Workshop <i>(select workshop at right)</i>	\$670	\$750
General Colloquium	\$820	\$900
General Pre-Conference Workshop <i>(select workshop at right)</i>	\$270	\$350
General Colloquium and Pre-Colloq. Workshop <i>(select workshop at right)</i>	\$1,080	\$1,165
Student** General Colloquium	\$300	\$375
Student** General Pre-Conference Workshop <i>(select workshop at right)</i>	\$75	\$150
Student** General Colloquium and Pre-Colloq. Workshop <i>(select workshop at right)</i>	\$375	\$450

MAY 16 PRE-CONFERENCE WORKSHOPS

*(Select **ONE** – workshops run concurrently)*

- Session 1 – Practice Solutions to Survive and Thrive in Turbulent Times
- Session 2 – Data “Sanity” as a Transformational Catalyst
- Session 3 – Participatory Medicine. Reshaping Patient-Centered Care

* Sponsor rate applies to staff of ICSI sponsors and participating member organizations.

** Student rate is honored to full-time students at an accredited college/university or a physician in a residency program. To verify status, a copy of a current academic schedule or current invoice for tuition is mandatory and must be turned in at the Colloquium Registration desk. If verification is not turned in upon arrival at the 2011 Colloquium, full-price registration must be paid.

Check Enclosed *(Remit to ICSI, payable in U.S. dollars drawn on a U.S. bank)*

VISA MasterCard American Express

Name *(as it appears on the card)* _____ Card # _____

Expiration Date _____ Security Digits* _____ Cardholder Signature _____

* For your protection, we ask for these digits to prevent unauthorized use of your credit card number. A security digit is three numbers for VISA or MasterCard and four numbers for American Express and may be found on the front or back of the card.

Billing Address

Address _____ City _____ State _____ ZIP Code _____

Country _____

Return Colloquium registration form to:

ICSI Meeting Management Office

P.O. Box 723 • Chanhassen, MN 55317

Phone: (763) 765-2301 • Fax: (952) 303-4060 • www.icsi.org

Leading Collaboration in the Health Care Community

ICSI was founded in 1993 as a non-profit, quality improvement organization. Today it has 62 medical group and hospital members that represent 9,000 providers in Minnesota and surrounding states. It is sponsored by five health plans — Blue Cross Blue Shield of Minnesota, HealthPartners, Medica, Security Health Plan of Wisconsin, and UCare. ICSI is also a founding member of the Network for Regional HealthCare Improvement (NRHI), a national group of health care collaboratives. In addition, ICSI works closely with the Minnesota Department of Health, and Department of Human Services, as well as state policy makers.

“Best conference I have attended in five years.”

“This was my first meeting. I left energized and motivated for positive change.”

“Excellent, broad choices with a clear theme.”

“Fantastic.”

“Great presentations. Inspiring and provocative.”

“Eye-opening content.”



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